

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: 15-0158	Period: From 01/01/2018 To 12/31/2018	Worksheet S Parts I-III Date/Time Prepared: 5/29/2019 12:38 pm
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 5/29/2019 Time: 12:38 pm
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

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

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by IU HEALTH WEST HOSPITAL (15-0158) for the cost reporting period beginning 01/01/2018 and ending 12/31/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

CFO
 Title

(Dated when report is electronically signed.)
 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-179,403	-90,738	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
200.00 Total	0	-179,403	-90,738	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0158		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 12:38 pm				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IN		4.00 Zip Code: 46123-7085 County: HENDRICKS				
1.00 Street: 1111 N. RONALD REAGAN PARKWAY		2.00 City: AVON		3.00		4.00				
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
3.00 Hospital and Hospital-Based Component Identification:										
3.00	Hospital	IU HEALTH WEST HOSPITAL	150158	26900	1	12/01/2004	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2018	12/31/2018		20.00	
21.00	Type of Control (see instructions)					4			21.00	
						1.00	2.00	3.00		
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				N	N		N	22.03	
23.00	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				3		N		23.00	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				3		N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	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.	216	73	10	38	4,306	13		24.00	

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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPSS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					Y	N	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code			
				1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)					N		60.00	

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

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0 71.00	
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	

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						1.00			
Long Term Care Hospital PPS									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N				80.00		
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N				81.00		
TEFRA Providers									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N				85.00		
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00		
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N				87.00		
						V	XIX		
						1.00	2.00		
Title V and XIX Services									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N		Y		90.00		
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N		N		91.00		
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N		92.00		
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N		N		93.00		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N		N		94.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00			0.00		95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N		N		96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00			0.00		97.00		
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N		Y		98.00		
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N		Y		98.01		
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N		Y		98.02		
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N		N		98.03		
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N		N		98.04		
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N		Y		98.05		
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N		Y		98.06		
Rural Providers									
105.00	Does this hospital qualify as a CAH?		N				105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N				106.00		
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.		N				107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N				108.00		
						Physical	Occupational	Speech	Respiratory
						1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N		N		N		109.00
						1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N			110.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0158	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 12:38 pm		
		1.00	2.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	275,593	0	0		
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.04		122.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		15H059		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0158	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 12:38 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: INDIANA UNIVERSITY HEALTH, INC.	Contractor's Name: WPS		Contractor's Number: 08101			
142.00	Street: 340 WEST 10TH ST	PO Box:					
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46202				
144.00 Are provider based physicians' costs included in Worksheet A?							
				1.00	2.00		
				Y	144.00		
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.							
				1.00	2.00		
				N	145.00		
146.00 Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.							
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC		N	N	N		
Multi campus							
165.00 Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							
N							
166.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)							
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
							0.00
167.00 Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
168.00 Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							
168.01 If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							
168.01 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)							
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)							
				1.00	2.00		
				Y	0		
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							
				1.00	2.00		
				01/01/2018	03/31/2018		
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 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)							
				1.00	2.00		
				Y	2,373		

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0158		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part II Date/Time Prepared: 5/29/2019 12:38 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	02/28/2019			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/03/2019	Y	04/03/2019		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0158	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/29/2019 12:38 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 relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA	UTTER		41.00
42.00	Enter the employer/company name of the cost report preparer.	INDIANA UNIVERSITY HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317.962.1093	RUTTER@IUHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0158	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/29/2019 12:38 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DI RECTOR - GOVERNMENT PROGRAMS		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0158

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2019 12:38 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	100	36,500	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		100	36,500	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,840	0.00	0	8.00
9.00 NEONATAL INTENSIVE CARE UNIT	32.00	11	4,015	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		127	46,355	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		127				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: 15-0158

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2019 12:38 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	9,932	126	24,317			1.00
2.00 HMO and other (see instructions)	7,035	3,681				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	9,932	126	24,317			7.00
8.00 INTENSIVE CARE UNIT	1,954	79	4,590			8.00
9.00 NEONATAL INTENSIVE CARE UNIT	0	7	653			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		750	1,704			13.00
14.00 Total (see instructions)	11,886	962	31,264	0.00	774.22	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			130			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	774.22	27.00
28.00 Observation Bed Days		31	2,356			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	13	325			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: 15-0158

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2019 12:38 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,491	41	7,879	1.00
2.00 HMO and other (see instructions)			1,427	953		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 NEONATAL INTENSIVE 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	2,491	41	7,879	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0158

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2019 12:38 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	49,560,049	-185,731	49,374,318	1,569,024.78	31.47
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		317,785	0	317,785	5,200.00	61.11
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		169,855	0	169,855	9,591.15	17.71
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		544,628	0	544,628	8,107.00	67.18
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		183,467	0	183,467	933.05	196.63
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		14,103,350	0	14,103,350	407,629.00	34.60
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		12,236,246	0	12,236,246		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		61,676	0	61,676		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		57,123	0	57,123		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		4,860,424	0	4,860,424		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	451,419	0	451,419	2,000.60	225.64
27.00	Administrative & General	5.00	3,849,518	-12,592	3,836,926	61,021.27	62.88

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0158

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2019 12:38 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	816,762	0	816,762	10,735.00	76.08	28.00
29.00	Maintenance & Repairs	712,710	0	712,710	28,847.63	24.71	29.00
30.00	Operation of Plant	494,412	0	494,412	23,700.20	20.86	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	984,399	-4,427	979,972	71,090.63	13.78	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	1,054,698	-722,731	331,967	20,807.39	15.95	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	721,841	721,841	45,124.00	16.00	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	2,250,547	-5,144	2,245,403	49,322.10	45.53	38.00
39.00	Central Services and Supply	338,178	0	338,178	17,548.32	19.27	39.00
40.00	Pharmacy	2,137,520	-7,622	2,129,898	54,712.58	38.93	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	244,934	-3,144	241,790	8,461.30	28.58	42.00
43.00	Other General Service	227,439	0	227,439	16,731.50	13.59	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0158

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2019 12:38 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	50,059,026	-185,731	49,873,295	1,574,559.78	31.67	1.00
2.00	Excluded area salaries (see instructions)	169,855	0	169,855	9,591.15	17.71	2.00
3.00	Subtotal salaries (line 1 minus line 2)	49,889,171	-185,731	49,703,440	1,564,968.63	31.76	3.00
4.00	Subtotal other wages & related costs (see inst.)	14,831,445	0	14,831,445	416,669.05	35.60	4.00
5.00	Subtotal wage-related costs (see inst.)	17,096,670	0	17,096,670	0.00	34.40	5.00
6.00	Total (sum of lines 3 thru 5)	81,817,286	-185,731	81,631,555	1,981,637.68	41.19	6.00
7.00	Total overhead cost (see instructions)	13,562,536	-33,819	13,528,717	410,102.52	32.99	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 15-0158

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

Worksheet S-3
Part IV
Date/Time Prepared:
5/29/2019 12:38 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,668,865	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	6,418,451	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	215,860	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	24,021	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	250,568	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	264,690	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	3,512,459	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	132	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	12,355,046	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0158	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part V Date/Time Prepared: 5/29/2019 12:38 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		544,628	12,355,045
2.00	Hospital		544,628	12,355,045
3.00	Subprovider - IPF			
4.00	Subprovider - IRF			
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA			
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis			
18.00	Other		0	0

