This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050
EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-1327	Period: From 01/01/2018 To 12/31/2018	Worksheet S Parts I-III Date/Time Prepared: 5/30/2019 2:35 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 5/30/2019 Time: 2:35 pm
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

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

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SULLIVAN COUNTY COMMUNITY HOSPITAL (15-1327) for the cost reporting period beginning 01/01/2018 and ending 12/31/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	54,986	563,444	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	34,371	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
200.00	Total	0	89,357	563,444	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 2:35 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 2200 NORTH SECTION STREET	PO Box: 10			1.00
2.00	City: SULLIVAN	State: IN	Zip Code: 47882-	County: SULLIVAN	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	SULLIVAN COUNTY COMMUNITY HOSPITAL	151327	45460	1	06/01/2005	N	O	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF	SULLIVAN COUNTY COMMUNITY HOSPITAL	15Z327	45460		06/01/2005	N	O	N	7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	SULLIVAN COUNTY HOME HEALTH	157542	45460		07/23/2002	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2018	12/31/2018	20.00
21.00	Type of Control (see instructions)	9		21.00

		1.00	2.00	3.00	
	Inpatient PPS Information				
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	N		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or “N” for no.	N	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	2	N		23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-2 Part I | Date/Time Prepared: 5/30/2019 2:35 pm

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	0	0	0	0	0	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00

		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)			37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00

		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 2:35 pm

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	N			60.00

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20

		1.00	
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00	62.01
	Teaching Hospitals that Claim Residents in Nonprovider Settings		
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)	N	63.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-2 Part I | Date/Time Prepared: 5/30/2019 2:35 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N		0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 2:35 pm

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N	81.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N	87.00

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06
	Rural Providers			
105.00	Does this hospital qualify as a CAH?	Y		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.	N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	Y		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00

		1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration)for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N	110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 2:35 pm

		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00

		1.00	2.00	3.00	
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	111,719	0	0	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-2 Part I | Date/Time Prepared: 5/30/2019 2:35 pm

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name:	Contractor's Name:	Contractor's Number:	141.00
142.00	Street:	PO Box:		142.00
143.00	City:	State:	Zip Code:	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00

		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00

		1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N	149.00

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)		168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.00	169.00

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	01/01/2018	12/31/2018	170.00

		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-2 Part II | Date/Time Prepared: 5/30/2019 2:35 pm

		Y/N	Date	
		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N	15.00

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	Y	03/28/2019	Y	03/28/2019	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/28/2019	Y	03/28/2019	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-2 Part II Date/Time Prepared: 5/30/2019 2:35 pm

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
	Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N	27.00
	Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				Y	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N	31.00
	Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
	Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				Y	35.00
				Y/N	Date	
				1.00	2.00	
	Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00
		1.00		2.00		
	Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	EICHELMAN		NICK		41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(317) 383-3781		NEICHELMAN@BKD.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 15-1327	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/30/2019 2:35 pm

		3.00		
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-3 Part I Date/Time Prepared: 5/30/2019 2:35 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	21	7,665	41,592.00	0	1.00
2.00	HMO and other (see instructions)						2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00	Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		21	7,665	41,592.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	4	1,460	4,248.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		25	9,125	45,840.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
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)		25				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00
33.01	LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-3 Part I | Date/Time Prepared: 5/30/2019 2:35 pm

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	1,024	27	1,733			1.00
2.00	HMO and other (see instructions)	22	125				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	444	0	444			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		56	56			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	1,468	83	2,233			7.00
8.00	INTENSIVE CARE UNIT	109	8	177			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		60	256			13.00
14.00	Total (see instructions)	1,577	151	2,666	0.00	223.60	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	1,954	108	2,495	0.00	4.77	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	228.37	27.00
28.00	Observation Bed Days		173	1,267			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			50			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	17			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-3 Part I | Date/Time Prepared: 5/30/2019 2:35 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid 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 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	357	16	653	1.00
2.00	HMO and other (see instructions)			8	0		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	357	16	653	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01

HOME HEALTH AGENCY STATISTICAL DATA | Provider CCN: 15-1327 | Component CCN: 15-7542 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-4 | Date/Time Prepared: 5/30/2019 2:35 pm

Home Health Agency I | PPS

		1.00	
0.00	County	SULLIVAN	0.00

		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
	HOME HEALTH AGENCY STATISTICAL DATA						
1.00	Home Health Aide Hours	0	1,390	0	0	1,390	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	84.00	0.00	0.00	0.00	2.00

		Enter the number of hours in your normal work week	Number of Employees (Full Time Equivalent)			
			Staff	Contract	Total	
		0	1.00	2.00	3.00	
	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES					
3.00	Administrator and Assistant Administrator(s)	40.00	0.65	0.00	0.65	3.00
4.00	Director(s) and Assistant Director(s)		0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel		0.51	0.00	0.51	5.00
6.00	Direct Nursing Service		3.62	0.00	3.62	6.00
7.00	Nursing Supervisor		0.00	0.00	0.00	7.00
8.00	Physical Therapy Service		0.33	0.00	0.33	8.00
9.00	Physical Therapy Supervisor		0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service		0.22	0.00	0.22	10.00
11.00	Occupational Therapy Supervisor		0.00	0.00	0.00	11.00
12.00	Speech Pathology Service		0.01	0.00	0.01	12.00
13.00	Speech Pathology Supervisor		0.00	0.00	0.00	13.00
14.00	Medical Social Service		0.02	0.00	0.02	14.00
15.00	Medical Social Service Supervisor		0.00	0.00	0.00	15.00
16.00	Home Health Aide		0.61	0.00	0.61	16.00
17.00	Home Health Aide Supervisor		0.00	0.00	0.00	17.00
18.00	Other (specify)		0.00	0.00	0.00	18.00
	HOME HEALTH AGENCY CBSA CODES					
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.		2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).		45460			20.00
20.01			99915			20.01

		Full Episodes					
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
	PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	560	30	17	23	630	21.00
22.00	Skilled Nursing Visit Charges	83,865	4,530	2,559	3,473	94,427	22.00
23.00	Physical Therapy Visits	527	0	8	17	552	23.00
24.00	Physical Therapy Visit Charges	93,775	0	1,432	3,043	98,250	24.00
25.00	Occupational Therapy Visits	192	0	1	14	207	25.00
26.00	Occupational Therapy Visit Charges	34,125	0	179	2,506	36,810	26.00
27.00	Speech Pathology Visits	6	0	0	0	6	27.00
28.00	Speech Pathology Visit Charges	1,035	0	0	0	1,035	28.00
29.00	Medical Social Service Visits	3	4	0	1	8	29.00
30.00	Medical Social Service Visit Charges	603	804	0	201	1,608	30.00
31.00	Home Health Aide Visits	482	15	1	53	551	31.00
32.00	Home Health Aide Visit Charges	44,476	1,395	93	4,929	50,893	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	1,770	49	27	108	1,954	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	257,879	6,729	4,263	14,152	283,023	35.00
36.00	Total Number of Episodes (standard/non outlier)	91		8	5	104	36.00
37.00	Total Number of Outlier Episodes		2		0	2	37.00
38.00	Total Non-Routine Medical Supply Charges	816	18	72	55	961	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-10 | Date/Time Prepared: 5/30/2019 2:35 pm

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.324914	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	2,305,105	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	764,241	5.00
6.00	Medicaid charges	8,776,065	6.00
7.00	Medicaid cost (line 1 times line 6)	2,851,466	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	0	8.00
	Children's Health Insurance Program (CHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone CHIP	0	9.00
10.00	Stand-alone CHIP charges	0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	2,250,799	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	11,080,637	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	3,600,254	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	1,349,455	16.00
	Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	1,349,455	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
	Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	112,800	634,478	747,278	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	36,650	634,478	671,128	21.00
22.00	Payments received from patients for amounts previously written off as charity care	1,845	10,376	12,221	22.00
23.00	Cost of charity care (line 21 minus line 22)	34,805	624,102	658,907	23.00

		1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	1,829,666	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	705,032	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	1,084,664	27.01
28.00	Non-Medicare bad debt expense (see instructions)	745,002	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	621,694	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	1,280,601	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	2,630,056	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A | Date/Time Prepared: 5/30/2019 2:35 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		732,714	732,714	87,342	820,056	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		1,040,644	1,040,644	17,054	1,057,698	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	143,324	151,257	294,581	3,721,704	4,016,285	4.00
5.01	00590	IS/ACCOUNTING/MARKETING	624,658	737,007	1,361,665	-184,383	1,177,282	5.01
5.02	00591	BUSINESS OFFICE & ADMITTING	621,717	1,717,047	2,338,764	-286,020	2,052,744	5.02
5.03	00592	OTHER A&G	150,009	1,750,216	1,900,225	-97,589	1,802,636	5.03
7.00	00700	OPERATION OF PLANT	406,484	866,923	1,273,407	-127,671	1,145,736	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	43,252	42,538	85,790	-24,344	61,446	8.00
9.00	00900	HOUSEKEEPING	297,618	196,346	493,964	-150,152	343,812	9.00
10.00	01000	DIETARY	337,134	384,231	721,365	-154,528	566,837	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	432,622	147,129	579,751	-128,640	451,111	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	110,825	48,168	158,993	-47,476	111,517	14.00
15.00	01500	PHARMACY	375,414	1,005,449	1,380,863	-114,932	1,265,931	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	288,704	131,658	420,362	-106,527	313,835	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	596,150	596,150	0	596,150	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,375,802	487,597	1,863,399	115,817	1,979,216	30.00
31.00	03100	INTENSIVE CARE UNIT	383,552	146,508	530,060	-115,207	414,853	31.00
43.00	04300	NURSERY	0	0	0	83,523	83,523	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	688,946	525,919	1,214,865	-343,756	871,109	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	606,424	299,055	905,479	-837,089	68,390	52.00
53.00	05300	ANESTHESIOLOGY	0	10,024	10,024	-11,429	-1,405	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	561,958	523,934	1,085,892	-200,024	885,868	54.00
54.01	05401	ULTRASOUND	129,911	51,238	181,149	-39,583	141,566	54.01
56.00	05600	RADIOISOTOPE	0	140,094	140,094	-34,756	105,338	56.00
60.00	06000	LABORATORY	752,312	1,412,366	2,164,678	-289,583	1,875,095	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	7,669	7,669	0	7,669	63.00
64.00	06400	INTRAVENOUS THERAPY	0	103,313	103,313	-6,881	96,432	64.00
65.00	06500	RESPIRATORY THERAPY	456,277	242,595	698,872	-185,249	513,623	65.00
66.00	06600	PHYSICAL THERAPY	718,754	243,185	961,939	-212,389	749,550	66.00
67.00	06700	OCCUPATIONAL THERAPY	132,523	33,088	165,611	-32,492	133,119	67.00
68.00	06800	SPEECH PATHOLOGY	70,969	20,249	91,218	-19,480	71,738	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,312	3,312	0	3,312	70.00
70.01	07001	CARDIOPULMONARY	54,330	17,084	71,414	-15,613	55,801	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	103,140	103,140	265,458	368,598	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	40,414	40,414	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,664	39,437	41,101	-31	41,070	90.00
90.01	09001	JV CLINIC	166,166	22,223	188,389	-21,342	167,047	90.01
90.02	09002	CLINIC - LAKESIDE	0	0	0	0	0	90.02
90.03	09003	CLINIC - QUICKCARE	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	756,330	1,063,611	1,819,941	-259,741	1,560,200	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	BEHAVIOR HEALTH	88,392	361,827	450,219	-158,873	291,346	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	309,612	146,831	456,443	-97,702	358,741	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,085,683	15,551,776	26,637,459	27,830	26,665,289	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	196,891	196,891	0	196,891	192.00
192.01	19201	MSO CLINICS	0	0	0	0	0	192.01
192.03	19203	FPA	0	0	0	0	0	192.03
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
194.01	07951	GUEST MEALS	0	0	0	0	0	194.01
194.02	07952	MARKETING	79,073	133,655	212,728	-16,460	196,268	194.02
194.03	07953	NONREIMBURSABLE - OTHER	40,912	11,583	52,495	-11,370	41,125	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	11,205,668	15,893,905	27,099,573	0	27,099,573	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A | Date/Time Prepared: 5/30/2019 2:35 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-96,814	723,242		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-11,090	1,046,608		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-865,229	3,151,056		4.00
5.01	00590	IS/ACCOUNTING/MARKETING	-98,456	1,078,826		5.01
5.02	00591	BUSINESS OFFICE & ADMITTING	-1,147,659	905,085		5.02
5.03	00592	OTHER A&G	143,658	1,946,294		5.03
7.00	00700	OPERATION OF PLANT	-9,303	1,136,433		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-5,515	55,931		8.00
9.00	00900	HOUSEKEEPING	0	343,812		9.00
10.00	01000	DIETARY	0	566,837		10.00
11.00	01100	CAFETERIA	-129,443	-129,443		11.00
13.00	01300	NURSING ADMINISTRATION	-1,125	449,986		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-12,158	99,359		14.00
15.00	01500	PHARMACY	-37,588	1,228,343		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-9,226	304,609		16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-596,150	0		19.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	1,979,216		30.00
31.00	03100	INTENSIVE CARE UNIT	0	414,853		31.00
43.00	04300	NURSERY	0	83,523		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	871,109		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-38,250	30,140		52.00
53.00	05300	ANESTHESIOLOGY	0	-1,405		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,600	884,268		54.00
54.01	05401	ULTRASOUND	0	141,566		54.01
56.00	05600	RADIOISOTOPE	0	105,338		56.00
60.00	06000	LABORATORY	0	1,875,095		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	7,669		63.00
64.00	06400	INTRAVENOUS THERAPY	0	96,432		64.00
65.00	06500	RESPIRATORY THERAPY	0	513,623		65.00
66.00	06600	PHYSICAL THERAPY	0	749,550		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	133,119		67.00
68.00	06800	SPEECH PATHOLOGY	0	71,738		68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,312		70.00
70.01	07001	CARDIOPULMONARY	0	55,801		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	187,901	556,499		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	40,414		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	41,070		90.00
90.01	09001	JV CLINIC	207,897	374,944		90.01
90.02	09002	CLINIC - LAKESIDE	409,687	409,687		90.02
90.03	09003	CLINIC - QUICKCARE	196,375	196,375		90.03
91.00	09100	EMERGENCY	0	1,560,200		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
93.00	04950	BEHAVIOR HEALTH	6,170	297,516		93.00
		OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0	358,741		101.00
		SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-1,907,918	24,757,371		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	196,891		192.00
192.01	19201	MSO CLINICS	0	0		192.01
192.03	19203	FPA	0	0		192.03
194.00	07950	MEALS ON WHEELS	0	0		194.00
194.01	07951	GUEST MEALS	0	0		194.01
194.02	07952	MARKETING	0	196,268		194.02
194.03	07953	NONREIMBURSABLE - OTHER	0	41,125		194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-1,907,918	25,191,655		200.00

RECLASSIFICATIONS | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-6 | Date/Time Prepared: 5/30/2019 2:35 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - ADVERTISING RECLASS				
1.00	IS/ACCOUNTING/MARKETING	5.01	0	6,162	1.00
2.00	MARKETING	194.02	0	4,527	2.00
	0		0	10,689	
	B - DELIVERY ROOM RECLASS				
1.00	ADULTS & PEDIATRICS	30.00	520,121	36,418	1.00
2.00	NURSERY	43.00	61,286	22,237	2.00
	0		581,407	58,655	
	C - EMPLOYEE BENEFITS RECLASS				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,727,525	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
	0		0	3,727,525	
	D - OXYGEN RECLASS				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	33,513	1.00
	0		0	33,513	
	E - MEDICAL SUPPLIES RECLASS				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	231,945	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	40,414	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
	0		0	272,359	
	F - BEHAVIOR HEALTH OVERHEAD				
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	87,342	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	17,054	2.00
3.00	OPERATION OF PLANT	7.00	0	11,126	3.00
	TOTALS		0	115,522	
500.00	Grand Total: Increases		581,407	4,218,263	500.00

RECLASSIFICATIONS | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-6 | Date/Time Prepared: 5/30/2019 2:35 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - ADVERTISING RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,821	0		1.00
2.00	BEHAVIOR HEALTH	93.00	0	4,868	0		2.00
	0		0	10,689			
	B - DELIVERY ROOM RECLASS						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	581,407	58,655	0		1.00
2.00		0.00	0	0	0		2.00
	0		581,407	58,655			
	C - EMPLOYEE BENEFITS RECLASS						
1.00	IS/ACCOUNTING/MARKETING	5.01	0	190,545	0		1.00
2.00	BUSINESS OFFICE & ADMITTING	5.02	0	286,020	0		2.00
3.00	OTHER A&G	5.03	0	97,589	0		3.00
4.00	OPERATION OF PLANT	7.00	0	138,797	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	24,344	0		5.00
6.00	HOUSEKEEPING	9.00	0	150,152	0		6.00
7.00	DIETARY	10.00	0	154,528	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	128,640	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	47,476	0		9.00
10.00	PHARMACY	15.00	0	114,279	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	106,527	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	438,721	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	115,205	0		13.00
14.00	OPERATING ROOM	50.00	0	195,166	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	187,633	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	176,630	0		16.00
17.00	ULTRASOUND	54.01	0	36,658	0		17.00
18.00	LABORATORY	60.00	0	288,296	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	140,492	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	202,224	0		20.00
21.00	OCCUPATIONAL THERAPY	67.00	0	32,249	0		21.00
22.00	SPEECH PATHOLOGY	68.00	0	19,480	0		22.00
23.00	CARDIOPULMONARY	70.01	0	15,597	0		23.00
24.00	JV CLINIC	90.01	0	17,700	0		24.00
25.00	EMERGENCY	91.00	0	254,050	0		25.00
26.00	BEHAVIOR HEALTH	93.00	0	38,468	0		26.00
27.00	HOME HEALTH AGENCY	101.00	0	97,702	0		27.00
28.00	NONREIMBURSABLE - OTHER	194.03	0	11,370	0		28.00
29.00	MARKETING	194.02	0	20,987	0		29.00
	0		0	3,727,525			
	D - OXYGEN RECLASS						
1.00	RESPIRATORY THERAPY	65.00	0	33,513	0		1.00
	0		0	33,513			
	E - MEDICAL SUPPLIES RECLASS						
1.00	PHARMACY	15.00	0	653	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	2,001	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	2	0		3.00
4.00	OPERATING ROOM	50.00	0	148,590	0		4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	0	9,394	0		5.00
6.00	ANESTHESIOLOGY	53.00	0	11,429	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	23,394	0		7.00
8.00	ULTRASOUND	54.01	0	2,925	0		8.00
9.00	RADIOISOTOPE	56.00	0	34,756	0		9.00
10.00	LABORATORY	60.00	0	1,287	0		10.00
11.00	INTRAVENOUS THERAPY	64.00	0	6,881	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	11,244	0		12.00
13.00	PHYSICAL THERAPY	66.00	0	10,165	0		13.00
14.00	OCCUPATIONAL THERAPY	67.00	0	243	0		14.00
15.00	CARDIOPULMONARY	70.01	0	16	0		15.00
16.00	CLINIC	90.00	0	31	0		16.00
17.00	JV CLINIC	90.01	0	3,642	0		17.00
18.00	EMERGENCY	91.00	0	5,691	0		18.00
19.00	BEHAVIOR HEALTH	93.00	0	15	0		19.00
	0		0	272,359			
	F - BEHAVIOR HEALTH OVERHEAD						
1.00	BEHAVIOR HEALTH	93.00	0	115,522	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	115,522			
500.00	Grand Total: Decreases		581,407	4,218,263			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-7 Part I | Date/Time Prepared: 5/30/2019 2:35 pm

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,032,727	0	0	0	0	1.00
2.00	Land Improvements	812,251	2,279,407	0	2,279,407	0	2.00
3.00	Buildings and Fixtures	22,092,048	0	0	0	7,125,543	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	1,393,180	5,086,572	0	5,086,572	0	5.00
6.00	Movable Equipment	18,172,060	1,466,776	0	1,466,776	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	43,502,266	8,832,755	0	8,832,755	7,125,543	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	43,502,266	8,832,755	0	8,832,755	7,125,543	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	1,032,727	0	1.00
2.00	Land Improvements	3,091,658	0	2.00
3.00	Buildings and Fixtures	14,966,505	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	6,479,752	0	5.00
6.00	Movable Equipment	19,638,836	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	45,209,478	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	45,209,478	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-7 Part II | Date/Time Prepared: 5/30/2019 2:35 pm

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	574,441	0	158,273	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	957,677	82,967	0	0	0	2.00
3.00	Total (sum of lines 1-2)	1,532,118	82,967	158,273	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL			
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)		
		14.00	15.00		
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2				
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	732,714		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	1,040,644		2.00
3.00	Total (sum of lines 1-2)	0	1,773,358		3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-7 Part III Date/Time Prepared: 5/30/2019 2:35 pm

	Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	25,610,177	0	25,610,177	0.565983	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	19,638,836	0	19,638,836	0.434017	0	2.00
3.00	Total (sum of lines 1-2)	45,249,013	0	45,249,013	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	704,735	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	966,990	82,967	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1,671,725	82,967	3.00

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	18,507	0	0	0	723,242	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-3,349	0	0	0	1,046,608	2.00
3.00	Total (sum of lines 1-2)	15,158	0	0	0	1,769,850	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-8 | Date/Time Prepared: 5/30/2019 2:35 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-158,273	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-2,516	OTHER A&G	5.03	0	7.00
8.00	Television and radio service (chapter 21)	A	-1,714	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-634,400			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	1,483,991			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-129,443	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	B	-235	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	16.00
17.00	Sale of drugs to other than patients	B	-37,588	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts	B	-9,226	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	0	OTHER A&G	5.03	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-8 | Date/Time Prepared: 5/30/2019 2:35 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
32.00	CAH HIT Adjustment for Depreciation and Interest	A	-11,500	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	32.00
33.00	PHYSICIAN RECRUITMENT	A	-23,011	OTHER A&G	5.03	0	33.00
33.01	FLOWERS & PLANTS	A	-5,694	OTHER A&G	5.03	0	33.01
33.02	LOBBYING EXPENSES	A	-1,427	OTHER A&G	5.03	0	33.02
33.03	MISC INCOME	B	-19,332	OTHER A&G	5.03	0	33.03
33.04	EDUCATION REVENUE	B	-1,125	NURSING ADMINISTRATION	13.00	0	33.04
33.05	DOMESTIC HEALTHCARE CLAIMS	B	-1,231,258	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.05
33.06	HOSPITAL ASSESSMENT FEE	A	-1,147,659	BUSINESS OFFICE & ADMITTING	5.02	0	33.06
33.07	SURETY BONDS	B	-585	OTHER A&G	5.03	0	33.07
33.08	MISC INCOME	B	-1,600	RADIOLOGY-DIAGNOSTIC	54.00	0	33.08
33.09	BOND ISSUANCE COST	A	18,507	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	33.09
33.10	BEHAVIORAL HEALTH - START-UP COSTS	A	5,581	BEHAVIOR HEALTH	93.00	0	33.10
33.11	BEHAVIORAL HEALTH - START-UP COSTS	A	589	BEHAVIOR HEALTH	93.00	0	33.11
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-1,907,918				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.
B. Amount Received - if cost cannot be determined.
(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-8-1 | Date/Time Prepared: 5/30/2019 2:35 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	FITNESS CENTER - PROP INSURN	0	3,349	1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	FITNESS CENTER - HR	0	3,823	2.00
3.00	5.01	IS/ACCOUNTING/MARKETING	FITNESS CENTER - FISCAL ACCT	0	10,925	3.00
4.00	5.03	OTHER A&G	FITNESS CENTER - ADMIN	0	7,605	4.00
4.01	7.00	OPERATION OF PLANT	FITNESS CENTER - MAINT	0	7,109	4.01
4.02	14.00	CENTRAL SERVICES & SUPPLY	FITNESS CENTER - MATERIALS M	0	1,938	4.02
4.03	5.03	OTHER A&G	MSO CLINICS	0	103,463	4.03
4.04	5.01	IS/ACCOUNTING/MARKETING	MSO CLINICS	0	87,531	4.04
4.05	8.00	LAUNDRY & LINEN SERVICE	MSO CLINICS	0	5,515	4.05
4.06	7.00	OPERATION OF PLANT	MSO CLINICS	0	480	4.06
4.07	14.00	CENTRAL SERVICES & SUPPLY	MSO CLINICS	0	10,220	4.07
4.08	5.03	OTHER A&G	MSO CLINICS	242,932	0	4.08
4.09	1.00	NEW CAP REL COSTS-BLDG & FIX	MSO CLINICS	42,952	0	4.09
4.10	2.00	NEW CAP REL COSTS-MVBLE EQUI	MSO CLINICS	3,759	0	4.10
4.11	4.00	EMPLOYEE BENEFITS DEPARTMENT	MSO CLINICS	235,148	0	4.11
4.12	71.00	MEDICAL SUPPLIES CHARGED TO	MSO CLINICS	155,578	0	4.12
4.13	90.02	CLINIC - LAKESIDE	MSO CLINICS	245,542	0	4.13
4.14	90.02	CLINIC - LAKESIDE	MSO CLINICS	164,145	0	4.14
4.15	4.00	EMPLOYEE BENEFITS DEPARTMENT	MSO CLINICS	62,208	0	4.15
4.16	71.00	MEDICAL SUPPLIES CHARGED TO	MSO CLINICS	32,558	0	4.16
4.17	90.03	CLINIC - QUICKCARE	MSO CLINICS	108,316	0	4.17
4.18	90.03	CLINIC - QUICKCARE	MSO CLINICS	88,059	0	4.18
4.19	5.03	OTHER A&G	MSO CLINICS	64,359	0	4.19
4.20	90.01	JV CLINIC	JV PAIN MANAGEMENT CLINIC	0	115,635	4.20
4.21	90.01	JV CLINIC	JV PAIN MANAGEMENT CLINIC	0	14,512	4.21
4.22	90.01	JV CLINIC	JV PAIN MANAGEMENT CLINIC	338,044	0	4.22
4.23	4.00	EMPLOYEE BENEFITS DEPARTMENT	JV PAIN MANAGEMENT CLINIC	72,496	0	4.23
5.00	0		0	1,856,096	372,105	5.00

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

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

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

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

6.00	C		0.00	FITNESS CENTER	100.00	6.00
7.00	C		0.00	FITNESS CENTER	100.00	7.00
8.00	C		0.00	FITNESS CENTER	100.00	8.00
9.00	C		0.00	FITNESS CENTER	100.00	9.00
10.00	C		0.00	FITNESS CENTER	100.00	10.00
10.01	C		0.00	FITNESS CENTER	100.00	10.01
10.02	C		0.00	FITNESS CENTER	100.00	10.02
10.03	C		0.00	JV PAIN CLINIC	100.00	10.03
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-8-1 | Date/Time Prepared: 5/30/2019 2:35 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	-3,349	11		1.00
2.00	-3,823	0		2.00
3.00	-10,925	0		3.00
4.00	-7,605	0		4.00
4.01	-7,109	0		4.01
4.02	-1,938	0		4.02
4.03	-103,463	0		4.03
4.04	-87,531	0		4.04
4.05	-5,515	0		4.05
4.06	-480	0		4.06
4.07	-10,220	0		4.07
4.08	242,932	0		4.08
4.09	42,952	9		4.09
4.10	3,759	9		4.10
4.11	235,148	0		4.11
4.12	155,578	0		4.12
4.13	245,542	0		4.13
4.14	164,145	0		4.14
4.15	62,208	0		4.15
4.16	32,558	0		4.16
4.17	108,316	0		4.17
4.18	88,059	0		4.18
4.19	64,359	0		4.19
4.20	-115,635	0		4.20
4.21	-14,512	0		4.21
4.22	338,044	0		4.22
4.23	72,496	0		4.23
5.00	1,483,991			5.00

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

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

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

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

6.00	FITNESS CENTER		6.00
7.00	FITNESS CENTER		7.00
8.00	FITNESS CENTER		8.00
9.00	FITNESS CENTER		9.00
10.00	FITNESS CENTER		10.00
10.01	FITNESS CENTER		10.01
10.02	FITNESS CENTER		10.02
10.03	JV PAIN CLINIC		10.03
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-8-2 | Date/Time Prepared: 5/30/2019 2:35 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	19.00	NONPHYSICIAN ANESTHETISTS	596,150	596,150	0	0	0	1.00
2.00	52.00	DELIVERY ROOM & LABOR ROOM	38,250	38,250	0	0	0	2.00
3.00	60.00	LABORATORY	26,000	0	26,000	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			660,400	634,400	26,000		0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	1.00
2.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	2.00
3.00	60.00	LABORATORY	0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	596,150		1.00
2.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	38,250		2.00
3.00	60.00	LABORATORY	0	0	0	0		3.00
4.00	0.00		0	0	0	0		4.00
5.00	0.00		0	0	0	0		5.00
6.00	0.00		0	0	0	0		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	634,400		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/30/2019 2:35 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				NEW BLDG & FIXT	NEW MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	723,242	723,242				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	1,046,608		1,046,608			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,151,056	2,658	4,191	3,157,905		4.00
5.01	00590	IS/ACCOUNTING/MARKETING	1,078,826	13,757	21,687	168,613	1,282,883	5.01
5.02	00591	BUSINESS OFFICE & ADMITTING	905,085	36,594	57,689	167,819	1,167,187	5.02
5.03	00592	OTHER A&G	1,946,294	31,964	50,390	40,492	2,069,140	5.03
7.00	00700	OPERATION OF PLANT	1,136,433	60,398	95,216	109,721	1,401,768	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	55,931	4,038	6,366	11,675	78,010	8.00
9.00	00900	HOUSEKEEPING	343,812	2,085	3,287	80,335	429,519	9.00
10.00	01000	DIETARY	566,837	16,505	26,019	91,002	700,363	10.00
11.00	01100	CAFETERIA	-129,443	12,037	18,975	0	-98,431	11.00
13.00	01300	NURSING ADMINISTRATION	449,986	14,020	22,102	116,777	602,885	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	99,359	11,804	18,608	29,915	159,686	14.00
15.00	01500	PHARMACY	1,228,343	8,584	13,532	101,335	1,351,794	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	304,609	7,915	12,478	77,929	402,931	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,979,216	91,159	143,713	511,763	2,725,851	30.00
31.00	03100	INTENSIVE CARE UNIT	414,853	17,855	28,147	103,531	564,386	31.00
43.00	04300	NURSERY	83,523	1,183	1,865	16,543	103,114	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	871,109	75,129	118,438	185,966	1,250,642	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,140	3,130	4,935	6,753	44,958	52.00
53.00	05300	ANESTHESIOLOGY	-1,405	2,479	3,908	0	4,982	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	884,268	45,207	71,268	151,688	1,152,431	54.00
54.01	05401	ULTRASOUND	141,566	1,410	2,222	35,067	180,265	54.01
56.00	05600	RADIOISOTOPE	105,338	2,037	3,211	0	110,586	56.00
60.00	06000	LABORATORY	1,875,095	16,505	26,019	203,070	2,120,689	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,669	759	1,196	0	9,624	63.00
64.00	06400	INTRAVENOUS THERAPY	96,432	2,455	3,870	0	102,757	64.00
65.00	06500	RESPIRATORY THERAPY	513,623	9,528	15,020	123,162	661,333	65.00
66.00	06600	PHYSICAL THERAPY	749,550	26,952	42,490	194,012	1,013,004	66.00
67.00	06700	OCCUPATIONAL THERAPY	133,119	1,010	1,591	35,772	171,492	67.00
68.00	06800	SPEECH PATHOLOGY	71,738	872	1,375	19,157	93,142	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,312	992	1,563	0	5,867	70.00
70.01	07001	CARDIOPULMONARY	55,801	6,929	10,924	14,665	88,319	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	556,499	0	0	0	556,499	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	40,414	0	0	0	40,414	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	41,070	1,762	2,778	449	46,059	90.00
90.01	09001	JV CLINIC	374,944	19,492	30,728	121,203	546,367	90.01
90.02	09002	CLINIC - LAKESIDE	409,687	26,881	42,377	66,279	545,224	90.02
90.03	09003	CLINIC - QUICKCARE	196,375	19,778	31,180	29,238	276,571	90.03
91.00	09100	EMERGENCY	1,560,200	38,457	60,627	204,155	1,863,439	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
93.00	04950	BEHAVIOR HEALTH	297,516	18,954	29,880	23,859	370,209	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	358,741	5,669	8,937	83,573	456,920	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	24,757,371	658,943	1,038,802	3,125,518	24,652,879	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,787	5,970	0	9,757	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	196,891	0	0	0	196,891	192.00
192.01	19201	MSO CLINICS	0	0	0	0	0	192.01
192.03	19203	FPA	0	0	0	0	0	192.03
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
194.01	07951	GUEST MEALS	0	0	0	0	0	194.01
194.02	07952	MARKETING	196,268	1,165	1,836	21,344	220,613	194.02
194.03	07953	NONREIMBURSABLE - OTHER	41,125	59,347	0	11,043	111,515	194.03
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	25,191,655	723,242	1,046,608	3,157,905	25,191,655	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/30/2019 2:35 pm