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0158	Period: From 01/01/2018 To 12/31/2018	Worksheet S-10 Date/Time Prepared: 5/29/2019 12:38 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.163447	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		6,986,147	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		114,390,504	6.00	
7.00	Medicaid cost (line 1 times line 6)		18,696,785	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)		11,710,638	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		11,710,638	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)	19,434,414	758,773	20,193,187	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	3,176,497	758,773	3,935,270	21.00
22.00	Payments received from patients for amounts previously written off as charity care	108,007	14,744	122,751	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,068,490	744,029	3,812,519	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)			17,325,313	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			424,638	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			653,289	27.01
28.00	Non-Medicare bad debt expense (see instructions)			16,672,024	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,953,643	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			6,766,162	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			18,476,800	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0158		Period: From 01/01/2018 To 12/31/2018		Worksheet A		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	4,373,692	4,373,692	1.00
1.01	00101	MOB		472,482	472,482	547,819	1,020,301	1.01
1.02	00102	INTEREST		0	0	5,539,546	5,539,546	1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	4,274,664	4,274,664	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	451,419	525,101	976,520	8,366,266	9,342,786	4.00
5.01	00540	NONPATIENT TELEPHONES	0	63,951	63,951	-40,787	23,164	5.01
5.02	00550	DATA PROCESSING	0	28,483	28,483	-4,507	23,976	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	283,690	283,690	-3,234	280,456	5.03
5.04	00590	ADMINISTRATIVE AND GENERAL	3,849,518	57,545,256	61,394,774	-7,292,422	54,102,352	5.04
6.00	00600	MAINTENANCE & REPAIRS	712,710	6,120,829	6,833,539	-4,458,868	2,374,671	6.00
7.00	00700	OPERATION OF PLANT	494,412	1,395,052	1,889,464	713,716	2,603,180	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	112,215	112,215	-666	111,549	8.00
9.00	00900	HOUSEKEEPING	984,399	3,652,641	4,637,040	-385,049	4,251,991	9.00
10.00	01000	DIETARY	1,054,698	1,599,818	2,654,516	-1,929,493	725,023	10.00
11.00	01100	CAFETERIA	0	0	0	1,572,300	1,572,300	11.00
13.00	01300	NURSING ADMINISTRATION	2,250,547	1,276,165	3,526,712	-311,829	3,214,883	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	338,178	211,460	549,638	6,518,246	7,067,884	14.00
15.00	01500	PHARMACY	2,137,520	4,276,222	6,413,742	-3,620,536	2,793,206	15.00
17.00	01700	SOCIAL SERVICE	244,934	75,011	319,945	-53,023	266,922	17.00
18.00	01080	TRANSPORTATION	227,439	136,538	363,977	-54,496	309,481	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,540,649	6,268,428	18,809,077	-6,913,669	11,895,408	30.00
31.00	03100	INTENSIVE CARE UNIT	2,774,628	1,313,312	4,087,940	-815,047	3,272,893	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	849,488	204,860	1,054,348	-140,531	913,817	32.00
43.00	04300	NURSERY	0	0	0	388,259	388,259	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,740,960	13,438,985	16,179,945	-12,605,978	3,573,967	50.00
51.00	05100	RECOVERY ROOM	2,346,496	686,527	3,033,023	-486,010	2,547,013	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,153,301	2,153,301	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,190,622	4,229,662	8,420,284	-3,178,312	5,241,972	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	706,438	899,305	1,605,743	-175,686	1,430,057	55.00
59.00	05900	CARDIAC CATHETERIZATION	922,063	3,909,165	4,831,228	-3,783,307	1,047,921	59.00
60.00	06000	LABORATORY	0	5,283,890	5,283,890	0	5,283,890	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	353,992	353,992	0	353,992	63.00
65.00	06500	RESPIRATORY THERAPY	1,482,116	548,525	2,030,641	-418,447	1,612,194	65.00
66.00	06600	PHYSICAL THERAPY	1,530,219	562,416	2,092,635	-389,167	1,703,468	66.00
67.00	06700	OCCUPATIONAL THERAPY	510,717	117,361	628,078	-79,024	549,054	67.00
68.00	06800	SPEECH PATHOLOGY	168,997	42,862	211,859	-30,300	181,559	68.00
69.00	06900	ELECTROCARDIOLOGY	778,245	716,766	1,495,011	-257,688	1,237,323	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,152,419	3,152,419	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	8,169,727	8,169,727	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,045,803	4,045,803	73.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	217,137	122,876	340,013	-85,304	254,709	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09002	SLEEP LAB	0	713,477	713,477	-15,639	697,838	90.02
91.00	09100	EMERGENCY	4,885,645	2,551,500	7,437,145	-1,885,525	5,551,620	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	49,390,194	119,738,823	169,129,017	401,214	169,530,231	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	89,732	222,944	312,676	-40,942	271,734	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,687	1,503	7,190	-969	6,221	192.00
192.01	19201	RETAIL PHARMACY	0	0	0	0	0	192.01
192.02	19202	MARKETING	0	524,204	524,204	8,750	532,954	192.02
192.03	19203	BACK AND NECK	74,436	397,045	471,481	-368,053	103,428	192.03
200.00		TOTAL (SUM OF LINES 118 through 199)	49,560,049	120,884,519	170,444,568	0	170,444,568	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0158

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

Worksheet A
Date/Time Prepared:
5/29/2019 12:38 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	-396,676	3,977,016	1.00
1.01	00101	MOB	0	1,020,301	1.01
1.02	00102	INTEREST	66,746	5,606,292	1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	259,685	4,534,349	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	549,814	9,892,600	4.00
5.01	00540	NONPATIENT TELEPHONES	0	23,164	5.01
5.02	00550	DATA PROCESSING	5,389,928	5,413,904	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	657,139	937,595	5.03
5.04	00590	ADMINISTRATIVE AND GENERAL	-32,482,533	21,619,819	5.04
6.00	00600	MAINTENANCE & REPAIRS	-341,765	2,032,906	6.00
7.00	00700	OPERATION OF PLANT	0	2,603,180	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	111,549	8.00
9.00	00900	HOUSEKEEPING	0	4,251,991	9.00
10.00	01000	DIETARY	0	725,023	10.00
11.00	01100	CAFETERIA	-884,996	687,304	11.00
13.00	01300	NURSING ADMINISTRATION	23,858	3,238,741	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,067,884	14.00
15.00	01500	PHARMACY	-23,469	2,769,737	15.00
17.00	01700	SOCIAL SERVICE	0	266,922	17.00
18.00	01080	TRANSPORTATION	0	309,481	18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-30,400	11,865,008	30.00
31.00	03100	INTENSIVE CARE UNIT	-7,225	3,265,668	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0	913,817	32.00
43.00	04300	NURSERY	0	388,259	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-108,046	3,465,921	50.00
51.00	05100	RECOVERY ROOM	-49,800	2,497,213	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,153,301	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-387,408	4,854,564	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-109,916	1,320,141	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,047,921	59.00
60.00	06000	LABORATORY	0	5,283,890	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	353,992	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,612,194	65.00
66.00	06600	PHYSICAL THERAPY	0	1,703,468	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	549,054	67.00
68.00	06800	SPEECH PATHOLOGY	0	181,559	68.00
69.00	06900	ELECTROCARDIOLOGY	-379,279	858,044	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,152,419	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	8,169,727	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,045,803	73.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	254,709	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.02	09002	SLEEP LAB	0	697,838	90.02
91.00	09100	EMERGENCY	0	5,551,620	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-28,254,343	141,275,888	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	271,734	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,221	192.00
192.01	19201	RETAIL PHARMACY	0	0	192.01
192.02	19202	MARKETING	0	532,954	192.02
192.03	19203	BACK AND NECK	0	103,428	192.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-28,254,343	142,190,225	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,955,220	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	4,089,858	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
0			0	8,045,078	
B - LEASE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	418,472	1.00
2.00	MOB	1.01	0	555,603	2.00
3.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	184,806	3.00
4.00	PHARMACY	15.00	0	3,712	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
0			0	1,162,593	
C - INTEREST					
1.00	INTEREST	1.02		5,539,546	1.00
0			0	5,539,546	
D - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,366,260	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

RECLASSIFICATIONS

Provider CCN: 15-0158

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
28.00		0.00	0	0	28.00
			0	8,366,260	
F - LABOR & DELIVERY					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,936,750	216,551	1.00
			1,936,750	216,551	
H - NURSERY					
1.00	NURSERY	43.00	349,286	38,973	1.00
			349,286	38,973	
I - DIETARY					
1.00	CAFETERIA	11.00	721,841	850,459	1.00
			721,841	850,459	
J - IP CARE SERVICES					
1.00	NURSING ADMINISTRATION	13.00	1,967	137	1.00
2.00	INTENSIVE CARE UNIT	31.00	48,259	3,369	2.00
			50,226	3,506	
K - STD					
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	12,592	1.00
2.00	HOUSEKEEPING	9.00	0	4,427	2.00
3.00	DIETARY	10.00	0	890	3.00
4.00	NURSING ADMINISTRATION	13.00	0	7,111	4.00
5.00	PHARMACY	15.00	0	7,622	5.00
6.00	SOCIAL SERVICE	17.00	0	3,144	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	62,749	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	2,657	8.00
9.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	996	9.00
10.00	OPERATING ROOM	50.00	0	11,588	10.00
11.00	RECOVERY ROOM	51.00	0	17,945	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	9,561	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,050	13.00
14.00	RESPIRATORY THERAPY	65.00	0	4,860	14.00
15.00	PHYSICAL THERAPY	66.00	0	8,981	15.00
16.00	OCCUPATIONAL THERAPY	67.00	0	8,449	16.00
17.00	ELECTROCARDIOLOGY	69.00	0	911	17.00
18.00	CARDIAC REHABILITATION	76.97	0	2,403	18.00
19.00	EMERGENCY	91.00	0	16,795	19.00
			0	185,731	
L - UTILITIES					
1.00	OPERATION OF PLANT	7.00	0	1,579,012	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
			0	1,579,012	
M - MARKETING					
1.00	MARKETING	192.02	0	8,729	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
			0	8,729	
N - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,045,803	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
			0	4,045,803	
O - NON-BILLABLE DRUGS					
1.00	PHARMACY	15.00	0	338,045	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
			0	338,045	

RECLASSIFICATIONS

Provider CCN: 15-0158

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

Worksheet A-6

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
P - BILLABLE IMPLANTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	10,704	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	8,169,727	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
	0		0	8,180,431	
Q - BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,141,715	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
	0		0	3,141,715	
R - NON-BILLABLE SUPPLIES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	7,079,323	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
	0		0	7,079,323	
S - DRUG REBATES RECLASS					
1.00	OPERATING ROOM	50.00	0	26	1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	4	2.00
	0		0	30	
T - SUPPLY REBATES RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6	1.00
2.00	DATA PROCESSING	5.02	0	5	2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	702	3.00
4.00	ADMINISTRATIVE AND GENERAL	5.04	0	1,740	4.00
5.00	MAINTENANCE & REPAIRS	6.00	0	95	5.00
6.00	OPERATION OF PLANT	7.00	0	181	6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	17	7.00
8.00	HOUSEKEEPING	9.00	0	1,133	8.00
9.00	DIETARY	10.00	0	77	9.00
10.00	NURSING ADMINISTRATION	13.00	0	22	10.00
11.00	PHARMACY	15.00	0	9,712	11.00
12.00	TRANSPORTATION	18.00	0	34	12.00
13.00	ADULTS & PEDIATRICS	30.00	0	42,898	13.00