		Cost Center Description	IS/ACCOUNTING/ MARKETING	Subtotal	BUSINESS OFFICE & ADMITTING	Subtotal	OTHER A&G	
			5.01	5A.01	5.02	5A.02	5.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	IS/ACCOUNTING/MARKETING	1,282,883					5.01
5.02	00591	BUSINESS OFFICE & ADMITTING	63,209	1,230,396	1,230,396			5.02
5.03	00592	OTHER A&G	112,054	2,181,194	115,381	2,296,575	2,296,575	5.03
7.00	00700	OPERATION OF PLANT	75,913	1,477,681	78,166	1,555,847	155,396	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,225	82,235	4,350	86,585	8,648	8.00
9.00	00900	HOUSEKEEPING	23,261	452,780	23,951	476,731	47,615	9.00
10.00	01000	DIETARY	37,928	738,291	39,054	777,345	77,640	10.00
11.00	01100	CAFETERIA	0	-98,431	0	-98,431	0	11.00
13.00	01300	NURSING ADMINISTRATION	32,649	635,534	33,618	669,152	66,834	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,648	168,334	8,905	177,239	17,702	14.00
15.00	01500	PHARMACY	73,206	1,425,000	75,380	1,500,380	149,856	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	21,821	424,752	22,469	447,221	44,668	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	147,619	2,873,470	151,995	3,025,465	302,191	30.00
31.00	03100	INTENSIVE CARE UNIT	30,564	594,950	31,472	626,422	62,566	31.00
43.00	04300	NURSERY	5,584	108,698	5,750	114,448	11,431	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	67,729	1,318,371	69,739	1,388,110	138,643	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,435	47,393	2,507	49,900	4,984	52.00
53.00	05300	ANESTHESIOLOGY	270	5,252	278	5,530	552	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	62,410	1,214,841	64,263	1,279,104	127,756	54.00
54.01	05401	ULTRASOUND	9,762	190,027	10,052	200,079	19,984	54.01
56.00	05600	RADIOISOTOPE	5,989	116,575	6,167	122,742	12,259	56.00
60.00	06000	LABORATORY	114,846	2,235,535	118,255	2,353,790	235,094	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	521	10,145	537	10,682	1,067	63.00
64.00	06400	INTRAVENOUS THERAPY	5,565	108,322	5,730	114,052	11,391	64.00
65.00	06500	RESPIRATORY THERAPY	35,814	697,147	36,878	734,025	73,314	65.00
66.00	06600	PHYSICAL THERAPY	54,859	1,067,863	56,488	1,124,351	112,299	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,287	180,779	9,563	190,342	19,011	67.00
68.00	06800	SPEECH PATHOLOGY	5,044	98,186	5,194	103,380	10,325	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	318	6,185	327	6,512	650	70.00
70.01	07001	CARDIOPULMONARY	4,783	93,102	4,925	98,027	9,791	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,137	586,636	31,032	617,668	61,692	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,189	42,603	2,254	44,857	4,480	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,494	48,553	2,568	51,121	5,106	90.00
90.01	09001	JV CLINIC	29,589	575,956	30,467	606,423	60,569	90.01
90.02	09002	CLINIC - LAKESIDE	29,527	574,751	30,403	605,154	60,442	90.02
90.03	09003	CLINIC - QUICKCARE	14,978	291,549	15,422	306,971	30,660	90.03
91.00	09100	EMERGENCY	100,915	1,964,354	103,910	2,068,264	206,576	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		0		92.00
93.00	04950	BEHAVIOR HEALTH	20,049	390,258	20,644	410,902	41,040	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	24,745	481,665	0	481,665	48,108	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,270,936	24,640,932	1,218,094	24,628,630	2,240,340	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,757	0	9,757	975	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	196,891	0	196,891	19,665	192.00
192.01	19201	MSO CLINICS	0	0	0	0	0	192.01
192.03	19203	FPA	0	0	0	0	0	192.03
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
194.01	07951	GUEST MEALS	0	0	0	0	0	194.01
194.02	07952	MARKETING	11,947	232,560	12,302	244,862	24,457	194.02
194.03	07953	NONREIMBURSABLE - OTHER	0	111,515	0	111,515	11,138	194.03
200.00		Cross Foot Adjustments		0		0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,282,883	25,191,655	1,230,396	25,191,655	2,296,575	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I | Date/Time Prepared: 5/30/2019 2:35 pm

		Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	IS/ACCOUNTING/MARKETING						5.01
5.02	00591	BUSINESS OFFICE & ADMITTING						5.02
5.03	00592	OTHER A&G						5.03
7.00	00700	OPERATION OF PLANT	1,711,243					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	13,474	108,707				8.00
9.00	00900	HOUSEKEEPING	6,956	0	531,302			9.00
10.00	01000	DIETARY	55,072	496	15,777	926,330		10.00
11.00	01100	CAFETERIA	40,163	443	11,506	513,601	467,282	11.00
13.00	01300	NURSING ADMINISTRATION	46,780	0	13,401	0	22,041	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	39,385	0	11,283	0	9,846	14.00
15.00	01500	PHARMACY	28,642	0	8,205	0	20,383	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	26,410	0	7,566	0	20,866	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	304,177	24,745	87,138	204,428	108,615	30.00
31.00	03100	INTENSIVE CARE UNIT	59,576	591	17,067	13,364	20,383	31.00
43.00	04300	NURSERY	3,946	1,709	1,131	0	3,247	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	250,682	12,425	71,814	15,377	35,583	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,444	3,196	2,992	0	1,347	52.00
53.00	05300	ANESTHESIOLOGY	8,272	0	2,370	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	150,844	5,348	43,213	0	32,267	54.00
54.01	05401	ULTRASOUND	4,704	0	1,348	0	6,322	54.01
56.00	05600	RADIOISOTOPE	6,797	0	1,947	0	0	56.00
60.00	06000	LABORATORY	55,072	348	15,777	0	57,417	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,531	0	725	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	8,192	0	2,347	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	31,791	654	9,107	0	25,496	65.00
66.00	06600	PHYSICAL THERAPY	89,932	38,985	25,763	0	34,962	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,368	0	965	0	5,113	67.00
68.00	06800	SPEECH PATHOLOGY	2,910	0	834	0	3,317	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,309	0	948	0	0	70.00
70.01	07001	CARDIOPULMONARY	23,121	0	6,624	0	2,798	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	5,880	0	1,684	0	276	90.00
90.01	09001	JV CLINIC	65,037	1,403	18,632	0	0	90.01
90.02	09002	CLINIC - LAKESIDE	89,693	0	25,695	0	0	90.02
90.03	09003	CLINIC - QUICKCARE	65,994	0	18,906	0	0	90.03
91.00	09100	EMERGENCY	128,321	18,364	36,761	0	44,669	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	BEHAVIOR HEALTH	63,244	0	18,118	0	7,013	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	5,419	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,694,719	108,707	485,063	746,770	461,961	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,637	0	3,620	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	MSO CLINICS	0	0	0	0	0	192.01
192.03	19203	FPA	0	0	0	0	0	192.03
194.00	07950	MEALS ON WHEELS	0	0	0	179,560	0	194.00
194.01	07951	GUEST MEALS	0	0	0	0	0	194.01
194.02	07952	MARKETING	3,887	0	1,113	0	3,455	194.02
194.03	07953	NONREIMBURSABLE - OTHER	0	0	41,506	0	1,866	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,711,243	108,707	531,302	926,330	467,282	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/30/2019 2:35 pm

		Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	
			13.00	14.00	15.00	16.00	19.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	IS/ACCOUNTING/MARKETING						5.01
5.02	00591	BUSINESS OFFICE & ADMITTING						5.02
5.03	00592	OTHER A&G						5.03
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	818,208					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	255,455				14.00
15.00	01500	PHARMACY	0	3,754	1,711,220			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	546,731		16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	339,722	4,605	0	44,299	0	30.00
31.00	03100	INTENSIVE CARE UNIT	63,753	910	0	3,162	0	31.00
43.00	04300	NURSERY	10,199	318	0	1,666	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	88,400	15,038	0	37,432	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,167	595	0	379	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	6,054	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,841	0	96,925	0	54.00
54.01	05401	ULTRASOUND	0	0	0	20,082	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	3,743	0	56.00
60.00	06000	LABORATORY	0	29,970	0	106,080	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	3,705	0	63.00
64.00	06400	INTRAVENOUS THERAPY	17,379	0	0	9,605	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	11,201	0	17,198	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	18,540	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	56	0	3,228	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	66	0	799	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	267	0	70.00
70.01	07001	CARDIOPULMONARY	8,733	0	0	2,850	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	164,609	0	43,236	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	11,949	0	2,664	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,711,220	24,744	0	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	818	0	90.00
90.01	09001	JV CLINIC	81,474	0	0	10,215	0	90.01
90.02	09002	CLINIC - LAKESIDE	0	555	0	6,162	0	90.02
90.03	09003	CLINIC - QUICKCARE	0	3,885	0	4,020	0	90.03
91.00	09100	EMERGENCY	139,735	2,409	0	70,542	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	BEHAVIOR HEALTH	0	0	0	5,463	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	64,646	426	0	2,853	0	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	818,208	255,187	1,711,220	546,731	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	268	0	0	0	192.00
192.01	19201	MSO CLINICS	0	0	0	0	0	192.01
192.03	19203	FPA	0	0	0	0	0	192.03
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
194.01	07951	GUEST MEALS	0	0	0	0	0	194.01
194.02	07952	MARKETING	0	0	0	0	0	194.02
194.03	07953	NONREIMBURSABLE - OTHER	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	818,208	255,455	1,711,220	546,731	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I | Date/Time Prepared: 5/30/2019 2:35 pm

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	IS/ACCOUNTING/MARKETING					5.01
5.02	00591	BUSINESS OFFICE & ADMITTING					5.02
5.03	00592	OTHER A&G					5.03
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	4,445,385	0	4,445,385		30.00
31.00	03100	INTENSIVE CARE UNIT	867,794	0	867,794		31.00
43.00	04300	NURSERY	148,095	0	148,095		43.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	2,053,504	0	2,053,504		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	78,004	0	78,004		52.00
53.00	05300	ANESTHESIOLOGY	22,778	0	22,778		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,740,298	0	1,740,298		54.00
54.01	05401	ULTRASOUND	252,519	0	252,519		54.01
56.00	05600	RADIOISOTOPE	147,488	0	147,488		56.00
60.00	06000	LABORATORY	2,853,548	0	2,853,548		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	18,710	0	18,710		63.00
64.00	06400	INTRAVENOUS THERAPY	162,966	0	162,966		64.00
65.00	06500	RESPIRATORY THERAPY	902,786	0	902,786		65.00
66.00	06600	PHYSICAL THERAPY	1,444,832	0	1,444,832		66.00
67.00	06700	OCCUPATIONAL THERAPY	222,083	0	222,083		67.00
68.00	06800	SPEECH PATHOLOGY	121,631	0	121,631		68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,686	0	11,686		70.00
70.01	07001	CARDIOPULMONARY	151,944	0	151,944		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	887,205	0	887,205		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	63,950	0	63,950		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,735,964	0	1,735,964		73.00
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	64,885	0	64,885		90.00
90.01	09001	JV CLINIC	843,753	0	843,753		90.01
90.02	09002	CLINIC - LAKESIDE	787,701	0	787,701		90.02
90.03	09003	CLINIC - QUICKCARE	430,436	0	430,436		90.03
91.00	09100	EMERGENCY	2,715,641	0	2,715,641		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0			92.00
93.00	04950	BEHAVIOR HEALTH	545,780	0	545,780		93.00
		OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	603,117	0	603,117		101.00
		SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	24,324,483	0	24,324,483		118.00
		NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	26,989	0	26,989		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	216,824	0	216,824		192.00
192.01	19201	MSO CLINICS	0	0	0		192.01
192.03	19203	FPA	0	0	0		192.03
194.00	07950	MEALS ON WHEELS	179,560	0	179,560		194.00
194.01	07951	GUEST MEALS	0	0	0		194.01
194.02	07952	MARKETING	277,774	0	277,774		194.02
194.03	07953	NONREIMBURSABLE - OTHER	166,025	0	166,025		194.03
200.00		Cross Foot Adjustments	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	25,191,655	0	25,191,655		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/30/2019 2:35 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS NEW BLDG & FIXT	CAPITAL RELATED COSTS NEW MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	2,658	4,191	6,849	6,849	4.00
5.01	00590	IS/ACCOUNTING/MARKETING	0	13,757	21,687	35,444	365	5.01
5.02	00591	BUSINESS OFFICE & ADMITTING	0	36,594	57,689	94,283	364	5.02
5.03	00592	OTHER A&G	0	31,964	50,390	82,354	88	5.03
7.00	00700	OPERATION OF PLANT	0	60,398	95,216	155,614	238	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,038	6,366	10,404	25	8.00
9.00	00900	HOUSEKEEPING	0	2,085	3,287	5,372	174	9.00
10.00	01000	DIETARY	0	16,505	26,019	42,524	197	10.00
11.00	01100	CAFETERIA	0	12,037	18,975	31,012	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	14,020	22,102	36,122	253	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	11,804	18,608	30,412	65	14.00
15.00	01500	PHARMACY	0	8,584	13,532	22,116	220	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,915	12,478	20,393	169	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	91,159	143,713	234,872	1,113	30.00
31.00	03100	INTENSIVE CARE UNIT	0	17,855	28,147	46,002	224	31.00
43.00	04300	NURSERY	0	1,183	1,865	3,048	36	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	75,129	118,438	193,567	403	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,130	4,935	8,065	15	52.00
53.00	05300	ANESTHESIOLOGY	0	2,479	3,908	6,387	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	45,207	71,268	116,475	329	54.00
54.01	05401	ULTRASOUND	0	1,410	2,222	3,632	76	54.01
56.00	05600	RADIOISOTOPE	0	2,037	3,211	5,248	0	56.00
60.00	06000	LABORATORY	0	16,505	26,019	42,524	440	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	759	1,196	1,955	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,455	3,870	6,325	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	9,528	15,020	24,548	267	65.00
66.00	06600	PHYSICAL THERAPY	0	26,952	42,490	69,442	420	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,010	1,591	2,601	78	67.00
68.00	06800	SPEECH PATHOLOGY	0	872	1,375	2,247	42	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	992	1,563	2,555	0	70.00
70.01	07001	CARDIOPULMONARY	0	6,929	10,924	17,853	32	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	1,762	2,778	4,540	1	90.00
90.01	09001	JV CLINIC	0	19,492	30,728	50,220	263	90.01
90.02	09002	CLINIC - LAKESIDE	0	26,881	42,377	69,258	144	90.02
90.03	09003	CLINIC - QUICKCARE	0	19,778	31,180	50,958	63	90.03
91.00	09100	EMERGENCY	0	38,457	60,627	99,084	442	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
93.00	04950	BEHAVIOR HEALTH	0	18,954	29,880	48,834	52	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	5,669	8,937	14,606	181	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	658,943	1,038,802	1,697,745	6,779	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,787	5,970	9,757	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	MSO CLINICS	0	0	0	0	0	192.01
192.03	19203	FPA	0	0	0	0	0	192.03
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
194.01	07951	GUEST MEALS	0	0	0	0	0	194.01
194.02	07952	MARKETING	0	1,165	1,836	3,001	46	194.02
194.03	07953	NONREIMBURSABLE - OTHER	0	59,347	0	59,347	24	194.03
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	723,242	1,046,608	1,769,850	6,849	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/30/2019 2:35 pm

		Cost Center Description	IS/ACCOUNTING/ MARKETING	BUSINESS OFFICE & ADMITTING	OTHER A&G	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.01	5.02	5.03	7.00	8.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	IS/ACCOUNTING/MARKETING	35,809					5.01
5.02	00591	BUSINESS OFFICE & ADMITTING	1,765	96,412				5.02
5.03	00592	OTHER A&G	3,129	9,041	94,612			5.03
7.00	00700	OPERATION OF PLANT	2,119	6,125	6,402	170,498		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	118	341	356	1,342	12,586	8.00
9.00	00900	HOUSEKEEPING	649	1,877	1,962	693	0	9.00
10.00	01000	DIETARY	1,059	3,060	3,199	5,487	57	10.00
11.00	01100	CAFETERIA	0	0	0	4,002	51	11.00
13.00	01300	NURSING ADMINISTRATION	912	2,634	2,754	4,661	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	241	698	729	3,924	0	14.00
15.00	01500	PHARMACY	2,044	5,907	6,174	2,854	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	609	1,761	1,840	2,631	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,112	11,909	12,444	30,308	2,865	30.00
31.00	03100	INTENSIVE CARE UNIT	853	2,466	2,578	5,936	68	31.00
43.00	04300	NURSERY	156	451	471	393	198	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,891	5,465	5,712	24,976	1,439	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	68	196	205	1,041	370	52.00
53.00	05300	ANESTHESIOLOGY	8	22	23	824	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,742	5,036	5,264	15,029	619	54.00
54.01	05401	ULTRASOUND	273	788	823	469	0	54.01
56.00	05600	RADIOISOTOPE	167	483	505	677	0	56.00
60.00	06000	LABORATORY	3,206	9,266	9,686	5,487	40	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15	42	44	252	0	63.00
64.00	06400	INTRAVENOUS THERAPY	155	449	469	816	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,000	2,890	3,021	3,167	76	65.00
66.00	06600	PHYSICAL THERAPY	1,532	4,426	4,627	8,960	4,515	66.00
67.00	06700	OCCUPATIONAL THERAPY	259	749	783	336	0	67.00
68.00	06800	SPEECH PATHOLOGY	141	407	425	290	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9	26	27	330	0	70.00
70.01	07001	CARDIOPULMONARY	134	386	403	2,304	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	841	2,432	2,542	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	61	177	185	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	70	201	210	586	0	90.00
90.01	09001	JV CLINIC	826	2,387	2,495	6,480	162	90.01
90.02	09002	CLINIC - LAKESIDE	824	2,382	2,490	8,936	0	90.02
90.03	09003	CLINIC - QUICKCARE	418	1,208	1,263	6,575	0	90.03
91.00	09100	EMERGENCY	2,818	8,142	8,511	12,785	2,126	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	BEHAVIOR HEALTH	560	1,618	1,691	6,301	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	691	0	1,982	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	35,475	95,448	92,295	168,852	12,586	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	40	1,259	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	810	0	0	192.00
192.01	19201	MSO CLINICS	0	0	0	0	0	192.01
192.03	19203	FPA	0	0	0	0	0	192.03
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
194.01	07951	GUEST MEALS	0	0	0	0	0	194.01
194.02	07952	MARKETING	334	964	1,008	387	0	194.02
194.03	07953	NONREIMBURSABLE - OTHER	0	0	459	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	35,809	96,412	94,612	170,498	12,586	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II | Date/Time Prepared: 5/30/2019 2:35 pm

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	IS/ACCOUNTING/MARKETING						5.01
5.02	00591	BUSINESS OFFICE & ADMITTING						5.02
5.03	00592	OTHER A&G						5.03
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	10,727					9.00
10.00	01000	DIETARY	319	55,902				10.00
11.00	01100	CAFETERIA	232	30,995	51,912			11.00
13.00	01300	NURSING ADMINISTRATION	271	0	2,449	50,056		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	228	0	1,094	0	37,391	14.00
15.00	01500	PHARMACY	166	0	2,264	0	549	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	153	0	2,318	0	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,759	12,337	12,067	20,784	674	30.00
31.00	03100	INTENSIVE CARE UNIT	345	806	2,264	3,900	133	31.00
43.00	04300	NURSERY	23	0	361	624	47	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,450	928	3,953	5,408	2,201	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	60	0	150	255	87	52.00
53.00	05300	ANESTHESIOLOGY	48	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	872	0	3,585	0	709	54.00
54.01	05401	ULTRASOUND	27	0	702	0	0	54.01
56.00	05600	RADIOISOTOPE	39	0	0	0	0	56.00
60.00	06000	LABORATORY	319	0	6,379	0	4,387	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	47	0	0	1,063	0	64.00
65.00	06500	RESPIRATORY THERAPY	184	0	2,832	0	1,639	65.00
66.00	06600	PHYSICAL THERAPY	520	0	3,884	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	19	0	568	0	8	67.00
68.00	06800	SPEECH PATHOLOGY	17	0	368	0	10	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	19	0	0	0	0	70.00
70.01	07001	CARDIOPULMONARY	134	0	311	534	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	24,094	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	1,749	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	34	0	31	0	0	90.00
90.01	09001	JV CLINIC	376	0	0	4,984	0	90.01
90.02	09002	CLINIC - LAKESIDE	519	0	0	0	81	90.02
90.03	09003	CLINIC - QUICKCARE	382	0	0	0	569	90.03
91.00	09100	EMERGENCY	742	0	4,962	8,549	353	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	BEHAVIOR HEALTH	366	0	779	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	109	0	0	3,955	62	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,794	45,066	51,321	50,056	37,352	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	73	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	39	192.00
192.01	19201	MSO CLINICS	0	0	0	0	0	192.01
192.03	19203	FPA	0	0	0	0	0	192.03
194.00	07950	MEALS ON WHEELS	0	10,836	0	0	0	194.00
194.01	07951	GUEST MEALS	0	0	0	0	0	194.01
194.02	07952	MARKETING	22	0	384	0	0	194.02
194.03	07953	NONREIMBURSABLE - OTHER	838	0	207	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	14,380	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	10,727	55,902	66,292	50,056	37,391	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/30/2019 2:35 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			15.00	16.00	19.00	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	IS/ACCOUNTING/MARKETING						5.01
5.02	00591	BUSINESS OFFICE & ADMITTING						5.02
5.03	00592	OTHER A&G						5.03
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	42,294					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	29,874				16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	2,420		347,664	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	173		65,748	0	31.00
43.00	04300	NURSERY	0	91		5,899	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	2,045		249,438	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	21		10,533	0	52.00
53.00	05300	ANESTHESIOLOGY	0	331		7,643	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,296		154,956	0	54.00
54.01	05401	ULTRASOUND	0	1,097		7,887	0	54.01
56.00	05600	RADIOISOTOPE	0	205		7,324	0	56.00
60.00	06000	LABORATORY	0	5,796		87,530	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	202		2,525	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	525		9,849	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	940		40,564	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,013		99,339	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	176		5,577	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	44		3,991	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	15		2,981	0	70.00
70.01	07001	CARDIOPULMONARY	0	156		22,247	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,362		32,271	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	146		2,318	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,294	1,352		43,646	0	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	45		5,718	0	90.00
90.01	09001	JV CLINIC	0	558		68,751	0	90.01
90.02	09002	CLINIC - LAKESIDE	0	337		84,971	0	90.02
90.03	09003	CLINIC - QUICKCARE	0	220		61,656	0	90.03
91.00	09100	EMERGENCY	0	3,854		152,368	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
93.00	04950	BEHAVIOR HEALTH	0	298		60,499	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	156		21,742	0	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	42,294	29,874	0	1,665,635	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		11,129	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		849	0	192.00
192.01	19201	MSO CLINICS	0	0		0	0	192.01
192.03	19203	FPA	0	0		0	0	192.03
194.00	07950	MEALS ON WHEELS	0	0		10,836	0	194.00
194.01	07951	GUEST MEALS	0	0		0	0	194.01
194.02	07952	MARKETING	0	0		6,146	0	194.02
194.03	07953	NONREIMBURSABLE - OTHER	0	0		60,875	0	194.03
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	14,380	0	201.00
202.00		TOTAL (sum lines 118 through 201)	42,294	29,874	0	1,769,850	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/30/2019 2:35 pm

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00590	IS/ACCOUNTING/MARKETING			5.01
5.02	00591	BUSINESS OFFICE & ADMITTING			5.02
5.03	00592	OTHER A&G			5.03
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	347,664		30.00
31.00	03100	INTENSIVE CARE UNIT	65,748		31.00
43.00	04300	NURSERY	5,899		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	249,438		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,533		52.00
53.00	05300	ANESTHESIOLOGY	7,643		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	154,956		54.00
54.01	05401	ULTRASOUND	7,887		54.01
56.00	05600	RADIOISOTOPE	7,324		56.00
60.00	06000	LABORATORY	87,530		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,525		63.00
64.00	06400	INTRAVENOUS THERAPY	9,849		64.00
65.00	06500	RESPIRATORY THERAPY	40,564		65.00
66.00	06600	PHYSICAL THERAPY	99,339		66.00
67.00	06700	OCCUPATIONAL THERAPY	5,577		67.00
68.00	06800	SPEECH PATHOLOGY	3,991		68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,981		70.00
70.01	07001	CARDIOPULMONARY	22,247		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,271		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,318		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	43,646		73.00
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	5,718		90.00
90.01	09001	JV CLINIC	68,751		90.01
90.02	09002	CLINIC - LAKESIDE	84,971		90.02
90.03	09003	CLINIC - QUICKCARE	61,656		90.03
91.00	09100	EMERGENCY	152,368		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
93.00	04950	BEHAVIOR HEALTH	60,499		93.00
		OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	21,742		101.00
		SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,665,635		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,129		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	849		192.00
192.01	19201	MSO CLINICS	0		192.01
192.03	19203	FPA	0		192.03
194.00	07950	MEALS ON WHEELS	10,836		194.00
194.01	07951	GUEST MEALS	0		194.01
194.02	07952	MARKETING	6,146		194.02
194.03	07953	NONREIMBURSABLE - OTHER	60,875		194.03
200.00		Cross Foot Adjustments	0		200.00
201.00		Negative Cost Centers	14,380		201.00
202.00		TOTAL (sum lines 118 through 201)	1,769,850		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/30/2019 2:35 pm

		Cost Center Description	CAPITAL RELATED COSTS: NEW BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS: NEW MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	IS/ACCOUNTING/ MARKETING (ACCUM. COST)	
			1.00	2.00	4.00	5A.01	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	121,075					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		111,140				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	445	445	11,699,057			4.00
5.01	00590	IS/ACCOUNTING/MARKETING	2,303	2,303	624,658	-1,282,883	23,689,040	5.01
5.02	00591	BUSINESS OFFICE & ADMITTING	6,126	6,126	621,717	0	1,167,187	5.02
5.03	00592	OTHER A&G	5,351	5,351	150,009	0	2,069,140	5.03
7.00	00700	OPERATION OF PLANT	10,111	10,111	406,484	0	1,401,768	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	676	676	43,252	0	78,010	8.00
9.00	00900	HOUSEKEEPING	349	349	297,618	0	429,519	9.00
10.00	01000	DIETARY	2,763	2,763	337,134	0	700,363	10.00
11.00	01100	CAFETERIA	2,015	2,015	0	98,431	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,347	2,347	432,622	0	602,885	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,976	1,976	110,825	0	159,686	14.00
15.00	01500	PHARMACY	1,437	1,437	375,414	0	1,351,794	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,325	1,325	288,704	0	402,931	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	15,261	15,261	1,895,923	0	2,725,851	30.00
31.00	03100	INTENSIVE CARE UNIT	2,989	2,989	383,552	0	564,386	31.00
43.00	04300	NURSERY	198	198	61,286	0	103,114	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	12,577	12,577	688,946	0	1,250,642	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	524	524	25,017	0	44,958	52.00
53.00	05300	ANESTHESIOLOGY	415	415	0	0	4,982	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,568	7,568	561,958	0	1,152,431	54.00
54.01	05401	ULTRASOUND	236	236	129,911	0	180,265	54.01
56.00	05600	RADIOISOTOPE	341	341	0	0	110,586	56.00
60.00	06000	LABORATORY	2,763	2,763	752,312	0	2,120,689	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	127	127	0	0	9,624	63.00
64.00	06400	INTRAVENOUS THERAPY	411	411	0	0	102,757	64.00
65.00	06500	RESPIRATORY THERAPY	1,595	1,595	456,277	0	661,333	65.00
66.00	06600	PHYSICAL THERAPY	4,512	4,512	718,754	0	1,013,004	66.00
67.00	06700	OCCUPATIONAL THERAPY	169	169	132,523	0	171,492	67.00
68.00	06800	SPEECH PATHOLOGY	146	146	70,969	0	93,142	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	166	166	0	0	5,867	70.00
70.01	07001	CARDIOPULMONARY	1,160	1,160	54,330	0	88,319	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	556,499	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	40,414	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	295	295	1,664	0	46,059	90.00
90.01	09001	JV CLINIC	3,263	3,263	449,021	0	546,367	90.01
90.02	09002	CLINIC - LAKESIDE	4,500	4,500	245,542	0	545,224	90.02
90.03	09003	CLINIC - QUICKCARE	3,311	3,311	108,316	0	276,571	90.03
91.00	09100	EMERGENCY	6,438	6,438	756,330	0	1,863,439	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	BEHAVIOR HEALTH	3,173	3,173	88,392	0	370,209	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	949	949	309,612	0	456,920	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	110,311	110,311	11,579,072	-1,184,452	23,468,427	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	634	634	0	-9,757	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	-196,891	0	192.00
192.01	19201	MSO CLINICS	0	0	0	0	0	192.01
192.03	19203	FPA	0	0	0	0	0	192.03
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
194.01	07951	GUEST MEALS	0	0	0	0	0	194.01
194.02	07952	MARKETING	195	195	79,073	0	220,613	194.02
194.03	07953	NONREIMBURSABLE - OTHER	9,935	0	40,912	-111,515	0	194.03
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)	723,242	1,046,608	3,157,905		1,282,883	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5.973504	9.417024	0.269928		0.054155	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			6,849		35,809	204.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/30/2019 2:35 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	IS/ACCOUNTING/ MARKETING (ACCUM. COST)	
			1.00	2.00	4.00	5A.01	5.01	
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000585		0.001512	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/30/2019 2:35 pm