RECLASSIFICATIONS

Provider CCN: 15-0158

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

Worksheet A-6

Date/Time Prepared:
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		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
14.00	INTENSIVE CARE UNIT	31.00	0	8,698		14.00
15.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	577		15.00
16.00	OPERATING ROOM	50.00	0	203,382		16.00
17.00	RECOVERY ROOM	51.00	0	3,001		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	21,240		18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	394		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	87,776		20.00
21.00	RESPIRATORY THERAPY	65.00	0	407		21.00
22.00	PHYSICAL THERAPY	66.00	0	2,277		22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	43		23.00
24.00	SPEECH PATHOLOGY	68.00	0	10		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	867		25.00
26.00	CARDIAC REHABILITATION	76.97	0	183		26.00
27.00	SLEEP LAB	90.02	0	460		27.00
28.00	EMERGENCY	91.00	0	25,987		28.00
29.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1		29.00
30.00	MARKETING	192.02	0	21		30.00
31.00	BACK AND NECK	192.03	0	65		31.00
	0		0	412,011		
500.00	Grand Total: Increases		3,058,103	49,193,796		500.00

RECLASSIFICATIONS

Provider CCN: 15-0158

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

Worksheet A-6
Date/Time Prepared:
5/29/2019 12:38 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - DEPRECIATION						
1.00	NONPATIENT TELEPHONES	5.01	0	40,787	9	1.00
2.00	DATA PROCESSING	5.02	0	4,512	9	2.00
3.00	ADMINISTRATIVE AND GENERAL	5.04	0	798,162	0	3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	2,771,289	0	4.00
5.00	OPERATION OF PLANT	7.00	0	742,677	0	5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	584	0	6.00
7.00	HOUSEKEEPING	9.00	0	2,629	0	7.00
8.00	DIETARY	10.00	0	17,586	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	63,483	0	9.00
10.00	PHARMACY	15.00	0	53,571	0	10.00
11.00	ADULTS & PEDIATRICS	30.00	0	401,080	0	11.00
12.00	INTENSIVE CARE UNIT	31.00	0	6,855	0	12.00
13.00	OPERATING ROOM	50.00	0	933,969	0	13.00
14.00	RECOVERY ROOM	51.00	0	2,251	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,406,544	0	15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	31,160	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	281,935	0	17.00
18.00	RESPIRATORY THERAPY	65.00	0	53,632	0	18.00
19.00	PHYSICAL THERAPY	66.00	0	23,419	0	19.00
20.00	ELECTROCARDIOLOGY	69.00	0	70,586	0	20.00
21.00	SLEEP LAB	90.02	0	743	0	21.00
22.00	EMERGENCY	91.00	0	272,692	0	22.00
23.00	BACK AND NECK	192.03	0	64,932	0	23.00
	O			8,045,078		
B - LEASE						
1.00	PURCHASING RECEIVING AND STORES	5.03	0	1,960	10	1.00
2.00	ADMINISTRATIVE AND GENERAL	5.04	0	622,910	10	2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	1,523	10	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	87,552	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	17,573	0	5.00
6.00	OPERATING ROOM	50.00	0	677	0	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	75,978	0	7.00
8.00	RESPIRATORY THERAPY	65.00	0	2,733	0	8.00
9.00	PHYSICAL THERAPY	66.00	0	25,882	0	9.00
10.00	CARDIAC REHABILITATION	76.97	0	25,882	0	10.00
11.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	24,391	0	11.00
12.00	BACK AND NECK	192.03	0	275,532	0	12.00
	O			1,162,593		
C - INTEREST						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	5,539,546	11	1.00
	O			5,539,546		
D - BENEFITS						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	324,215	0	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	129,535	0	2.00
3.00	OPERATION OF PLANT	7.00	0	122,762	0	3.00
4.00	HOUSEKEEPING	9.00	0	364,422	0	4.00
5.00	DIETARY	10.00	0	332,720	0	5.00
6.00	NURSING ADMINISTRATION	13.00	0	313,393	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	72,073	0	7.00
8.00	PHARMACY	15.00	0	325,504	0	8.00
9.00	SOCIAL SERVICE	17.00	0	53,023	0	9.00
10.00	TRANSPORTATION	18.00	0	54,530	0	10.00
11.00	ADULTS & PEDIATRICS	30.00	0	2,317,928	0	11.00
12.00	INTENSIVE CARE UNIT	31.00	0	466,936	0	12.00
13.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	100,785	0	13.00
14.00	OPERATING ROOM	50.00	0	500,341	0	14.00
15.00	RECOVERY ROOM	51.00	0	341,911	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	611,499	0	16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	132,543	0	17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	127,206	0	18.00
19.00	RESPIRATORY THERAPY	65.00	0	255,793	0	19.00
20.00	PHYSICAL THERAPY	66.00	0	237,022	0	20.00
21.00	OCCUPATIONAL THERAPY	67.00	0	74,056	0	21.00
22.00	SPEECH PATHOLOGY	68.00	0	29,499	0	22.00
23.00	ELECTROCARDIOLOGY	69.00	0	152,692	0	23.00
24.00	CARDIAC REHABILITATION	76.97	0	52,216	0	24.00
25.00	EMERGENCY	91.00	0	829,957	0	25.00
26.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	16,297	0	26.00
27.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	969	0	27.00
28.00	BACK AND NECK	192.03	0	26,433	0	28.00

RECLASSIFICATIONS

Provider CCN: 15-0158

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

Worksheet A-6
Date/Time Prepared:
5/29/2019 12:38 pm

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
0		0	8,366,260				
F - LABOR & DELIVERY							
1.00	ADULTS & PEDIATRICS	30.00	1,936,750	216,551	0		1.00
0			1,936,750	216,551			
H - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	349,286	38,973	0		1.00
0			349,286	38,973			
I - DIETARY							
1.00	DIETARY	10.00	721,841	850,459	0		1.00
0			721,841	850,459			
J - IP CARE SERVICES							
1.00	ADULTS & PEDIATRICS	30.00	50,226	3,506	0		1.00
2.00		0.00	0	0	0		2.00
0			50,226	3,506			
K - STD							
1.00	ADMINISTRATIVE AND GENERAL	5.04	12,592	0	0		1.00
2.00	HOUSEKEEPING	9.00	4,427	0	0		2.00
3.00	DIETARY	10.00	890	0	0		3.00
4.00	NURSING ADMINISTRATION	13.00	7,111	0	0		4.00
5.00	PHARMACY	15.00	7,622	0	0		5.00
6.00	SOCIAL SERVICE	17.00	3,144	0	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	62,749	0	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	2,657	0	0		8.00
9.00	NEONATAL INTENSIVE CARE UNIT	32.00	996	0	0		9.00
10.00	OPERATING ROOM	50.00	11,588	0	0		10.00
11.00	RECOVERY ROOM	51.00	17,945	0	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	9,561	0	0		12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	2,050	0	0		13.00
14.00	RESPIRATORY THERAPY	65.00	4,860	0	0		14.00
15.00	PHYSICAL THERAPY	66.00	8,981	0	0		15.00
16.00	OCCUPATIONAL THERAPY	67.00	8,449	0	0		16.00
17.00	ELECTROCARDIOLOGY	69.00	911	0	0		17.00
18.00	CARDIAC REHABILITATION	76.97	2,403	0	0		18.00
19.00	EMERGENCY	91.00	16,795	0	0		19.00
0			185,731	0			
L - UTILITIES							
1.00	MOB	1.01	0	7,784	10		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	1,556,298	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	13,510	0		3.00
4.00	CARDIAC REHABILITATION	76.97	0	234	0		4.00
5.00	BACK AND NECK	192.03	0	1,186	0		5.00
0			0	1,579,012			
M - MARKETING							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	6,939	0		1.00
2.00	RECOVERY ROOM	51.00	0	380	0		2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	612	0		3.00
4.00	CARDIAC REHABILITATION	76.97	0	75	0		4.00
5.00	EMERGENCY	91.00	0	482	0		5.00
6.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	241	0		6.00
0			0	8,729			
N - BILLABLE DRUGS							
1.00	PHARMACY	15.00	0	3,568,241	0		1.00
2.00	OPERATING ROOM	50.00	0	17,609	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	419,604	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	39,644	0		4.00
5.00	PHYSICAL THERAPY	66.00	0	705	0		5.00
0			0	4,045,803			
O - NON-BILLABLE DRUGS							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	6	0		1.00
2.00	HOUSEKEEPING	9.00	0	4	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	61,726	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	20,464	0		4.00
5.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	1,906	0		5.00
6.00	OPERATING ROOM	50.00	0	51,301	0		6.00
7.00	RECOVERY ROOM	51.00	0	4,490	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	17,727	0		8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0	126	0		9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	8,856	0		10.00
11.00	PHYSICAL THERAPY	66.00	0	293	0		11.00
12.00	ELECTROCARDIOLOGY	69.00	0	2,721	0		12.00
13.00	EMERGENCY	91.00	0	168,425	0		13.00
0			0	338,045			