		Cost Center Description	Reconciliation	BUSINESS OFFICE & ADMITTING (ACCUM. COST)	Reconciliation	OTHER A&G (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5A.02	5.02	5A.03	5.03	7.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	IS/ACCOUNTING/MARKETING						5.01
5.02	00591	BUSINESS OFFICE & ADMITTING	-1,230,396	23,259,862				5.02
5.03	00592	OTHER A&G	0	2,181,194	-2,296,575	22,993,511		5.03
7.00	00700	OPERATION OF PLANT	0	1,477,681	0	1,555,847	85,855	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	82,235	0	86,585	676	8.00
9.00	00900	HOUSEKEEPING	0	452,780	0	476,731	349	9.00
10.00	01000	DIETARY	0	738,291	0	777,345	2,763	10.00
11.00	01100	CAFETERIA	98,431	0	98,431	0	2,015	11.00
13.00	01300	NURSING ADMINISTRATION	0	635,534	0	669,152	2,347	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	168,334	0	177,239	1,976	14.00
15.00	01500	PHARMACY	0	1,425,000	0	1,500,380	1,437	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	424,752	0	447,221	1,325	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	2,873,470	0	3,025,465	15,261	30.00
31.00	03100	INTENSIVE CARE UNIT	0	594,950	0	626,422	2,989	31.00
43.00	04300	NURSERY	0	108,698	0	114,448	198	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	1,318,371	0	1,388,110	12,577	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	47,393	0	49,900	524	52.00
53.00	05300	ANESTHESIOLOGY	0	5,252	0	5,530	415	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,214,841	0	1,279,104	7,568	54.00
54.01	05401	ULTRASOUND	0	190,027	0	200,079	236	54.01
56.00	05600	RADIOISOTOPE	0	116,575	0	122,742	341	56.00
60.00	06000	LABORATORY	0	2,235,535	0	2,353,790	2,763	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	10,145	0	10,682	127	63.00
64.00	06400	INTRAVENOUS THERAPY	0	108,322	0	114,052	411	64.00
65.00	06500	RESPIRATORY THERAPY	0	697,147	0	734,025	1,595	65.00
66.00	06600	PHYSICAL THERAPY	0	1,067,863	0	1,124,351	4,512	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	180,779	0	190,342	169	67.00
68.00	06800	SPEECH PATHOLOGY	0	98,186	0	103,380	146	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,185	0	6,512	166	70.00
70.01	07001	CARDIOPULMONARY	0	93,102	0	98,027	1,160	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	586,636	0	617,668	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	42,603	0	44,857	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	48,553	0	51,121	295	90.00
90.01	09001	JV CLINIC	0	575,956	0	606,423	3,263	90.01
90.02	09002	CLINIC - LAKESIDE	0	574,751	0	605,154	4,500	90.02
90.03	09003	CLINIC - QUICKCARE	0	291,549	0	306,971	3,311	90.03
91.00	09100	EMERGENCY	0	1,964,354	0	2,068,264	6,438	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	BEHAVIOR HEALTH	0	390,258	0	410,902	3,173	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	-481,665	0	0	481,665	0	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-1,613,630	23,027,302	-2,198,144	22,430,486	85,026	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-9,757	0	0	9,757	634	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-196,891	0	0	196,891	0	192.00
192.01	19201	MSO CLINICS	0	0	0	0	0	192.01
192.03	19203	FPA	0	0	0	0	0	192.03
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
194.01	07951	GUEST MEALS	0	0	0	0	0	194.01
194.02	07952	MARKETING	0	232,560	0	244,862	195	194.02
194.03	07953	NONREIMBURSABLE - OTHER	-111,515	0	0	111,515	0	194.03
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)		1,230,396		2,296,575	1,711,243	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.052898		0.099879	19.931780	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		96,412		94,612	170,498	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.004145		0.004115	1.985883	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/30/2019 2:35 pm

		Cost Center Description	Reconciliation	BUSINESS OFFICE & ADMITTING (ACCUM. COST)	Reconciliation	OTHER A&G (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5A.02	5.02	5A.03	5.03	7.00	
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/30/2019 2:35 pm

		Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
			8.00	9.00	10.00	11.00	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	IS/ACCOUNTING/MARKETING						5.01
5.02	00591	BUSINESS OFFICE & ADMITTING						5.02
5.03	00592	OTHER A&G						5.03
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	10,306					8.00
9.00	00900	HOUSEKEEPING	0	93,048				9.00
10.00	01000	DIETARY	47	2,763	48,313			10.00
11.00	01100	CAFETERIA	42	2,015	26,787	13,526		11.00
13.00	01300	NURSING ADMINISTRATION	0	2,347	0	638	157,487	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,976	0	285	0	14.00
15.00	01500	PHARMACY	0	1,437	0	590	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,325	0	604	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,346	15,261	10,662	3,144	65,389	30.00
31.00	03100	INTENSIVE CARE UNIT	56	2,989	697	590	12,271	31.00
43.00	04300	NURSERY	162	198	0	94	1,963	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,178	12,577	802	1,030	17,015	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	303	524	0	39	802	52.00
53.00	05300	ANESTHESIOLOGY	0	415	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	507	7,568	0	934	0	54.00
54.01	05401	ULTRASOUND	0	236	0	183	0	54.01
56.00	05600	RADIOISOTOPE	0	341	0	0	0	56.00
60.00	06000	LABORATORY	33	2,763	0	1,662	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	127	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	411	0	0	3,345	64.00
65.00	06500	RESPIRATORY THERAPY	62	1,595	0	738	0	65.00
66.00	06600	PHYSICAL THERAPY	3,696	4,512	0	1,012	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	169	0	148	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	146	0	96	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	166	0	0	0	70.00
70.01	07001	CARDIOPULMONARY	0	1,160	0	81	1,681	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	295	0	8	0	90.00
90.01	09001	JV CLINIC	133	3,263	0	0	15,682	90.01
90.02	09002	CLINIC - LAKESIDE	0	4,500	0	0	0	90.02
90.03	09003	CLINIC - QUICKCARE	0	3,311	0	0	0	90.03
91.00	09100	EMERGENCY	1,741	6,438	0	1,293	26,896	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	BEHAVIOR HEALTH	0	3,173	0	203	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	949	0	0	12,443	101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,306	84,950	38,948	13,372	157,487	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	634	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	MSO CLINICS	0	0	0	0	0	192.01
192.03	19203	FPA	0	0	0	0	0	192.03
194.00	07950	MEALS ON WHEELS	0	0	9,365	0	0	194.00
194.01	07951	GUEST MEALS	0	0	0	0	0	194.01
194.02	07952	MARKETING	0	195	0	100	0	194.02
194.03	07953	NONREIMBURSABLE - OTHER	0	7,269	0	54	0	194.03
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)	108,707	531,302	926,330	467,282	818,208	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.547933	5.709978	19.173514	34.546947	5.195400	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	12,586	10,727	55,902	66,292	50,056	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.221230	0.115285	1.157080	3.837942	0.317842	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/30/2019 2:35 pm

		Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
			8.00	9.00	10.00	11.00	13.00	
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/30/2019 2:35 pm

		Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
			14.00	15.00	16.00	19.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	IS/ACCOUNTING/MARKETING						5.01
5.02	00591	BUSINESS OFFICE & ADMITTING						5.02
5.03	00592	OTHER A&G						5.03
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	863,985					14.00
15.00	01500	PHARMACY	12,695	100				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	74,864,369			16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	15,575	0	6,065,847	0		30.00
31.00	03100	INTENSIVE CARE UNIT	3,079	0	433,007	0		31.00
43.00	04300	NURSERY	1,077	0	228,096	0		43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	50,859	0	5,125,535	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,011	0	51,847	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	829,024	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,372	0	13,271,947	0		54.00
54.01	05401	ULTRASOUND	0	0	2,749,778	0		54.01
56.00	05600	RADIOISOTOPE	0	0	512,534	0		56.00
60.00	06000	LABORATORY	101,361	0	14,526,207	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	507,363	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	1,315,162	0		64.00
65.00	06500	RESPIRATORY THERAPY	37,883	0	2,354,964	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	2,538,696	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	191	0	441,957	0		67.00
68.00	06800	SPEECH PATHOLOGY	224	0	109,463	0		68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	36,530	0		70.00
70.01	07001	CARDIOPULMONARY	0	0	390,204	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	556,734	0	5,920,355	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	40,414	0	364,793	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100	3,388,200	0		73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	112,021	0		90.00
90.01	09001	JV CLINIC	0	0	1,398,678	0		90.01
90.02	09002	CLINIC - LAKESIDE	1,878	0	843,698	0		90.02
90.03	09003	CLINIC - QUICKCARE	13,138	0	550,516	0		90.03
91.00	09100	EMERGENCY	8,146	0	9,659,318	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	BEHAVIOR HEALTH	0	0	748,014	0		93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,441	0	390,615	0		101.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	863,078	100	74,864,369	0		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	907	0	0	0		192.00
192.01	19201	MSO CLINICS	0	0	0	0		192.01
192.03	19203	FPA	0	0	0	0		192.03
194.00	07950	MEALS ON WHEELS	0	0	0	0		194.00
194.01	07951	GUEST MEALS	0	0	0	0		194.01
194.02	07952	MARKETING	0	0	0	0		194.02
194.03	07953	NONREIMBURSABLE - OTHER	0	0	0	0		194.03
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)	255,455	1,711,220	546,731	0		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.295671	17,112.200000	0.007303	0.000000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	37,391	42,294	29,874	0		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.043277	422.940000	0.000399	0.000000		205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/30/2019 2:35 pm

		Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
			14.00	15.00	16.00	19.00		
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

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I Date/Time Prepared: 5/30/2019 2:35 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,445,385		4,445,385	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	867,794		867,794	0	0	31.00
43.00	04300	NURSERY	148,095		148,095	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,053,504		2,053,504	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	78,004		78,004	0	0	52.00
53.00	05300	ANESTHESIOLOGY	22,778		22,778	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,740,298		1,740,298	0	0	54.00
54.01	05401	ULTRASOUND	252,519		252,519	0	0	54.01
56.00	05600	RADIOISOTOPE	147,488		147,488	0	0	56.00
60.00	06000	LABORATORY	2,853,548		2,853,548	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	18,710		18,710	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	162,966		162,966	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	902,786	0	902,786	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,444,832	0	1,444,832	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	222,083	0	222,083	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	121,631	0	121,631	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,686		11,686	0	0	70.00
70.01	07001	CARDIOPULMONARY	151,944		151,944	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	887,205		887,205	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	63,950		63,950	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,735,964		1,735,964	0	0	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	64,885		64,885	0	0	90.00
90.01	09001	JV CLINIC	843,753		843,753	0	0	90.01
90.02	09002	CLINIC - LAKESIDE	787,701		787,701	0	0	90.02
90.03	09003	CLINIC - QUICKCARE	430,436		430,436	0	0	90.03
91.00	09100	EMERGENCY	2,715,641		2,715,641	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,631,301		1,631,301		0	92.00
93.00	04950	BEHAVIOR HEALTH	545,780		545,780	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	603,117		603,117		0	101.00
200.00		Subtotal (see instructions)	25,955,784	0	25,955,784	0	0	200.00
201.00		Less Observation Beds	1,631,301		1,631,301		0	201.00
202.00		Total (see instructions)	24,324,483	0	24,324,483	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I Date/Time Prepared: 5/30/2019 2:35 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,620,868		3,620,868			30.00
31.00	03100	INTENSIVE CARE UNIT	433,007		433,007			31.00
43.00	04300	NURSERY	228,096		228,096			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	620,704	4,504,831	5,125,535	0.400642	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,954	24,893	51,847	1.504504	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	126,368	702,656	829,024	0.027476	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	507,004	12,764,943	13,271,947	0.131126	0.000000	54.00
54.01	05401	ULTRASOUND	191,682	2,558,096	2,749,778	0.091833	0.000000	54.01
56.00	05600	RADIOISOTOPE	8,343	504,191	512,534	0.287762	0.000000	56.00
60.00	06000	LABORATORY	886,589	13,639,618	14,526,207	0.196441	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	202,541	304,822	507,363	0.036877	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	163,063	1,152,099	1,315,162	0.123913	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	638,765	1,716,199	2,354,964	0.383354	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	132,491	2,406,205	2,538,696	0.569124	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,570	432,387	441,957	0.502499	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	7,411	102,052	109,463	1.111161	0.000000	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,339	31,191	36,530	0.319901	0.000000	70.00
70.01	07001	CARDIOPULMONARY	1,616	388,588	390,204	0.389396	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,084,709	3,835,646	5,920,355	0.149857	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	91,550	273,243	364,793	0.175305	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	995,091	2,393,109	3,388,200	0.512356	0.000000	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	112,021	112,021	0.579222	0.000000	90.00
90.01	09001	JV CLINIC	0	1,398,678	1,398,678	0.603250	0.000000	90.01
90.02	09002	CLINIC - LAKESIDE	0	843,698	843,698	0.933629	0.000000	90.02
90.03	09003	CLINIC - QUICKCARE	0	550,516	550,516	0.781877	0.000000	90.03
91.00	09100	EMERGENCY	255,109	9,404,209	9,659,318	0.281142	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	59,961	2,385,018	2,444,979	0.667205	0.000000	92.00
93.00	04950	BEHAVIOR HEALTH	3,738	744,276	748,014	0.729639	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	390,615	390,615			101.00
200.00		Subtotal (see instructions)	11,300,569	63,563,800	74,864,369			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	11,300,569	63,563,800	74,864,369			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I Date/Time Prepared: 5/30/2019 2:35 pm

Title XVIII | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401	ULTRASOUND	0.000000		54.01
56.00	05600	RADIOISOTOPE	0.000000		56.00
60.00	06000	LABORATORY	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
70.01	07001	CARDIOPULMONARY	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	JV CLINIC	0.000000		90.01
90.02	09002	CLINIC - LAKESIDE	0.000000		90.02
90.03	09003	CLINIC - QUICKCARE	0.000000		90.03
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	04950	BEHAVIOR HEALTH	0.000000		93.00
		OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY			101.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I Date/Time Prepared: 5/30/2019 2:35 pm

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,445,385		4,445,385	0	4,445,385	30.00
31.00	03100	INTENSIVE CARE UNIT	867,794		867,794	0	867,794	31.00
43.00	04300	NURSERY	148,095		148,095	0	148,095	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,053,504		2,053,504	0	2,053,504	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	78,004		78,004	0	78,004	52.00
53.00	05300	ANESTHESIOLOGY	22,778		22,778	0	22,778	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,740,298		1,740,298	0	1,740,298	54.00
54.01	05401	ULTRASOUND	252,519		252,519	0	252,519	54.01
56.00	05600	RADIOISOTOPE	147,488		147,488	0	147,488	56.00
60.00	06000	LABORATORY	2,853,548		2,853,548	0	2,853,548	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	18,710		18,710	0	18,710	63.00
64.00	06400	INTRAVENOUS THERAPY	162,966		162,966	0	162,966	64.00
65.00	06500	RESPIRATORY THERAPY	902,786	0	902,786	0	902,786	65.00
66.00	06600	PHYSICAL THERAPY	1,444,832	0	1,444,832	0	1,444,832	66.00
67.00	06700	OCCUPATIONAL THERAPY	222,083	0	222,083	0	222,083	67.00
68.00	06800	SPEECH PATHOLOGY	121,631	0	121,631	0	121,631	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,686		11,686	0	11,686	70.00
70.01	07001	CARDIOPULMONARY	151,944		151,944	0	151,944	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	887,205		887,205	0	887,205	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	63,950		63,950	0	63,950	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,735,964		1,735,964	0	1,735,964	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	64,885		64,885	0	64,885	90.00
90.01	09001	JV CLINIC	843,753		843,753	0	843,753	90.01
90.02	09002	CLINIC - LAKESIDE	787,701		787,701	0	787,701	90.02
90.03	09003	CLINIC - QUICKCARE	430,436		430,436	0	430,436	90.03
91.00	09100	EMERGENCY	2,715,641		2,715,641	0	2,715,641	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,631,301		1,631,301		1,631,301	92.00
93.00	04950	BEHAVIOR HEALTH	545,780		545,780	0	545,780	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	603,117		603,117		603,117	101.00
200.00		Subtotal (see instructions)	25,955,784	0	25,955,784	0	25,955,784	200.00
201.00		Less Observation Beds	1,631,301		1,631,301		1,631,301	201.00
202.00		Total (see instructions)	24,324,483	0	24,324,483	0	24,324,483	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I Date/Time Prepared: 5/30/2019 2:35 pm