RECLASSIFICATIONS

Provider CCN: 15-0158

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

Worksheet A-6
Date/Time Prepared:
5/29/2019 12:38 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
P - BILLABLE IMPLANTS						
1.00	OPERATING ROOM	50.00	0	6,702,481	0	1.00
2.00	RECOVERY ROOM	51.00	0	71	0	2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	1,477,120	0	3.00
4.00	PHYSICAL THERAPY	66.00	0	271	0	4.00
5.00	EMERGENCY	91.00	0	488	0	5.00
	O		0	8,180,431		
Q - BILLABLE SUPPLIES						
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	17	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	115,085	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	8,407	0	3.00
4.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	487	0	4.00
5.00	OPERATING ROOM	50.00	0	1,303,244	0	5.00
6.00	RECOVERY ROOM	51.00	0	459	0	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	153,375	0	7.00
8.00	RADIOLOGY-THERAPEUTIC	55.00	0	47	0	8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	1,530,210	0	9.00
10.00	RESPIRATORY THERAPY	65.00	0	46	0	10.00
11.00	PHYSICAL THERAPY	66.00	0	7,439	0	11.00
12.00	OCCUPATIONAL THERAPY	67.00	0	390	0	12.00
13.00	ELECTROCARDIOLOGY	69.00	0	24	0	13.00
14.00	EMERGENCY	91.00	0	22,485	0	14.00
	O		0	3,141,715		
R - NON-BILLABLE SUPPLIES						
1.00	PURCHASING RECEIVING AND STORES	5.03	0	1,976	0	1.00
2.00	ADMINISTRATIVE AND GENERAL	5.04	0	2,367	0	2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	318	0	3.00
4.00	OPERATION OF PLANT	7.00	0	38	0	4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	99	0	5.00
6.00	HOUSEKEEPING	9.00	0	19,127	0	6.00
7.00	DIETARY	10.00	0	6,964	0	7.00
8.00	NURSING ADMINISTRATION	13.00	0	562	0	8.00
9.00	PHARMACY	15.00	0	24,659	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	0	1,377,904	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	0	355,138	0	11.00
12.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	37,930	0	12.00
13.00	OPERATING ROOM	50.00	0	3,299,764	0	13.00
14.00	RECOVERY ROOM	51.00	0	139,449	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	514,825	0	15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	12,204	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	405,504	0	17.00
18.00	RESPIRATORY THERAPY	65.00	0	106,650	0	18.00
19.00	PHYSICAL THERAPY	66.00	0	96,413	0	19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	4,621	0	20.00
21.00	SPEECH PATHOLOGY	68.00	0	811	0	21.00
22.00	ELECTROCARDIOLOGY	69.00	0	32,532	0	22.00
23.00	CARDIAC REHABILITATION	76.97	0	7,080	0	23.00
24.00	SLEEP LAB	90.02	0	15,356	0	24.00
25.00	EMERGENCY	91.00	0	616,983	0	25.00
26.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	14	0	26.00
27.00	BACK AND NECK	192.03	0	35	0	27.00
	O		0	7,079,323		
S - DRUG REBATES RECLASS						
1.00	PHARMACY	15.00	0	30	0	1.00
2.00		0.00	0	0	0	2.00
	O		0	30		
T - SUPPLY REBATES RECLASS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	412,011	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00

RECLASSIFICATIONS

Provider CCN: 15-0158

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

Worksheet A-6

Date/Time Prepared:
5/29/2019 12:38 pm

	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
	0		0	412,011			
500.00	Grand Total: Decreases		3,243,834	49,008,065			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0158

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

Worksheet A-7
Part I
Date/Time Prepared:
5/29/2019 12:38 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0	0	0	0	1.00
2.00	Land Improvements	6,800,703	0	0	0	0	2.00
3.00	Buildings and Fixtures	74,901,135	5,874,315	0	5,874,315	0	3.00
4.00	Building Improvements	27,446,148	677,395	0	677,395	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	70,876,649	8,809,501	0	8,809,501	6,858,690	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	180,024,635	15,361,211	0	15,361,211	6,858,690	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	180,024,635	15,361,211	0	15,361,211	6,858,690	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0				1.00
2.00	Land Improvements	6,800,703	0				2.00
3.00	Buildings and Fixtures	80,775,450	0				3.00
4.00	Building Improvements	28,123,543	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	72,827,460	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	188,527,156	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	188,527,156	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0158

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

Worksheet A-7
Part II
Date/Time Prepared:
5/29/2019 12:38 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	MOB	0	277,209	0	0	0	1.01
1.02	INTEREST	0	0	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	277,209	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0		1.00		
1.01	MOB	195,273	472,482		1.01		
1.02	INTEREST	0	0		1.02		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00		
3.00	Total (sum of lines 1-2)	195,273	472,482		3.00		

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0158

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

Worksheet A-7
Part III
Date/Time Prepared:
5/29/2019 12:38 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	115,699,696	0	115,699,696	0.613703	0	1.00
1.01	MOB	0	0	0	0.000000	0	1.01
1.02	INTEREST	0	0	0	0.000000	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	72,827,460	0	72,827,460	0.386297	0	2.00
3.00	Total (sum of lines 1-2)	188,527,156	0	188,527,156	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	4,056,344	-79,328	1.00
1.01	MOB	0	0	0	0	825,028	1.01
1.02	INTEREST	0	0	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	4,349,543	184,806	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,405,887	930,506	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	3,977,016	1.00
1.01	MOB	0	0	0	195,273	1,020,301	1.01
1.02	INTEREST	5,606,292	0	0	0	5,606,292	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	4,534,349	2.00
3.00	Total (sum of lines 1-2)	5,606,292	0	0	195,273	15,137,958	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0158

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

Worksheet A-8

Date/Time Prepared:
5/29/2019 12:38 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)			0NEW CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
1.01 Investment income - MOB (chapter 2)			0MOB	1.01		0	1.01
1.02 Investment income - INTEREST (chapter 2)	B	-6,689,781	INTEREST	1.02		11	1.02
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0NEW 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)	B	-497,800	NEW CAP REL COSTS-BLDG & FIXT	1.00		10	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00		0	7.00
8.00 Television and radio service (chapter 21)		0		0.00		0	8.00
9.00 Parking lot (chapter 21)		0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-13,863,230				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	15,269,045				0	12.00
13.00 Laundry and linen service		0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-884,996	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		0		0.00		0	16.00
17.00 Sale of drugs to other than patients		0		0.00		0	17.00
18.00 Sale of medical records and abstracts		0		0.00		0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00		0	19.00
20.00 Vending machines		0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL 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			0NEW CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
26.01 Depreciation - MOB			0MOB	1.01		0	26.01
26.02 Depreciation - INTEREST			0INTEREST	1.02		0	26.02
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			0NEW CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant			0	0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00			30.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0158

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

Worksheet A-8

Date/Time Prepared:
5/29/2019 12:38 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00			3.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00 MISCELLANEOUS INCOME	B	-446,568		ADMINISTRATIVE AND GENERAL	5.04	0	33.00
33.01 MISCELLANEOUS INCOME	B	-341,765		MAINTENANCE & REPAIRS	6.00	0	33.01
33.02 MISCELLANEOUS INCOME	B	-23,469		PHARMACY	15.00	0	33.02
33.03 MISCELLANEOUS INCOME	B	-49,800		RECOVERY ROOM	51.00	0	33.03
33.04 CONTRIBUTION EXPENSE	A	-20,000		ADMINISTRATIVE AND GENERAL	5.04	0	33.04
33.05 HAF FEES	A	-10,863,905		ADMINISTRATIVE AND GENERAL	5.04	0	33.05
33.06 ACCRUED PTO TO HO	A	-409,399		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.06
33.07 BENEFITS TO HO	A	-8,378,819		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.07
33.08 WEST EXPANSION EXPENSE	A	-1,053,856		ADMINISTRATIVE AND GENERAL	5.04	0	33.08
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-28,254,343					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: 15-0158

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

Worksheet A-8-1

Date/Time Prepared: 5/29/2019 12:38 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	INTERCOMPANY/HO CR ALLOCATIO	511,163	410,039 1.00
2.00	1.02	INTEREST	INTERCOMPANY/HO CR ALLOCATIO	12,296,073	5,539,546 2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	INTERCOMPANY/HO CR ALLOCATIO	259,685	0 3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	INTERCOMPANY/HO CR ALLOCATIO	9,350,823	12,791 4.00
4.01	5.02	DATA PROCESSING	INTERCOMPANY/HO CR ALLOCATIO	5,389,928	0 4.01
4.02	5.03	PURCHASING RECEIVING AND STO	INTERCOMPANY/HO CR ALLOCATIO	657,139	0 4.02
4.03	5.04	ADMINISTRATIVE AND GENERAL	INTERCOMPANY/HO CR ALLOCATIO	29,305,795	36,453,236 4.03
4.04	13.00	NURSING ADMINISTRATION	INTERCOMPANY/HO CR ALLOCATIO	595,321	571,463 4.04
4.05	30.00	ADULTS & PEDIATRICS	INTERCOMPANY	189,453	189,453 4.05
4.06	31.00	INTENSIVE CARE UNIT	INTERCOMPANY	136,863	136,863 4.06
4.07	51.00	RECOVERY ROOM	INTERCOMPANY	4,925	4,925 4.07
4.08	54.00	RADIOLOGY-DIAGNOSTIC	INTERCOMPANY	344,985	454,792 4.08
4.09	55.00	RADIOLOGY-THERAPEUTIC	INTERCOMPANY	418,271	418,271 4.09
4.10	60.00	LABORATORY	INTERCOMPANY	5,283,855	5,283,855 4.10
4.11	65.00	RESPIRATORY THERAPY	INTERCOMPANY	3,425	3,425 4.11
4.12	66.00	PHYSICAL THERAPY	INTERCOMPANY	14,450	14,450 4.12
4.13	69.00	ELECTROCARDIOLOGY	INTERCOMPANY	379,279	379,279 4.13
4.14	90.02	SLEEP LAB	INTERCOMPANY	687,482	687,482 4.14
4.15	91.00	EMERGENCY	INTERCOMPANY	116,595	116,595 4.15
4.16	192.02	MARKETING	INTERCOMPANY	25,134	25,134 4.16
5.00	0		0	65,970,644	50,701,599 5.00