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,620,868		3,620,868			30.00
31.00	03100	INTENSIVE CARE UNIT	433,007		433,007			31.00
43.00	04300	NURSERY	228,096		228,096			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	620,704	4,504,831	5,125,535	0.400642	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,954	24,893	51,847	1.504504	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	126,368	702,656	829,024	0.027476	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	507,004	12,764,943	13,271,947	0.131126	0.000000	54.00
54.01	05401	ULTRASOUND	191,682	2,558,096	2,749,778	0.091833	0.000000	54.01
56.00	05600	RADIOISOTOPE	8,343	504,191	512,534	0.287762	0.000000	56.00
60.00	06000	LABORATORY	886,589	13,639,618	14,526,207	0.196441	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	202,541	304,822	507,363	0.036877	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	163,063	1,152,099	1,315,162	0.123913	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	638,765	1,716,199	2,354,964	0.383354	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	132,491	2,406,205	2,538,696	0.569124	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,570	432,387	441,957	0.502499	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	7,411	102,052	109,463	1.111161	0.000000	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,339	31,191	36,530	0.319901	0.000000	70.00
70.01	07001	CARDIOPULMONARY	1,616	388,588	390,204	0.389396	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,084,709	3,835,646	5,920,355	0.149857	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	91,550	273,243	364,793	0.175305	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	995,091	2,393,109	3,388,200	0.512356	0.000000	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	112,021	112,021	0.579222	0.000000	90.00
90.01	09001	JV CLINIC	0	1,398,678	1,398,678	0.603250	0.000000	90.01
90.02	09002	CLINIC - LAKESIDE	0	843,698	843,698	0.933629	0.000000	90.02
90.03	09003	CLINIC - QUICKCARE	0	550,516	550,516	0.781877	0.000000	90.03
91.00	09100	EMERGENCY	255,109	9,404,209	9,659,318	0.281142	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	59,961	2,385,018	2,444,979	0.667205	0.000000	92.00
93.00	04950	BEHAVIOR HEALTH	3,738	744,276	748,014	0.729639	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	390,615	390,615			101.00
200.00		Subtotal (see instructions)	11,300,569	63,563,800	74,864,369			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	11,300,569	63,563,800	74,864,369			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I Date/Time Prepared: 5/30/2019 2:35 pm

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401	ULTRASOUND	0.000000		54.01
56.00	05600	RADIOISOTOPE	0.000000		56.00
60.00	06000	LABORATORY	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
70.01	07001	CARDIOPULMONARY	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	JV CLINIC	0.000000		90.01
90.02	09002	CLINIC - LAKESIDE	0.000000		90.02
90.03	09003	CLINIC - QUICKCARE	0.000000		90.03
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	04950	BEHAVIOR HEALTH	0.000000		93.00
		OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY			101.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part II Date/Time Prepared: 5/30/2019 2:35 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	249,438	5,125,535	0.048666	142,087	6,915	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,533	51,847	0.203155	0	0	52.00
53.00	05300	ANESTHESIOLOGY	7,643	829,024	0.009219	31,826	293	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	154,956	13,271,947	0.011675	240,638	2,809	54.00
54.01	05401	ULTRASOUND	7,887	2,749,778	0.002868	115,431	331	54.01
56.00	05600	RADIOISOTOPE	7,324	512,534	0.014290	5,632	80	56.00
60.00	06000	LABORATORY	87,530	14,526,207	0.006026	497,416	2,997	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,525	507,363	0.004977	56,476	281	63.00
64.00	06400	INTRAVENOUS THERAPY	9,849	1,315,162	0.007489	95,418	715	64.00
65.00	06500	RESPIRATORY THERAPY	40,564	2,354,964	0.017225	303,274	5,224	65.00
66.00	06600	PHYSICAL THERAPY	99,339	2,538,696	0.039130	31,681	1,240	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,577	441,957	0.012619	1,454	18	67.00
68.00	06800	SPEECH PATHOLOGY	3,991	109,463	0.036460	5,379	196	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,981	36,530	0.081604	3,867	316	70.00
70.01	07001	CARDIOPULMONARY	22,247	390,204	0.057014	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,271	5,920,355	0.005451	628,642	3,427	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,318	364,793	0.006354	22,878	145	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	43,646	3,388,200	0.012882	482,751	6,219	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	5,718	112,021	0.051044	0	0	90.00
90.01	09001	JV CLINIC	68,751	1,398,678	0.049154	0	0	90.01
90.02	09002	CLINIC - LAKESIDE	84,971	843,698	0.100713	0	0	90.02
90.03	09003	CLINIC - QUICKCARE	61,656	550,516	0.111997	0	0	90.03
91.00	09100	EMERGENCY	152,368	9,659,318	0.015774	10,221	161	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	127,581	2,444,979	0.052181	0	0	92.00
93.00	04950	BEHAVIOR HEALTH	60,499	748,014	0.080880	0	0	93.00
200.00		Total (lines 50 through 199)	1,352,163	70,191,783		2,675,071	31,367	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part IV | Date/Time Prepared: 5/30/2019 2:35 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	CARDIOPULMONARY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	JV CLINIC	0	0	0	0	0	90.01
90.02	09002	CLINIC - LAKESIDE	0	0	0	0	0	90.02
90.03	09003	CLINIC - QUICKCARE	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0		0	92.00
93.00	04950	BEHAVIOR HEALTH	0	0	0	0	0	93.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part IV | Date/Time Prepared: 5/30/2019 2:35 pm

Title XVIII | Hospital | Cost

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	5,125,535	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	51,847	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	829,024	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	13,271,947	0.000000	54.00
54.01	05401	ULTRASOUND	0	0	0	2,749,778	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	512,534	0.000000	56.00
60.00	06000	LABORATORY	0	0	0	14,526,207	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	507,363	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,315,162	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,354,964	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	2,538,696	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	441,957	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	109,463	0.000000	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	36,530	0.000000	70.00
70.01	07001	CARDIOPULMONARY	0	0	0	390,204	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,920,355	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	364,793	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,388,200	0.000000	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	112,021	0.000000	90.00
90.01	09001	JV CLINIC	0	0	0	1,398,678	0.000000	90.01
90.02	09002	CLINIC - LAKESIDE	0	0	0	843,698	0.000000	90.02
90.03	09003	CLINIC - QUICKCARE	0	0	0	550,516	0.000000	90.03
91.00	09100	EMERGENCY	0	0	0	9,659,318	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	2,444,979	0.000000	92.00
93.00	04950	BEHAVIOR HEALTH	0	0	0	748,014	0.000000	93.00
200.00		Total (lines 50 through 199)	0	0	0	70,191,783		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part IV | Date/Time Prepared: 5/30/2019 2:35 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	142,087	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	31,826	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	240,638	0	0	0	54.00
54.01	05401	ULTRASOUND	0.000000	115,431	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0.000000	5,632	0	0	0	56.00
60.00	06000	LABORATORY	0.000000	497,416	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	56,476	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	95,418	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	303,274	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	31,681	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,454	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	5,379	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	3,867	0	0	0	70.00
70.01	07001	CARDIOPULMONARY	0.000000	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	628,642	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	22,878	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	482,751	0	0	0	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	JV CLINIC	0.000000	0	0	0	0	90.01
90.02	09002	CLINIC - LAKESIDE	0.000000	0	0	0	0	90.02
90.03	09003	CLINIC - QUICKCARE	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.000000	10,221	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
93.00	04950	BEHAVIOR HEALTH	0.000000	0	0	0	0	93.00
200.00		Total (lines 50 through 199)		2,675,071	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part V Date/Time Prepared: 5/30/2019 2:35 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.400642	0	1,626,497	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.504504	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.027476	0	214,756	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.131126	0	4,640,163	0	0	54.00
54.01	05401	ULTRASOUND	0.091833	0	683,594	0	0	54.01
56.00	05600	RADIOISOTOPE	0.287762	0	177,573	0	0	56.00
60.00	06000	LABORATORY	0.196441	0	5,024,949	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.036877	0	120,260	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.123913	0	588,723	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.383354	0	630,436	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.569124	0	927,064	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.502499	0	120,652	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1.111161	0	15,255	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.319901	0	8,899	0	0	70.00
70.01	07001	CARDIOPULMONARY	0.389396	0	213,724	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.149857	0	1,327,680	14,900	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.175305	0	99,450	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.512356	0	685,018	108,269	0	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.579222	0	47,034	0	0	90.00
90.01	09001	JV CLINIC	0.603250	0	822,261	0	0	90.01
90.02	09002	CLINIC - LAKESIDE	0.933629	0	168,410	0	0	90.02
90.03	09003	CLINIC - QUICKCARE	0.781877	0	32,523	0	0	90.03
91.00	09100	EMERGENCY	0.281142	0	2,918,962	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.667205	0	929,006	0	0	92.00
93.00	04950	BEHAVIOR HEALTH	0.729639	0	532,570	0	0	93.00
200.00		Subtotal (see instructions)		0	22,555,459	123,169	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	22,555,459	123,169	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part V Date/Time Prepared: 5/30/2019 2:35 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	651,643	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	5,901	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	608,446	0	54.00
54.01	05401	ULTRASOUND	62,776	0	54.01
56.00	05600	RADIOISOTOPE	51,099	0	56.00
60.00	06000	LABORATORY	987,106	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,435	0	63.00
64.00	06400	INTRAVENOUS THERAPY	72,950	0	64.00
65.00	06500	RESPIRATORY THERAPY	241,680	0	65.00
66.00	06600	PHYSICAL THERAPY	527,614	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	60,628	0	67.00
68.00	06800	SPEECH PATHOLOGY	16,951	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,847	0	70.00
70.01	07001	CARDIOPULMONARY	83,223	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	198,962	2,233	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	17,434	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	350,973	55,472	73.00
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	27,243	0	90.00
90.01	09001	JV CLINIC	496,029	0	90.01
90.02	09002	CLINIC - LAKESIDE	157,232	0	90.02
90.03	09003	CLINIC - QUICKCARE	25,429	0	90.03
91.00	09100	EMERGENCY	820,643	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	619,837	0	92.00
93.00	04950	BEHAVIOR HEALTH	388,584	0	93.00
200.00		Subtotal (see instructions)	6,479,665	57,705	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	6,479,665	57,705	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-1327 | Component CCN: 15-Z327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part V Date/Time Prepared: 5/30/2019 2:35 pm

Title XVIII | Swing Beds - SNF | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.400642	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.504504	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.027476	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.131126	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0.091833	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0.287762	0	0	0	0	56.00
60.00	06000	LABORATORY	0.196441	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.036877	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.123913	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.383354	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.569124	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.502499	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1.111161	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.319901	0	0	0	0	70.00
70.01	07001	CARDIOPULMONARY	0.389396	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.149857	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.175305	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.512356	0	0	0	0	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.579222	0	0	0	0	90.00
90.01	09001	JV CLINIC	0.603250	0	0	0	0	90.01
90.02	09002	CLINIC - LAKESIDE	0.933629	0	0	0	0	90.02
90.03	09003	CLINIC - QUICKCARE	0.781877	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.281142	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.667205	0	0	0	0	92.00
93.00	04950	BEHAVIOR HEALTH	0.729639	0	0	0	0	93.00
200.00		Subtotal (see instructions)		0	0	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-1327 | Component CCN: 15-Z327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part V | Date/Time Prepared: 5/30/2019 2:35 pm

Title XVIII | Swing Beds - SNF | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	ULTRASOUND	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	56.00
60.00	06000	LABORATORY	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001	CARDIOPULMONARY	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0	0	90.00
90.01	09001	JV CLINIC	0	0	90.01
90.02	09002	CLINIC - LAKESIDE	0	0	90.02
90.03	09003	CLINIC - QUICKCARE	0	0	90.03
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04950	BEHAVIOR HEALTH	0	0	93.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part V Date/Time Prepared: 5/30/2019 2:35 pm

Title XIX | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.400642	0	14,908	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.504504	0	876	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.027476	0	3,223	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.131126	0	244,818	0	0	54.00
54.01	05401	ULTRASOUND	0.091833	0	81,112	0	0	54.01
56.00	05600	RADIOISOTOPE	0.287762	0	3,960	0	0	56.00
60.00	06000	LABORATORY	0.196441	0	288,053	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.036877	0	8,409	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.123913	0	10,606	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.383354	0	28,735	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.569124	0	25,201	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.502499	0	5,056	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1.111161	0	6,778	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.319901	0	890	0	0	70.00
70.01	07001	CARDIOPULMONARY	0.389396	0	1,087	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.149857	0	89,435	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.175305	0	1,730	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.512356	0	35,925	0	0	73.00
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.579222	0	2,379	0	0	90.00
90.01	09001	JV CLINIC	0.603250	0	12,499	0	0	90.01
90.02	09002	CLINIC - LAKESIDE	0.933629	0	0	0	0	90.02
90.03	09003	CLINIC - QUICKCARE	0.781877	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.281142	0	323,328	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.667205	0	95,634	0	0	92.00
93.00	04950	BEHAVIOR HEALTH	0.729639	0	0	0	0	93.00
200.00		Subtotal (see instructions)		0	1,284,642	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	1,284,642	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part V Date/Time Prepared: 5/30/2019 2:35 pm

Title XIX | Hospital | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	5,973	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,318	0	52.00
53.00	05300	ANESTHESIOLOGY	89	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,102	0	54.00
54.01	05401	ULTRASOUND	7,449	0	54.01
56.00	05600	RADIOISOTOPE	1,140	0	56.00
60.00	06000	LABORATORY	56,585	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	310	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1,314	0	64.00
65.00	06500	RESPIRATORY THERAPY	11,016	0	65.00
66.00	06600	PHYSICAL THERAPY	14,342	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,541	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,531	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	285	0	70.00
70.01	07001	CARDIOPULMONARY	423	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,402	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	303	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,406	0	73.00
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	1,378	0	90.00
90.01	09001	JV CLINIC	7,540	0	90.01
90.02	09002	CLINIC - LAKESIDE	0	0	90.02
90.03	09003	CLINIC - QUICKCARE	0	0	90.03
91.00	09100	EMERGENCY	90,901	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	63,807	0	92.00
93.00	04950	BEHAVIOR HEALTH	0	0	93.00
200.00		Subtotal (see instructions)	338,155	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	338,155	0	202.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-1327	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 2:35 pm
	Title XVIII	Hospital	Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	3,500	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,000	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	1,733	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	444	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	56	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,024	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	444	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	199.09	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	4,445,385	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	11,149	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	582,808	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	3,862,577	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	3,862,577	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,287.52	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,318,420	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,318,420	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-1 | Date/Time Prepared: 5/30/2019 2:35 pm

Title XVIII | Hospital | Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	867,794	177	4,902.79	109	534,404	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	703,862	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	2,556,686	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	571,659	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	571,659	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	1,267	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,287.53	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	1,631,301	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-1 | Date/Time Prepared: 5/30/2019 2:35 pm

Title XVIII | Hospital | Cost

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	347,664	4,445,385	0.078208	1,631,301	127,581	90.00
91.00	Nursing School cost	0	4,445,385	0.000000	1,631,301	0	91.00
92.00	Allied health cost	0	4,445,385	0.000000	1,631,301	0	92.00
93.00	All other Medical Education	0	4,445,385	0.000000	1,631,301	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-1327	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 2:35 pm
	Title XIX	Hospital	Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	3,500	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,000	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	1,733	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	444	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	56	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	27	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	256	15.00
16.00	Nursery days (title V or XIX only)	60	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	199.09	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	4,445,385	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	11,149	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	582,808	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	3,862,577	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	3,862,577	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,287.52	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	34,763	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	34,763	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-1 | Date/Time Prepared: 5/30/2019 2:35 pm

Title XIX | Hospital | Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	148,095	256	578.50	60	34,710	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	867,794	177	4,902.79	8	39,222	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	103,176	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	211,871	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	1,267	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,287.53	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	1,631,301	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-1 | Date/Time Prepared: 5/30/2019 2:35 pm