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

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

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

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

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

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

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

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

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

Provider CCN: 15-0158

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2019 12:38 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	101,124	9		1.00
2.00	6,756,527	11		2.00
3.00	259,685	9		3.00
4.00	9,338,032	0		4.00
4.01	5,389,928	0		4.01
4.02	657,139	0		4.02
4.03	-7,147,441	0		4.03
4.04	23,858	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	-109,807	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
4.16	0	0		4.16
5.00	15,269,045			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	HEALTHCARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0158

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2019 12:38 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.04	ADMINISTRATIVE AND GENERAL	12,950,763	12,950,763	0	197,500	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	30,400	30,400	0	237,100	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	7,225	7,225	0	197,500	0	3.00
4.00	50.00	OPERATING ROOM	108,046	108,046	0	239,400	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	277,601	277,601	0	271,900	0	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	109,916	109,916	0	271,900	0	6.00
7.00	69.00	ELECTROCARDIOLOGY	379,279	379,279	0	197,500	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			13,863,230	13,863,230	0		0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.04	ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	6.00
7.00	69.00	ELECTROCARDIOLOGY	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	5.04	ADMINISTRATIVE AND GENERAL	0	0	0	12,950,763	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	30,400	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	7,225	3.00
4.00	50.00	OPERATING ROOM	0	0	0	108,046	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	277,601	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	109,916	6.00
7.00	69.00	ELECTROCARDIOLOGY	0	0	0	379,279	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	13,863,230	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0158

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2019 12:38 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	MOB	INTEREST	NEW MVBLE EQUIP	
		1.00	1.01	1.02	2.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	3,977,016	3,977,016			1.00
1.01 00101	MOB	1,020,301	230,362	1,250,663		1.01
1.02 00102	INTEREST	5,606,292	0	0	5,606,292	1.02
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	4,534,349				4,534,349 2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	9,892,600	34,984	0	52,349	0 4.00
5.01 00540	NONPATIENT TELEPHONES	23,164	7,405	0	11,080	47,532 5.01
5.02 00550	DATA PROCESSING	5,413,904	49,641	0	74,280	5,258 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	937,595	54,152	0	81,031	0 5.03
5.04 00590	ADMINISTRATIVE AND GENERAL	21,619,819	148,387	257,213	222,039	69,915 5.04
6.00 00600	MAINTENANCE & REPAIRS	2,032,906	777,303	0	1,163,114	451,828 6.00
7.00 00700	OPERATION OF PLANT	2,603,180	46,684	0	69,856	76,457 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	111,549	12,745	0	19,071	681 8.00
9.00 00900	HOUSEKEEPING	4,251,991	53,337	14,873	79,810	0 9.00
10.00 01000	DIETARY	725,023	51,374	15,376	76,873	6,560 10.00
11.00 01100	CAFETERIA	687,304	111,415	0	166,715	14,227 11.00
13.00 01300	NURSING ADMINISTRATION	3,238,741	14,886	0	22,274	268 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	7,067,884	90,845	0	135,935	73,981 14.00
15.00 01500	PHARMACY	2,769,737	31,339	0	46,895	97,160 15.00
17.00 01700	SOCIAL SERVICE	266,922	0	0	0	0 17.00
18.00 01080	TRANSPORTATION	309,481	0	0	0	0 18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	11,865,008	784,811	0	1,174,349	289,862 30.00
31.00 03100	INTENSIVE CARE UNIT	3,265,668	130,800	0	195,721	14,557 31.00
32.00 02060	NEONATAL INTENSIVE CARE UNIT	913,817	38,540	0	57,669	0 32.00
43.00 04300	NURSERY	388,259	33,761	0	50,518	13,087 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	3,465,921	369,012	0	552,169	962,357 50.00
51.00 05100	RECOVERY ROOM	2,497,213	32,155	0	48,115	2,623 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,153,301	187,182	0	280,090	72,564 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,854,564	220,026	0	329,234	1,698,760 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	1,320,141	124,873	0	186,854	36,210 55.00
59.00 05900	CARDIAC CATHETERIZATION	1,047,921	31,836	0	47,638	311,056 59.00
60.00 06000	LABORATORY	5,283,890	46,722	0	69,913	0 60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	353,992	0	0	0	0 63.00
65.00 06500	RESPIRATORY THERAPY	1,612,194	28,064	0	41,993	43,507 65.00
66.00 06600	PHYSICAL THERAPY	1,703,468	1,529	99,306	2,288	11,446 66.00
67.00 06700	OCCUPATIONAL THERAPY	549,054	1,529	99,306	2,288	0 67.00
68.00 06800	SPEECH PATHOLOGY	181,559	1,529	99,306	2,288	0 68.00
69.00 06900	ELECTROCARDIOLOGY	858,044	4,448	0	6,656	99,356 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,152,419	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	8,169,727	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	4,045,803	0	0	0	0 73.00
76.00 03950	OTHER ANCILLARY SERVICES	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	254,709	0	60,537	0	0 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.02 09002	SLEEP LAB	697,838	2,001	113,830	2,994	323 90.02
91.00 09100	EMERGENCY	5,551,620	223,339	0	334,193	124,733 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	141,275,888	3,977,016	759,747	5,606,292	4,524,308 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	271,734	0	56,005	0	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	6,221	0	0	0	0 192.00
192.01 19201	RETAIL PHARMACY	0	0	37,298	0	0 192.01
192.02 19202	MARKETING	532,954	0	24,207	0	0 192.02
192.03 19203	BACK AND NECK	103,428	0	373,406	0	10,041 192.03
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	142,190,225	3,977,016	1,250,663	5,606,292	4,534,349 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0158

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2019 12:38 pm

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	Subtotal	
		4.00	5.01	5.02	5.03	5A.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	9,979,933				4.00
5.01	00540	NONPATIENT TELEPHONES	0	89,181			5.01
5.02	00550	DATA PROCESSING	0	0	5,543,083		5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	1,072,778	5.03
5.04	00590	ADMINISTRATIVE AND GENERAL	782,706	3,384	210,325	135	23,313,923
6.00	00600	MAINTENANCE & REPAIRS	145,388	1,600	99,428	18	4,671,585
7.00	00700	OPERATION OF PLANT	100,857	1,314	81,650	2	2,980,000
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	6	144,052
9.00	00900	HOUSEKEEPING	199,907	3,942	245,021	1,093	4,849,974
10.00	01000	DIETARY	67,719	1,153	71,686	126	1,015,890
11.00	01100	CAFETERIA	147,251	2,502	155,486	272	1,285,172
13.00	01300	NURSING ADMINISTRATION	458,046	2,735	169,966	32	3,906,948
14.00	01400	CENTRAL SERVICES & SUPPLY	68,986	973	60,503	716	7,499,823
15.00	01500	PHARMACY	434,484	3,033	188,533	1,409	3,572,590
17.00	01700	SOCIAL SERVICE	49,323	469	29,176	0	345,890
18.00	01080	TRANSPORTATION	46,396	927	57,635	0	414,439
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,068,830	19,705	1,224,817	64,301	17,491,683
31.00	03100	INTENSIVE CARE UNIT	575,307	4,658	289,538	20,288	4,496,537
32.00	02060	NEONATAL INTENSIVE CARE UNIT	173,086	1,131	70,323	2,167	1,256,733
43.00	04300	NURSERY	71,252	603	37,492	2,203	597,175
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	556,773	4,896	304,305	189,231	6,404,664
51.00	05100	RECOVERY ROOM	475,008	3,600	223,731	7,966	3,290,411
52.00	05200	DELIVERY ROOM & LABOR ROOM	395,083	3,345	207,888	12,218	3,311,671
54.00	05400	RADIOLOGY-DIAGNOSTIC	852,907	7,212	448,250	29,410	8,440,363
55.00	05500	RADIOLOGY-THERAPEUTIC	143,690	1,050	65,234	697	1,878,749
59.00	05900	CARDIAC CATHETERIZATION	188,094	1,371	85,234	23,187	1,736,337
60.00	06000	LABORATORY	0	2,297	142,798	0	5,545,620
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	20,222	374,214
65.00	06500	RESPIRATORY THERAPY	301,350	2,407	149,608	6,092	2,185,215
66.00	06600	PHYSICAL THERAPY	310,322	2,325	144,518	5,508	2,280,710
67.00	06700	OCCUPATIONAL THERAPY	102,459	668	41,506	264	797,074
68.00	06800	SPEECH PATHOLOGY	34,474	218	13,549	46	332,969
69.00	06900	ELECTROCARDIOLOGY	158,571	1,247	77,492	1,858	1,207,672
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	180,085	3,332,504
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	466,696	8,636,423
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,045,803
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	43,804	450	27,957	404	387,861
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09002	SLEEP LAB	0	0	0	877	817,863
91.00	09100	EMERGENCY	993,211	9,439	586,674	35,246	7,858,455
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,945,284	88,654	5,510,323	1,072,775	140,706,992
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	18,305	293	18,208	1	364,546
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,160	0	0	0	7,381
192.01	19201	RETAIL PHARMACY	0	0	0	0	37,298
192.02	19202	MARKETING	0	0	0	0	557,161
192.03	19203	BACK AND NECK	15,184	234	14,552	2	516,847
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	9,979,933	89,181	5,543,083	1,072,778	142,190,225

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0158

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2019 12:38 pm

Cost Center Description		ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.04	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00590	ADMINISTRATIVE AND GENERAL	23,313,923				5.04
6.00	00600	MAINTENANCE & REPAIRS	916,187	5,587,772			6.00
7.00	00700	OPERATION OF PLANT	584,435	97,526	3,661,961		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	28,251	26,625	17,758	216,686	8.00
9.00	00900	HOUSEKEEPING	951,172	111,424	74,319	0	5,986,889
10.00	01000	DIETARY	199,235	107,324	71,584	0	120,050
11.00	01100	CAFETERIA	252,047	232,752	155,244	0	260,353
13.00	01300	NURSING ADMINISTRATION	766,227	31,097	20,742	0	34,785
14.00	01400	CENTRAL SERVICES & SUPPLY	1,470,858	189,780	126,582	0	212,285
15.00	01500	PHARMACY	700,653	65,470	43,668	0	73,233
17.00	01700	SOCIAL SERVICE	67,836	0	0	0	0
18.00	01080	TRANSPORTATION	81,279	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,430,473	1,639,510	1,093,546	118,405	1,833,934
31.00	03100	INTENSIVE CARE UNIT	881,856	273,248	182,255	0	305,651
32.00	02060	NEONATAL INTENSIVE CARE UNIT	246,469	80,513	53,701	205	90,060
43.00	04300	NURSERY	117,117	70,528	47,042	0	78,892
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,256,076	770,887	514,177	20,486	862,303
51.00	05100	RECOVERY ROOM	645,312	67,174	44,804	0	75,140
52.00	05200	DELIVERY ROOM & LABOR ROOM	649,482	391,035	260,818	0	437,405
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,655,316	459,646	306,581	28,020	514,153
55.00	05500	RADIOLOGY-THERAPEUTIC	368,458	260,867	173,997	2,463	291,802
59.00	05900	CARDIAC CATHETERIZATION	340,529	66,508	44,360	0	74,395
60.00	06000	LABORATORY	1,087,601	97,606	65,102	0	109,180
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	73,390	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	428,562	58,627	39,104	0	65,580
66.00	06600	PHYSICAL THERAPY	447,291	3,195	2,131	0	3,574
67.00	06700	OCCUPATIONAL THERAPY	156,321	3,195	2,131	0	3,574
68.00	06800	SPEECH PATHOLOGY	65,302	3,195	2,131	0	3,574
69.00	06900	ELECTROCARDIOLOGY	236,847	9,292	6,198	0	10,394
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	653,567	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,693,767	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	793,459	0	0	0	0
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	76,067	0	0	5	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09002	SLEEP LAB	160,398	4,180	2,788	2,017	4,676
91.00	09100	EMERGENCY	1,541,192	466,568	311,198	45,085	521,896
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23,023,032	5,587,772	3,661,961	216,686	5,986,889
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	71,494	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,448	0	0	0	0
192.01	19201	RETAIL PHARMACY	7,315	0	0	0	0
192.02	19202	MARKETING	109,270	0	0	0	0
192.03	19203	BACK AND NECK	101,364	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	23,313,923	5,587,772	3,661,961	216,686	5,986,889

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0158

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

Worksheet B
Part I
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	MOB					1.01	
1.02	00102	INTEREST					1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.04	00590	ADMINISTRATIVE AND GENERAL					5.04	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
10.00	01000	DIETARY	1,514,083				10.00	
11.00	01100	CAFETERIA	0	2,185,568			11.00	
13.00	01300	NURSING ADMINISTRATION	0	79,383	4,839,182		13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	28,258	0	9,527,586	14.00	
15.00	01500	PHARMACY	0	88,055	14,998	12,539	15.00	
17.00	01700	SOCIAL SERVICE	0	13,627	0	0	17.00	
18.00	01080	TRANSPORTATION	0	26,919	0	0	18.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,177,647	572,052	1,996,828	572,344	64,364	30.00
31.00	03100	INTENSIVE CARE UNIT	222,289	135,229	526,753	180,581	21,339	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	31,624	32,845	149,976	19,287	1,987	32.00
43.00	04300	NURSERY	82,523	17,511	50,961	19,613	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	142,127	350,608	1,684,360	53,494	50.00
51.00	05100	RECOVERY ROOM	0	104,494	427,279	70,906	4,682	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	97,095	282,506	108,754	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	209,356	90,598	261,779	18,485	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	30,468	29,536	6,206	131	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	39,809	67,030	206,386	9,235	59.00
60.00	06000	LABORATORY	0	66,694	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	179,999	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	69,875	0	54,230	0	65.00
66.00	06600	PHYSICAL THERAPY	0	67,498	0	49,024	306	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	19,385	0	2,350	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,328	0	412	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	36,193	37,341	16,542	2,837	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,602,948	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	4,154,167	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,218,723	73.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	13,058	1,989	3,600	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09002	SLEEP LAB	0	0	0	7,808	0	90.02
91.00	09100	EMERGENCY	0	274,008	812,779	313,726	175,623	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,514,083	2,170,267	4,839,182	9,527,561	4,571,206	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,504	0	7	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	RETAIL PHARMACY	0	0	0	0	0	192.01
192.02	19202	MARKETING	0	0	0	0	0	192.02
192.03	19203	BACK AND NECK	0	6,797	0	18	0	192.03
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)	1,514,083	2,185,568	4,839,182	9,527,586	4,571,206	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0158

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		TRANSPORTATION				
	17.00	18.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	MOB					1.01
1.02 00102	INTEREST					1.02
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	PURCHASING RECEIVING AND STORES					5.03
5.04 00590	ADMINISTRATIVE AND GENERAL					5.04
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
17.00 01700	SOCIAL SERVICE	427,353				17.00
18.00 01080	TRANSPORTATION	0	522,637			18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	332,394	43,493	30,366,673	0	30,366,673
31.00 03100	INTENSIVE CARE UNIT	62,741	11,489	7,299,968	0	7,299,968
32.00 02060	NEONATAL INTENSIVE CARE UNIT	8,926	1,692	1,974,018	0	1,974,018
43.00 04300	NURSERY	23,292	1,792	1,106,446	0	1,106,446
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	74,095	12,133,277	0	12,133,277
51.00 05100	RECOVERY ROOM	0	16,814	4,747,016	0	4,747,016
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	11,298	5,550,064	0	5,550,064
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	57,714	12,042,011	0	12,042,011
55.00 05500	RADIOLOGY-THERAPEUTIC	0	23,702	3,066,379	0	3,066,379
59.00 05900	CARDIAC CATHETERIZATION	0	29,595	2,614,184	0	2,614,184
60.00 06000	LABORATORY	0	27,493	6,999,296	0	6,999,296
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	1,208	628,811	0	628,811
65.00 06500	RESPIRATORY THERAPY	0	6,264	2,907,457	0	2,907,457
66.00 06600	PHYSICAL THERAPY	0	5,125	2,858,854	0	2,858,854
67.00 06700	OCCUPATIONAL THERAPY	0	1,375	985,405	0	985,405
68.00 06800	SPEECH PATHOLOGY	0	678	414,589	0	414,589
69.00 06900	ELECTROCARDIOLOGY	0	17,199	1,580,515	0	1,580,515
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,360	5,600,379	0	5,600,379
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	42,166	14,526,523	0	14,526,523
73.00 07300	DRUGS CHARGED TO PATIENTS	0	32,444	9,090,429	0	9,090,429
76.00 03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	2,209	484,789	0	484,789
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.02 09002	SLEEP LAB	0	6,176	1,005,906	0	1,005,906
91.00 09100	EMERGENCY	0	97,256	12,417,786	0	12,417,786
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	427,353	522,637	140,400,775	0	140,400,775
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	444,551	0	444,551
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	8,829	0	8,829
192.01 19201	RETAIL PHARMACY	0	0	44,613	0	44,613
192.02 19202	MARKETING	0	0	666,431	0	666,431
192.03 19203	BACK AND NECK	0	0	625,026	0	625,026
200.00	Cross Foot Adjustments			0	0	0
201.00	Negative Cost Centers	0	0	0	0	0
202.00	TOTAL (sum lines 118 through 201)	427,353	522,637	142,190,225	0	142,190,225