Title XIX | Hospital | Cost

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	347,664	4,445,385	0.078208	1,631,301	127,581	90.00
91.00	Nursing School cost	0	4,445,385	0.000000	1,631,301	0	91.00
92.00	Allied health cost	0	4,445,385	0.000000	1,631,301	0	92.00
93.00	All other Medical Education	0	4,445,385	0.000000	1,631,301	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-3 | Date/Time Prepared: 5/30/2019 2:35 pm

Title XVIII | Hospital | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		1,910,296		30.00
31.00	03100	INTENSIVE CARE UNIT		273,274		31.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.400642	142,087	56,926	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.504504	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.027476	31,826	874	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.131126	240,638	31,554	54.00
54.01	05401	ULTRASOUND	0.091833	115,431	10,600	54.01
56.00	05600	RADIOISOTOPE	0.287762	5,632	1,621	56.00
60.00	06000	LABORATORY	0.196441	497,416	97,713	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.036877	56,476	2,083	63.00
64.00	06400	INTRAVENOUS THERAPY	0.123913	95,418	11,824	64.00
65.00	06500	RESPIRATORY THERAPY	0.383354	303,274	116,261	65.00
66.00	06600	PHYSICAL THERAPY	0.569124	31,681	18,030	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.502499	1,454	731	67.00
68.00	06800	SPEECH PATHOLOGY	1.111161	5,379	5,977	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.319901	3,867	1,237	70.00
70.01	07001	CARDIOPULMONARY	0.389396	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.149857	628,642	94,206	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.175305	22,878	4,011	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.512356	482,751	247,340	73.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.579222	0	0	90.00
90.01	09001	JV CLINIC	0.603250	0	0	90.01
90.02	09002	CLINIC - LAKESIDE	0.933629	0	0	90.02
90.03	09003	CLINIC - QUICKCARE	0.781877	0	0	90.03
91.00	09100	EMERGENCY	0.281142	10,221	2,874	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.667205	0	0	92.00
93.00	04950	BEHAVIOR HEALTH	0.729639	0	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,675,071	703,862	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		2,675,071		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 15-1327 | Component CCN: 15-Z327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-3 | Date/Time Prepared: 5/30/2019 2:35 pm

Title XVIII | Swing Beds - SNF | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.400642	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.504504	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.027476	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.131126	9,957	1,306	54.00
54.01	05401	ULTRASOUND	0.091833	0	0	54.01
56.00	05600	RADIOISOTOPE	0.287762	0	0	56.00
60.00	06000	LABORATORY	0.196441	59,010	11,592	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.036877	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.123913	5,687	705	64.00
65.00	06500	RESPIRATORY THERAPY	0.383354	55,588	21,310	65.00
66.00	06600	PHYSICAL THERAPY	0.569124	87,265	49,665	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.502499	7,539	3,788	67.00
68.00	06800	SPEECH PATHOLOGY	1.111161	2,032	2,258	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.319901	0	0	70.00
70.01	07001	CARDIOPULMONARY	0.389396	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.149857	60,838	9,117	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.175305	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.512356	105,960	54,289	73.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.579222	0	0	90.00
90.01	09001	JV CLINIC	0.603250	0	0	90.01
90.02	09002	CLINIC - LAKESIDE	0.933629	0	0	90.02
90.03	09003	CLINIC - QUICKCARE	0.781877	0	0	90.03
91.00	09100	EMERGENCY	0.281142	857	241	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.667205	0	0	92.00
93.00	04950	BEHAVIOR HEALTH	0.729639	0	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		394,733	154,271	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		394,733		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-3 | Date/Time Prepared: 5/30/2019 2:35 pm

Title XIX | Hospital | Cost

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		19,940		30.00
31.00	03100	INTENSIVE CARE UNIT		20,057		31.00
43.00	04300	NURSERY		53,460		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.400642	31,916	12,787	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.504504	26,954	40,552	52.00
53.00	05300	ANESTHESIOLOGY	0.027476	7,120	196	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.131126	23,669	3,104	54.00
54.01	05401	ULTRASOUND	0.091833	6,682	614	54.01
56.00	05600	RADIOISOTOPE	0.287762	0	0	56.00
60.00	06000	LABORATORY	0.196441	17,317	3,402	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.036877	19,064	703	63.00
64.00	06400	INTRAVENOUS THERAPY	0.123913	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.383354	10,220	3,918	65.00
66.00	06600	PHYSICAL THERAPY	0.569124	544	310	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.502499	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1.111161	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.319901	890	285	70.00
70.01	07001	CARDIOPULMONARY	0.389396	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.149857	129,915	19,469	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.175305	5,169	906	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.512356	20,097	10,297	73.00
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.579222	0	0	90.00
90.01	09001	JV CLINIC	0.603250	0	0	90.01
90.02	09002	CLINIC - LAKESIDE	0.933629	0	0	90.02
90.03	09003	CLINIC - QUICKCARE	0.781877	0	0	90.03
91.00	09100	EMERGENCY	0.281142	7,408	2,083	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.667205	6,819	4,550	92.00
93.00	04950	BEHAVIOR HEALTH	0.729639	0	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		313,784	103,176	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		313,784		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-1327	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/30/2019 2:35 pm
	Title XVIII	Hospital	Cost

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	6,537,370	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	OPPS payments	0	3.00
4.00	Outlier payment (see instructions)	0	4.00
4.01	Outlier reconciliation amount (see instructions)	0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	6,537,370	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	0	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (see instructions)	6,602,744	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	0	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)	64,645	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)	3,429,483	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	3,108,616	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	3,108,616	30.00
31.00	Primary payer payments	3,814	31.00
32.00	Subtotal (line 30 minus line 31)	3,104,802	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	866,077	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	562,950	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	688,993	36.00
37.00	Subtotal (see instructions)	3,667,752	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	3,667,752	40.00
40.01	Sequestration adjustment (see instructions)	73,355	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
41.00	Interim payments	3,030,953	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	563,444	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet E-1 Part I | Date/Time Prepared: 5/30/2019 2:35 pm

Title XVIII | Hospital | Cost

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,182,177		3,030,953	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	08/15/2018	91,300		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		91,300		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,273,477		3,030,953	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		54,986		563,444	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,328,463		3,594,397	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-1327 | Component CCN: 15-Z327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet E-1 Part I | Date/Time Prepared: 5/30/2019 2:35 pm

Title XVIII | Swing Beds - SNF | Cost

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		677,261		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		677,261		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		34,371		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		711,632		0	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 15-1327	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part II Date/Time Prepared: 5/30/2019 2:35 pm
	Title XVIII	Hospital	Cost

			1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS			
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION			
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS | Provider CCN: 15-1327 | Component CCN: 15-Z327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet E-2 | Date/Time Prepared: 5/30/2019 2:35 pm

Title XVIII | Swing Beds - SNF | Cost

		Part A	Part B	
		1.00	2.00	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient routine services - swing bed-SNF (see instructions)	577,376	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00
3.00	Ancillary services (from Wkst. D-3, col. 3, line 200, for Part A, and sum of Wkst. D, Part V, cols. 6 and 7, line 202, for Part B) (For CAH, see instructions)	155,814	0	3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days	444	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	733,190	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	733,190	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0	0	11.00
12.00	Subtotal (line 10 minus line 11)	733,190	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	7,035	0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	726,155	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00
16.50	Pioneer ACO demonstration payment adjustment (see instructions)			16.50
16.55	Rural community hospital demonstration project (§410A Demonstration) payment adjustment (see instructions)	0		16.55
16.99	Demonstration payment adjustment amount before sequestration	0	0	16.99
17.00	Allowable bad debts (see instructions)	0	0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)	0	0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	0	18.00
19.00	Total (see instructions)	726,155	0	19.00
19.01	Sequestration adjustment (see instructions)	14,523	0	19.01
19.02	Demonstration payment adjustment amount after sequestration)	0	0	19.02
20.00	Interim payments	677,261	0	20.00
21.00	Tentative settlement (for contractor use only)	0	0	21.00
22.00	Balance due provider/program (line 19 minus lines 19.01, 20, and 21)	34,371	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	23.00
	Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment			
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
	Cost Reimbursement			
201.00	Medicare swing-bed SNF inpatient routine service costs (from Wkst. D-1, Pt. II, line 66 (title XVIII hospital))			201.00
202.00	Medicare swing-bed SNF inpatient ancillary service costs (from Wkst. D-3, col. 3, line 200 (title XVIII swing-bed SNF))			202.00
203.00	Total (sum of lines 201 and 202)			203.00
204.00	Medicare swing-bed SNF discharges (see instructions)			204.00
	Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)			
205.00	Medicare swing-bed SNF target amount			205.00
206.00	Medicare swing-bed SNF inpatient routine cost cap (line 205 times line 204)			206.00
	Adjustment to Medicare Part A Swing-Bed SNF Inpatient Reimbursement			
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare swing-bed SNF inpatient service costs (from Wkst. E-2, col. 1, sum of lines 1 and 3)			208.00
209.00	Adjustment to Medicare swing-bed SNF PPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
	Comparision of PPS versus Cost Reimbursement			
215.00	Total adjustment to Medicare swing-bed SNF PPS payment (line 209 plus line 210) (see instructions)			215.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-1327	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part V Date/Time Prepared: 5/30/2019 2:35 pm
	Title XVIII	Hospital	Cost

		1.00	
	PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT		
1.00	Inpatient services	2,556,686	1.00
2.00	Nursing and Allied Health Managed Care payment (see instructions)	0	2.00
3.00	Organ acquisition	0	3.00
4.00	Subtotal (sum of lines 1 through 3)	2,556,686	4.00
5.00	Primary payer payments	0	5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)	2,582,253	6.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
7.00	Routine service charges	0	7.00
8.00	Ancillary service charges	0	8.00
9.00	Organ acquisition charges, net of revenue	0	9.00
10.00	Total reasonable charges	0	10.00
	Customary charges		
11.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	11.00
12.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	12.00
13.00	Ratio of line 11 to line 12 (not to exceed 1.000000)	0.000000	13.00
14.00	Total customary charges (see instructions)	0	14.00
15.00	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions)	0	15.00
16.00	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions)	0	16.00
17.00	Cost of physicians' services in a teaching hospital (see instructions)	0	17.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0	18.00
19.00	Cost of covered services (sum of lines 6, 17 and 18)	2,582,253	19.00
20.00	Deductibles (exclude professional component)	345,672	20.00
21.00	Excess reasonable cost (from line 16)	0	21.00
22.00	Subtotal (line 19 minus line 20 and 21)	2,236,581	22.00
23.00	Coinsurance	2,680	23.00
24.00	Subtotal (line 22 minus line 23)	2,233,901	24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	218,587	25.00
26.00	Adjusted reimbursable bad debts (see instructions)	142,082	26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	23,748	27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)	2,375,983	28.00
29.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	29.00
29.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	29.50
29.99	Demonstration payment adjustment amount before sequestration	0	29.99
30.00	Subtotal (see instructions)	2,375,983	30.00
30.01	Sequestration adjustment (see instructions)	47,520	30.01
30.02	Demonstration payment adjustment amount after sequestration	0	30.02
31.00	Interim payments	2,273,477	31.00
32.00	Tentative settlement (for contractor use only)	0	32.00
33.00	Balance due provider/program (line 30 minus lines 30.01, 30.02, 31, and 32)	54,986	33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-1327	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2019 2:35 pm
	Title XIX	Hospital	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	211,871		1.00
2.00	Medical and other services		338,155	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	211,871	338,155	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	211,871	338,155	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	313,784	1,284,642	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	313,784	1,284,642	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	313,784	1,284,642	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	101,913	946,487	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	211,871	338,155	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	211,871	338,155	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	211,871	338,155	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	211,871	338,155	36.00
37.00	ADJUSTMENT	-211,871	-338,155	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet G | Date/Time Prepared: 5/30/2019 2:35 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	2,308,666	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	7,973,811	0	0	0	4.00
5.00	Other receivable	295,293	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-4,668,003	0	0	0	6.00
7.00	Inventory	752,147	0	0	0	7.00
8.00	Prepaid expenses	473,377	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	7,135,291	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	1,032,727	0	0	0	12.00
13.00	Land improvements	3,091,658	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	14,966,505	0	0	0	15.00
16.00	Accumulated depreciation	-24,579,798	0	0	0	16.00
17.00	Leasehold improvements	39,535	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	6,479,752	0	0	0	19.00
20.00	Accumulated depreciation	-296,551	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	19,638,836	0	0	0	23.00
24.00	Accumulated depreciation	-2,881,664	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	17,491,000	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	11,311,376	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	11,311,376	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	35,937,667	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	773,671	0	0	0	37.00
38.00	Salaries, wages, and fees payable	2,048,024	0	0	0	38.00
39.00	Payroll taxes payable	17,195	0	0	0	39.00
40.00	Notes and loans payable (short term)	436,377	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	214,152	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	3,489,419	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	5,077,142	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	5,077,142	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	8,566,561	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	27,371,106				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	27,371,106	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	35,937,667	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet G-1 | Date/Time Prepared: 5/30/2019 2:35 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		27,073,260		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		297,846				2.00
3.00	Total (sum of line 1 and line 2)		27,371,106		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		27,371,106		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		27,371,106		0		19.00

		Endowment Fund	Plant Fund		
		6.00	7.00	8.00	
1.00	Fund balances at beginning of period	0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)				2.00
3.00	Total (sum of line 1 and line 2)	0		0	3.00
4.00	Additions (credit adjustments) (specify)		0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00			0		8.00
9.00			0		9.00
10.00	Total additions (sum of line 4-9)	0		0	10.00
11.00	Subtotal (line 3 plus line 10)	0		0	11.00
12.00	Deductions (debit adjustments) (specify)		0		12.00
13.00			0		13.00
14.00			0		14.00
15.00			0		15.00
16.00			0		16.00
17.00			0		17.00
18.00	Total deductions (sum of lines 12-17)	0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 15-1327 | Period: From 01/01/2018 To 12/31/2018 | Worksheet G-2 Parts I & II | Date/Time Prepared: 5/30/2019 2:35 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	3,299,966		3,299,966	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	3,299,966		3,299,966	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	433,007		433,007	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	433,007		433,007	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	3,732,973		3,732,973	17.00
18.00	Ancillary services	7,696,021	49,354,930	57,050,951	18.00
19.00	Outpatient services	324,060	13,171,729	13,495,789	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		390,615	390,615	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NURSERY & OTHER	228,096	21,944	250,040	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	11,981,150	62,939,218	74,920,368	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		27,099,573		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		27,099,573		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 15-1327	Period: From 01/01/2018 To 12/31/2018	Worksheet G-3 Date/Time Prepared: 5/30/2019 2:35 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	74,920,368	1.00
2.00	Less contractual allowances and discounts on patients' accounts	48,050,267	2.00
3.00	Net patient revenues (line 1 minus line 2)	26,870,101	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	27,099,573	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-229,472	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	157,065	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	1	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	151,905	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	37,588	17.00
18.00	Revenue from sale of medical records and abstracts	4,296	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	222,771	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	0	24.00
25.00	Total other income (sum of lines 6-24)	573,626	25.00
26.00	Total (line 5 plus line 25)	344,154	26.00
27.00	OTHER EXPENSES	46,308	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	46,308	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	297,846	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-1327 HHA CCN: 15-7542 | Period: From 01/01/2018 To 12/31/2018 | Worksheet H | Date/Time Prepared: 5/30/2019 2:35 pm

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		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	94,563	0	4,647	0	33,915	133,125	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	149,286	0	7,335	0	0	156,621	6.00
7.00	Physical Therapy	18,691	0	918	0	0	19,609	7.00
8.00	Occupational Therapy	22,966	0	1,129	0	0	24,095	8.00
9.00	Speech Pathology	962	0	47	0	0	1,009	9.00
10.00	Medical Social Services	2,473	0	122	0	0	2,595	10.00
11.00	Home Health Aide	20,671	0	1,016	0	0	21,687	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	309,612	0	15,214	0	33,915	358,741	24.00

		Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	0	133,125	0	133,125			5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	156,621	0	156,621			6.00
7.00	Physical Therapy	0	19,609	0	19,609			7.00
8.00	Occupational Therapy	0	24,095	0	24,095			8.00
9.00	Speech Pathology	0	1,009	0	1,009			9.00
10.00	Medical Social Services	0	2,595	0	2,595			10.00
11.00	Home Health Aide	0	21,687	0	21,687			11.00
12.00	Supplies (see instructions)	0	0	0	0			12.00
13.00	Drugs	0	0	0	0			13.00
14.00	DME	0	0	0	0			14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	0	0	0			23.00
23.50	Telemedicine	0	0	0	0			23.50
24.00	Total (sum of lines 1-23)	0	358,741	0	358,741			24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST | Provider CCN: 15-1327 | HHA CCN: 15-7542 | Period: From 01/01/2018 To 12/31/2018 | Worksheet H-1 Part I | Date/Time Prepared: 5/30/2019 2:35 pm

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		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs: Bldgs & Fixtures	Capital Related Costs: Movable Equipment	Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	133,125	0	0	0	0	133,125	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	156,621	0	0	0	0	156,621	6.00
7.00	Physical Therapy	19,609	0	0	0	0	19,609	7.00
8.00	Occupational Therapy	24,095	0	0	0	0	24,095	8.00
9.00	Speech Pathology	1,009	0	0	0	0	1,009	9.00
10.00	Medical Social Services	2,595	0	0	0	0	2,595	10.00
11.00	Home Health Aide	21,687	0	0	0	0	21,687	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0		0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	358,741	0	0	0	0	358,741	24.00

		Administrative & General	Total (cols. 4A + 5)	
		5.00	6.00	
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures			1.00
2.00	Capital Related - Movable Equipment			2.00
3.00	Plant Operation & Maintenance			3.00
4.00	Transportation			4.00
5.00	Administrative and General	133,125		5.00
	HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	92,416	249,037	6.00
7.00	Physical Therapy	11,570	31,179	7.00
8.00	Occupational Therapy	14,217	38,312	8.00
9.00	Speech Pathology	595	1,604	9.00
10.00	Medical Social Services	1,531	4,126	10.00
11.00	Home Health Aide	12,796	34,483	11.00
12.00	Supplies (see instructions)	0	0	12.00
13.00	Drugs	0	0	13.00
14.00	DME	0	0	14.00
	HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	0	15.00
16.00	Respiratory Therapy	0	0	16.00
17.00	Private Duty Nursing	0	0	17.00
18.00	Clinic	0	0	18.00
19.00	Health Promotion Activities	0	0	19.00
20.00	Day Care Program	0	0	20.00
21.00	Home Delivered Meals Program	0	0	21.00
22.00	Homemaker Service	0	0	22.00
23.00	All Others (specify)	0	0	23.00
23.50	Telemedicine	0	0	23.50
24.00	Total (sum of lines 1-23)		358,741	24.00

COST ALLOCATION - HHA STATISTICAL BASIS | Provider CCN: 15-1327 HHA CCN: 15-7542 | Period: From 01/01/2018 To 12/31/2018 | Worksheet H-1 Part II Date/Time Prepared: 5/30/2019 2:35 pm

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		Capital Related Costs						
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
		1.00	2.00	3.00	4.00	5A.00	5.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00
2.00	Capital Related - Movable Equipment		0			0		2.00
3.00	Plant Operation & Maintenance	0	0	0		0		3.00
4.00	Transportation (see instructions)	0	0	0	0			4.00
5.00	Administrative and General	0	0	0	0	-133,125	225,616	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	156,621	6.00
7.00	Physical Therapy	0	0	0	0	0	19,609	7.00
8.00	Occupational Therapy	0	0	0	0	0	24,095	8.00
9.00	Speech Pathology	0	0	0	0	0	1,009	9.00
10.00	Medical Social Services	0	0	0	0	0	2,595	10.00
11.00	Home Health Aide	0	0	0	0	0	21,687	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0		0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-133,125	225,616	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		133,125	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.590051	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-1327 HHA CCN: 15-7542

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

Worksheet H-2 Part I Date/Time Prepared: 5/30/2019 2:35 pm

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	Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS NEW BLDG & FIXT	CAPITAL RELATED COSTS NEW MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	IS/ACCOUNTING/ MARKETING	
		0	1.00	2.00	4.00	4A	5.01	
1.00	Administrative and General	0	5,669	8,937	83,573	98,179	5,317	1.00
2.00	Skilled Nursing Care	249,037	0	0	0	249,037	13,487	2.00
3.00	Physical Therapy	31,179	0	0	0	31,179	1,689	3.00
4.00	Occupational Therapy	38,312	0	0	0	38,312	2,075	4.00
5.00	Speech Pathology	1,604	0	0	0	1,604	87	5.00
6.00	Medical Social Services	4,126	0	0	0	4,126	223	6.00
7.00	Home Health Aide	34,483	0	0	0	34,483	1,867	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	358,741	5,669	8,937	83,573	456,920	24,745	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00

	Cost Center Description	Subtotal	BUSINESS OFFICE & ADMITTING	Subtotal	OTHER A&G	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5A.01	5.02	5A.02	5.03	7.00	8.00	
1.00	Administrative and General	103,496	0	103,496	10,337	0	0	1.00
2.00	Skilled Nursing Care	262,524	0	262,524	26,220	0	0	2.00
3.00	Physical Therapy	32,868	0	32,868	3,283	0	0	3.00
4.00	Occupational Therapy	40,387	0	40,387	4,034	0	0	4.00
5.00	Speech Pathology	1,691	0	1,691	169	0	0	5.00
6.00	Medical Social Services	4,349	0	4,349	434	0	0	6.00
7.00	Home Health Aide	36,350	0	36,350	3,631	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	481,665	0	481,665	48,108	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.000000		0.000000				21.00

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-1327 | HHA CCN: 15-7542 | Period: From 01/01/2018 To 12/31/2018 | Worksheet H-2 Part I | Date/Time Prepared: 5/30/2019 2:35 pm

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	Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		9.00	10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	5,419	0	0	64,646	426	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	5,419	0	0	64,646	426	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	
		16.00	19.00	24.00	25.00	26.00	27.00	
1.00	Administrative and General	2,853	0	187,177	0	187,177		1.00
2.00	Skilled Nursing Care	0	0	288,744	0	288,744	129,938	2.00
3.00	Physical Therapy	0	0	36,151	0	36,151	16,268	3.00
4.00	Occupational Therapy	0	0	44,421	0	44,421	19,990	4.00
5.00	Speech Pathology	0	0	1,860	0	1,860	837	5.00
6.00	Medical Social Services	0	0	4,783	0	4,783	2,152	6.00
7.00	Home Health Aide	0	0	39,981	0	39,981	17,992	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	2,853	0	603,117	0	603,117	187,177	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						0.450010	21.00

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-1327
HHA CCN: 15-7542

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

Worksheet H-2 Part I
Date/Time Prepared: 5/30/2019 2:35 pm

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	Cost Center Description	Total HHA Costs				
		28.00				
1.00	Administrative and General					1.00
2.00	Skilled Nursing Care	418,682				2.00
3.00	Physical Therapy	52,419				3.00
4.00	Occupational Therapy	64,411				4.00
5.00	Speech Pathology	2,697				5.00
6.00	Medical Social Services	6,935				6.00
7.00	Home Health Aide	57,973				7.00
8.00	Supplies (see instructions)	0				8.00
9.00	Drugs	0				9.00
10.00	DME	0				10.00
11.00	Home Dialysis Aide Services	0				11.00
12.00	Respiratory Therapy	0				12.00
13.00	Private Duty Nursing	0				13.00
14.00	Clinic	0				14.00
15.00	Health Promotion Activities	0				15.00
16.00	Day Care Program	0				16.00
17.00	Home Delivered Meals Program	0				17.00
18.00	Homemaker Service	0				18.00
19.00	All Others (specify)	0				19.00
19.50	Telemedicine	0				19.50
20.00	Total (sum of lines 1-19) (2)	603,117				20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					21.00

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-1327 HHA CCN: 15-7542 | Period: From 01/01/2018 To 12/31/2018 | Worksheet H-2 Part II Date/Time Prepared: 5/30/2019 2:35 pm

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	Cost Center Description	CAPITAL RELATED COSTS NEW BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS NEW MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	IS/ACCOUNTING/ MARKETING (ACCUM. COST)	Reconciliation	
		1.00	2.00	4.00	5A.01	5.01	5A.02	
1.00	Administrative and General	949	949	309,612	0	98,179	-103,496	1.00
2.00	Skilled Nursing Care	0	0	0	0	249,037	-262,524	2.00
3.00	Physical Therapy	0	0	0	0	31,179	-32,868	3.00
4.00	Occupational Therapy	0	0	0	0	38,312	-40,387	4.00
5.00	Speech Pathology	0	0	0	0	1,604	-1,691	5.00
6.00	Medical Social Services	0	0	0	0	4,126	-4,349	6.00
7.00	Home Health Aide	0	0	0	0	34,483	-36,350	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	949	949	309,612		456,920		20.00
21.00	Total cost to be allocated	5,669	8,937	83,573		24,745		21.00
22.00	Unit cost multiplier	5.973656	9.417281	0.269928		0.054156		22.00

	Cost Center Description	BUSINESS OFFICE & ADMITTING (ACCUM. COST)	Reconciliation	OTHER A&G (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5.02	5A.03	5.03	7.00	8.00	9.00	
1.00	Administrative and General	0	0	103,496	0	0	949	1.00
2.00	Skilled Nursing Care	0	0	262,524	0	0	0	2.00
3.00	Physical Therapy	0	0	32,868	0	0	0	3.00
4.00	Occupational Therapy	0	0	40,387	0	0	0	4.00
5.00	Speech Pathology	0	0	1,691	0	0	0	5.00
6.00	Medical Social Services	0	0	4,349	0	0	0	6.00
7.00	Home Health Aide	0	0	36,350	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0		481,665	0	0	949	20.00
21.00	Total cost to be allocated	0		48,108	0	0	5,419	21.00
22.00	Unit cost multiplier	0.000000		0.099879	0.000000	0.000000	5.710221	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-1327 HHA CCN: 15-7542

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

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	Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		10.00	11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	0	12,443	1,441	0	390,615	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	12,443	1,441	0	390,615	20.00
21.00	Total cost to be allocated	0	0	64,646	426	0	2,853	21.00
22.00	Unit cost multiplier	0.000000	0.000000	5.195371	0.295628	0.000000	0.007304	22.00

	Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)						
		19.00						
1.00	Administrative and General	0						1.00
2.00	Skilled Nursing Care	0						2.00
3.00	Physical Therapy	0						3.00
4.00	Occupational Therapy	0						4.00
5.00	Speech Pathology	0						5.00
6.00	Medical Social Services	0						6.00
7.00	Home Health Aide	0						7.00
8.00	Supplies (see instructions)	0						8.00
9.00	Drugs	0						9.00
10.00	DME	0						10.00
11.00	Home Dialysis Aide Services	0						11.00
12.00	Respiratory Therapy	0						12.00
13.00	Private Duty Nursing	0						13.00
14.00	Clinic	0						14.00
15.00	Health Promotion Activities	0						15.00
16.00	Day Care Program	0						16.00
17.00	Home Delivered Meals Program	0						17.00
18.00	Homemaker Service	0						18.00
19.00	All Others (specify)	0						19.00
19.50	Telemedicine	0						19.50
20.00	Total (sum of lines 1-19)	0						20.00
21.00	Total cost to be allocated	0						21.00
22.00	Unit cost multiplier	0.000000						22.00

APPORTIONMENT OF PATIENT SERVICE COSTS | Provider CCN: 15-1327 | HHA CCN: 15-7542 | Period: From 01/01/2018 To 12/31/2018 | Worksheet H-3 Part I | Date/Time Prepared: 5/30/2019 2:35 pm

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	Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	418,682		418,682	908	461.10	1.00
2.00	Physical Therapy	3.00	52,419	0	52,419	690	75.97	2.00
3.00	Occupational Therapy	4.00	64,411	0	64,411	252	255.60	3.00
4.00	Speech Pathology	5.00	2,697	0	2,697	17	158.65	4.00
5.00	Medical Social Services	6.00	6,935		6,935	16	433.44	5.00
6.00	Home Health Aide	7.00	57,973		57,973	612	94.73	6.00
7.00	Total (sum of lines 1-6)		603,117	0	603,117	2,495		7.00

	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care		45460	0	545			8.00
8.01	Skilled Nursing Care		99915	0	85			8.01
9.00	Physical Therapy		45460	0	497			9.00
9.01	Physical Therapy		99915	0	55			9.01
10.00	Occupational Therapy		45460	0	182			10.00
10.01	Occupational Therapy		99915	0	25			10.01
11.00	Speech Pathology		45460	0	6			11.00
11.01	Speech Pathology		99915	0	0			11.01
12.00	Medical Social Services		45460	0	7			12.00
12.01	Medical Social Services		99915	0	1			12.01
13.00	Home Health Aide		45460	0	524			13.00
13.01	Home Health Aide		99915	0	27			13.01
14.00	Total (sum of lines 8-13)			0	1,954			14.00

	Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	0	0	0	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

	Cost Center Description	Program Visits Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles & Coinsurance	Cost of Services Part A	Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	630		0	290,493		1.00
2.00	Physical Therapy	0	552		0	41,935		2.00
3.00	Occupational Therapy	0	207		0	52,909		3.00
4.00	Speech Pathology	0	6		0	952		4.00
5.00	Medical Social Services	0	8		0	3,468		5.00
6.00	Home Health Aide	0	551		0	52,196		6.00
7.00	Total (sum of lines 1-6)	0	1,954		0	441,953		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS | Provider CCN: 15-1327 HHA CCN: 15-7542 | Period: From 01/01/2018 To 12/31/2018 | Worksheet H-3 Part I Date/Time Prepared: 5/30/2019 2:35 pm

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	Cost Center Description							
		6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00

	Cost Center Description	Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	961	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00

	Cost Center Description	Total Program Cost (sum of cols. 9-10)						
		12.00						
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	290,493						1.00
2.00	Physical Therapy	41,935						2.00
3.00	Occupational Therapy	52,909						3.00
4.00	Speech Pathology	952						4.00
5.00	Medical Social Services	3,468						5.00
6.00	Home Health Aide	52,196						6.00
7.00	Total (sum of lines 1-6)	441,953						7.00

	Cost Center Description							
		12.00						
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-1327 HHA CCN: 15-7542 | Period: From 01/01/2018 To 12/31/2018 | Worksheet H-3 Part II Date/Time Prepared: 5/30/2019 2:35 pm

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	Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
		0	1.00	2.00	3.00	4.00		
	PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.569124	0	0	col. 2, line 2.00		1.00
2.00	Occupational Therapy	67.00	0.502499	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	1.111161	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	0.149857	0	0	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.512356	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

Provider CCN: 15-1327 HHA CCN: 15-7542 | Period: From 01/01/2018 To 12/31/2018 | Worksheet H-4 Part I-II Date/Time Prepared: 5/30/2019 2:35 pm

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		Part A	Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
	PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
	Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
	Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	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 only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00

		Part A Services	Part B Services	
		1.00	2.00	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	265,077	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	3,806	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	4,348	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	9,873	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	354	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	0	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	283,458	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	283,458	24.00
25.00	Coinsurance billed to program patients (from your records)		0	25.00
26.00	Net cost (line 24 minus line 25)	0	283,458	26.00
27.00	Reimbursable bad debts (from your records)			27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	283,458	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	0	30.99
31.00	Subtotal (see instructions)	0	283,458	31.00
31.01	Sequestration adjustment (see instructions)	0	5,669	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	0	31.02
32.00	Interim payments (see instructions)	0	277,789	32.00
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, and 33)	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 15-1327 HHA CCN: 15-7542

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

Worksheet H-5

Date/Time Prepared: 5/30/2019 2:35 pm

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		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		277,789	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		277,789	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		277,789	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00