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0158

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			NEW BLDG & FIXT	MOB	INTEREST	NEW MVBLE EQUIP	
			1.00	1.01	1.02	2.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400	0	34,984	0	52,349	0	4.00
5.01	00540	0	7,405	0	11,080	47,532	5.01
5.02	00550	0	49,641	0	74,280	5,258	5.02
5.03	00560	0	54,152	0	81,031	0	5.03
5.04	00590	0	148,387	257,213	222,039	69,915	5.04
6.00	00600	0	777,303	0	1,163,114	451,828	6.00
7.00	00700	0	46,684	0	69,856	76,457	7.00
8.00	00800	0	12,745	0	19,071	681	8.00
9.00	00900	0	53,337	14,873	79,810	0	9.00
10.00	01000	0	51,374	15,376	76,873	6,560	10.00
11.00	01100	0	111,415	0	166,715	14,227	11.00
13.00	01300	0	14,886	0	22,274	268	13.00
14.00	01400	0	90,845	0	135,935	73,981	14.00
15.00	01500	0	31,339	0	46,895	97,160	15.00
17.00	01700	0	0	0	0	0	17.00
18.00	01080	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	784,811	0	1,174,349	289,862	30.00
31.00	03100	0	130,800	0	195,721	14,557	31.00
32.00	02060	0	38,540	0	57,669	0	32.00
43.00	04300	0	33,761	0	50,518	13,087	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	369,012	0	552,169	962,357	50.00
51.00	05100	0	32,155	0	48,115	2,623	51.00
52.00	05200	0	187,182	0	280,090	72,564	52.00
54.00	05400	0	220,026	0	329,234	1,698,760	54.00
55.00	05500	0	124,873	0	186,854	36,210	55.00
59.00	05900	0	31,836	0	47,638	311,056	59.00
60.00	06000	0	46,722	0	69,913	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	28,064	0	41,993	43,507	65.00
66.00	06600	0	1,529	99,306	2,288	11,446	66.00
67.00	06700	0	1,529	99,306	2,288	0	67.00
68.00	06800	0	1,529	99,306	2,288	0	68.00
69.00	06900	0	4,448	0	6,656	99,356	69.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	0	0	60,537	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.02	09002	0	2,001	113,830	2,994	323	90.02
91.00	09100	0	223,339	0	334,193	124,733	91.00
92.00	09200	0					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0					113.00
118.00		0	3,746,654	759,747	5,606,292	4,524,308	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	56,005	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	37,298	0	0	192.01
192.02	19202	0	0	24,207	0	0	192.02
192.03	19203	0	0	373,406	0	10,041	192.03
200.00							200.00
201.00							201.00
202.00							202.00
202.00		0	3,746,654	1,250,663	5,606,292	4,534,349	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0158	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/29/2019 12:38 pm		
Cost Center Description	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	
	2A	4.00	5.01	5.02	5.03	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	MOB				1.01
1.02	00102	INTEREST				1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	87,333			4.00
5.01	00540	NONPATIENT TELEPHONES	66,017	66,017		5.01
5.02	00550	DATA PROCESSING	129,179	0	129,179	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	135,183	0	0	5.03
5.04	00590	ADMINISTRATIVE AND GENERAL	697,554	6,849	4,902	17
6.00	00600	MAINTENANCE & REPAIRS	2,392,245	1,272	1,184	2
7.00	00700	OPERATION OF PLANT	192,997	883	972	1,903
8.00	00800	LAUNDRY & LINEN SERVICE	32,497	0	0	0
9.00	00900	HOUSEKEEPING	148,020	1,749	2,918	5,710
10.00	01000	DIETARY	150,183	593	854	1,671
11.00	01100	CAFETERIA	292,357	1,288	1,852	3,624
13.00	01300	NURSING ADMINISTRATION	37,428	4,008	2,024	3,961
14.00	01400	CENTRAL SERVICES & SUPPLY	300,761	604	721	1,410
15.00	01500	PHARMACY	175,394	3,802	2,245	4,394
17.00	01700	SOCIAL SERVICE	0	432	347	680
18.00	01080	TRANSPORTATION	0	406	686	1,343
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,249,022	18,108	14,588	28,541
31.00	03100	INTENSIVE CARE UNIT	341,078	5,034	3,448	6,748
32.00	02060	NEONATAL INTENSIVE CARE UNIT	96,209	1,515	838	1,639
43.00	04300	NURSERY	97,366	623	447	874
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,883,538	4,872	3,624	7,092
51.00	05100	RECOVERY ROOM	82,893	4,156	2,665	5,214
52.00	05200	DELIVERY ROOM & LABOR ROOM	539,836	3,457	2,476	4,845
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,248,020	7,463	5,339	10,446
55.00	05500	RADIOLOGY-THERAPEUTIC	347,937	1,257	777	1,520
59.00	05900	CARDIAC CATHETERIZATION	390,530	1,646	1,015	1,986
60.00	06000	LABORATORY	116,635	0	1,701	3,328
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	113,564	2,637	1,782	3,487
66.00	06600	PHYSICAL THERAPY	114,569	2,715	1,721	3,368
67.00	06700	OCCUPATIONAL THERAPY	103,123	897	494	967
68.00	06800	SPEECH PATHOLOGY	103,123	302	161	316
69.00	06900	ELECTROCARDIOLOGY	110,460	1,388	923	1,806
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	60,537	383	333	652
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0
90.02	09002	SLEEP LAB	119,148	0	0	0
91.00	09100	EMERGENCY	682,265	8,691	6,987	13,672
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	14,637,001	87,030	65,627	128,416
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	56,005	160	217	424
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	10	0	0
192.01	19201	RETAIL PHARMACY	37,298	0	0	0
192.02	19202	MARKETING	24,207	0	0	0
192.03	19203	BACK AND NECK	383,447	133	173	339
200.00		Cross Foot Adjustments	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	15,137,958	87,333	66,017	129,179

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0158		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/29/2019 12:38 pm	
Cost Center Description		ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.04	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00590	ADMINISTRATIVE AND GENERAL	711,827				5.04
6.00	00600	MAINTENANCE & REPAIRS	27,973	2,424,993			6.00
7.00	00700	OPERATION OF PLANT	17,844	42,324	256,923		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	863	11,555	1,246	46,162	8.00
9.00	00900	HOUSEKEEPING	29,042	48,356	5,214	0	241,147
10.00	01000	DIETARY	6,083	46,576	5,022	0	4,836
11.00	01100	CAFETERIA	7,696	101,010	10,892	0	10,487
13.00	01300	NURSING ADMINISTRATION	23,395	13,496	1,455	0	1,401
14.00	01400	CENTRAL SERVICES & SUPPLY	44,909	82,361	8,881	0	8,551
15.00	01500	PHARMACY	21,393	28,413	3,064	0	2,950
17.00	01700	SOCIAL SERVICE	2,071	0	0	0	0
18.00	01080	TRANSPORTATION	2,482	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	104,736	711,518	76,720	25,224	73,866
31.00	03100	INTENSIVE CARE UNIT	26,925	118,585	12,787	0	12,311
32.00	02060	NEONATAL INTENSIVE CARE UNIT	7,525	34,941	3,768	44	3,628
43.00	04300	NURSERY	3,576	30,608	3,300	0	3,178
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	38,351	334,551	36,075	4,364	34,733
51.00	05100	RECOVERY ROOM	19,703	29,152	3,143	0	3,027
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,830	169,702	18,299	0	17,618
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,541	199,478	21,510	5,969	20,710
55.00	05500	RADIOLOGY-THERAPEUTIC	11,250	113,212	12,208	525	11,754
59.00	05900	CARDIAC CATHETERIZATION	10,397	28,863	3,112	0	2,997
60.00	06000	LABORATORY	33,207	42,359	4,568	0	4,398
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,241	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	13,085	25,443	2,744	0	2,641
66.00	06600	PHYSICAL THERAPY	13,657	1,387	150	0	144
67.00	06700	OCCUPATIONAL THERAPY	4,773	1,387	150	0	144
68.00	06800	SPEECH PATHOLOGY	1,994	1,387	150	0	144
69.00	06900	ELECTROCARDIOLOGY	7,232	4,033	435	0	419
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,955	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	51,715	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	24,226	0	0	0	0
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	2,323	0	0	1	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09002	SLEEP LAB	4,897	1,814	196	430	188
91.00	09100	EMERGENCY	47,056	202,482	21,834	9,605	21,022
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	702,946	2,424,993	256,923	46,162	241,147
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,183	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	44	0	0	0	0
192.01	19201	RETAIL PHARMACY	223	0	0	0	0
192.02	19202	MARKETING	3,336	0	0	0	0
192.03	19203	BACK AND NECK	3,095	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	711,827	2,424,993	256,923	46,162	241,147

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0158		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/29/2019 12:38 pm	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	MOB					1.01
1.02	00102	INTEREST					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00590	ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY	215,834				10.00
11.00	01100	CAFETERIA	0	429,240			11.00
13.00	01300	NURSING ADMINISTRATION	0	15,591	102,763		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,550	0	453,838	14.00
15.00	01500	PHARMACY	0	17,294	318	597	15.00
17.00	01700	SOCIAL SERVICE	0	2,676	0	0	17.00
18.00	01080	TRANSPORTATION	0	5,287	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	167,874	112,351	42,405	27,263	30.00
31.00	03100	INTENSIVE CARE UNIT	31,688	26,559	11,186	8,602	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	4,508	6,451	3,185	919	32.00
43.00	04300	NURSERY	11,764	3,439	1,082	934	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	27,913	7,445	80,233	3,043
51.00	05100	RECOVERY ROOM	0	20,522	9,074	3,378	266
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	19,069	5,999	5,180	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	41,117	1,924	12,470	1,052
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,984	627	296	7
59.00	05900	CARDIAC CATHETERIZATION	0	7,818	1,423	9,831	525
60.00	06000	LABORATORY	0	13,099	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	8,574	0
65.00	06500	RESPIRATORY THERAPY	0	13,723	0	2,583	0
66.00	06600	PHYSICAL THERAPY	0	13,256	0	2,335	17
67.00	06700	OCCUPATIONAL THERAPY	0	3,807	0	112	0
68.00	06800	SPEECH PATHOLOGY	0	1,243	0	20	0
69.00	06900	ELECTROCARDIOLOGY	0	7,108	793	788	161
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	76,355	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	197,880	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	239,992
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	2,564	42	171	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09002	SLEEP LAB	0	0	0	372	0
91.00	09100	EMERGENCY	0	53,814	17,260	14,944	9,991
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	215,834	426,235	102,763	453,837	260,042
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,670	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	RETAIL PHARMACY	0	0	0	0	0
192.02	19202	MARKETING	0	0	0	0	0
192.03	19203	BACK AND NECK	0	1,335	0	1	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	215,834	429,240	102,763	453,838	260,042

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0158

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2019 12:38 pm

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		TRANSPORTATION				
	17.00	18.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	MOB					1.01
1.02 00102	INTEREST					1.02
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	PURCHASING RECEIVING AND STORES					5.03
5.04 00590	ADMINISTRATIVE AND GENERAL					5.04
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
17.00 01700	SOCIAL SERVICE	6,206				17.00
18.00 01080	TRANSPORTATION	0	10,204			18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	4,827	858	3,669,665	0	3,669,665
31.00 03100	INTENSIVE CARE UNIT	911	227	609,860	0	609,860
32.00 02060	NEONATAL INTENSIVE CARE UNIT	130	33	165,719	0	165,719
43.00 04300	NURSERY	338	35	157,842	0	157,842
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	1,462	2,491,143	0	2,491,143
51.00 05100	RECOVERY ROOM	0	332	184,529	0	184,529
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	223	808,074	0	808,074
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	1,139	2,630,884	0	2,630,884
55.00 05500	RADIOLOGY-THERAPEUTIC	0	468	507,910	0	507,910
59.00 05900	CARDIAC CATHETERIZATION	0	584	463,649	0	463,649
60.00 06000	LABORATORY	0	543	219,838	0	219,838
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	24	13,387	0	13,387
65.00 06500	RESPIRATORY THERAPY	0	124	182,581	0	182,581
66.00 06600	PHYSICAL THERAPY	0	101	154,114	0	154,114
67.00 06700	OCCUPATIONAL THERAPY	0	27	115,914	0	115,914
68.00 06800	SPEECH PATHOLOGY	0	13	108,859	0	108,859
69.00 06900	ELECTROCARDIOLOGY	0	339	136,119	0	136,119
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	224	119,228	0	119,228
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	832	309,231	0	309,231
73.00 07300	DRUGS CHARGED TO PATIENTS	0	640	264,858	0	264,858
76.00 03950	OTHER ANCILLARY SERVICES	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	44	67,101	0	67,101
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.02 09002	SLEEP LAB	0	122	127,278	0	127,278
91.00 09100	EMERGENCY	0	1,810	1,115,875	0	1,115,875
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	6,206	10,204	14,623,658	0	14,623,658
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	60,659	0	60,659
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	54	0	54
192.01 19201	RETAIL PHARMACY	0	0	37,521	0	37,521
192.02 19202	MARKETING	0	0	27,543	0	27,543
192.03 19203	BACK AND NECK	0	0	388,523	0	388,523
200.00	Cross Foot Adjustments			0	0	0
201.00	Negative Cost Centers	0	0	0	0	0
202.00	TOTAL (sum lines 118 through 201)	6,206	10,204	15,137,958	0	15,137,958

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 12:38 pm

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)		
		NEW BLDG & FIXT (SQUARE FEET)	MOB (MOB SQUARE FEET)	INTEREST (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
		1.00	1.01	1.02	2.00			4.00
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	312,051					1.00
1.01	00101	MOB	18,075	32,291				1.01
1.02	00102	INTEREST	0	0	293,976			1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				3,890,921		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,745	0	2,745	0	48,922,899	4.00
5.01	00540	NONPATIENT TELEPHONES	581	0	581	40,787	0	5.01
5.02	00550	DATA PROCESSING	3,895	0	3,895	4,512	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	4,249	0	4,249	0	0	5.03
5.04	00590	ADMINISTRATIVE AND GENERAL	11,643	6,641	11,643	59,994	3,836,926	5.04
6.00	00600	MAINTENANCE & REPAIRS	60,990	0	60,990	387,713	712,710	6.00
7.00	00700	OPERATION OF PLANT	3,663	0	3,663	65,608	494,412	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,000	0	1,000	584	0	8.00
9.00	00900	HOUSEKEEPING	4,185	384	4,185	0	979,972	9.00
10.00	01000	DIETARY	4,031	397	4,031	5,629	331,967	10.00
11.00	01100	CAFETERIA	8,742	0	8,742	12,208	721,841	11.00
13.00	01300	NURSING ADMINISTRATION	1,168	0	1,168	230	2,245,403	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,128	0	7,128	63,483	338,178	14.00
15.00	01500	PHARMACY	2,459	0	2,459	83,373	2,129,898	15.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	241,790	17.00
18.00	01080	TRANSPORTATION	0	0	0	0	227,439	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	61,579	0	61,579	248,730	10,141,638	30.00
31.00	03100	INTENSIVE CARE UNIT	10,263	0	10,263	12,491	2,820,230	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	3,024	0	3,024	0	848,492	32.00
43.00	04300	NURSERY	2,649	0	2,649	11,230	349,286	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,954	0	28,954	825,797	2,729,372	50.00
51.00	05100	RECOVERY ROOM	2,523	0	2,523	2,251	2,328,551	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,687	0	14,687	62,267	1,936,750	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,264	0	17,264	1,457,707	4,181,061	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,798	0	9,798	31,072	704,388	55.00
59.00	05900	CARDIAC CATHETERIZATION	2,498	0	2,498	266,917	922,063	59.00
60.00	06000	LABORATORY	3,666	0	3,666	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,202	0	2,202	37,333	1,477,256	65.00
66.00	06600	PHYSICAL THERAPY	120	2,564	120	9,822	1,521,238	66.00
67.00	06700	OCCUPATIONAL THERAPY	120	2,564	120	0	502,268	67.00
68.00	06800	SPEECH PATHOLOGY	120	2,564	120	0	168,997	68.00
69.00	06900	ELECTROCARDIOLOGY	349	0	349	85,257	777,334	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,563	0	0	214,734	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09002	SLEEP LAB	157	2,939	157	277	0	90.02
91.00	09100	EMERGENCY	17,524	0	17,524	107,033	4,868,850	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	312,051	19,616	293,976	3,882,305	48,753,044	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,446	0	0	89,732	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	5,687	192.00
192.01	19201	RETAIL PHARMACY	0	963	0	0	0	192.01
192.02	19202	MARKETING	0	625	0	0	0	192.02
192.03	19203	BACK AND NECK	0	9,641	0	8,616	74,436	192.03
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)	3,977,016	1,250,663	5,606,292	4,534,349	9,979,933	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.744763	38.731009	19.070577	1.165367	0.203993	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)					87,333	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)					0.001785	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 12:38 pm

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
	NEW BLDG & FIXT (SQUARE FEET)	MOB (MOB SQUARE FEET)	INTEREST (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
	1.00	1.01	1.02	2.00		
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: 15-0158

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 12:38 pm

Cost Center Description		NONPATIENT TELEPHONES (FTES)	DATA PROCESSING (FTES)	PURCHASING RECEIVING AND STORES (PURCHASED REQ)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.01	5.02	5.03	5A.04	5.04	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540	77,325					5.01
5.02	00550	0	77,325				5.02
5.03	00560	0	0	18,779,312			5.03
5.04	00590	2,934	2,934	2,367	-23,313,923	118,876,302	5.04
6.00	00600	1,387	1,387	318	0	4,671,585	6.00
7.00	00700	1,139	1,139	38	0	2,980,000	7.00
8.00	00800	0	0	99	0	144,052	8.00
9.00	00900	3,418	3,418	19,127	0	4,849,974	9.00
10.00	01000	1,000	1,000	2,198	0	1,015,890	10.00
11.00	01100	2,169	2,169	4,766	0	1,285,172	11.00
13.00	01300	2,371	2,371	562	0	3,906,948	13.00
14.00	01400	844	844	12,542	0	7,499,823	14.00
15.00	01500	2,630	2,630	24,659	0	3,572,590	15.00
17.00	01700	407	407	0	0	345,890	17.00
18.00	01080	804	804	0	0	414,439	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	17,086	17,086	1,125,593	0	17,491,683	30.00
31.00	03100	4,039	4,039	355,138	0	4,496,537	31.00
32.00	02060	981	981	37,930	0	1,256,733	32.00
43.00	04300	523	523	38,572	0	597,175	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	4,245	4,245	3,312,526	0	6,404,664	50.00
51.00	05100	3,121	3,121	139,447	0	3,290,411	51.00
52.00	05200	2,900	2,900	213,880	0	3,311,671	52.00
54.00	05400	6,253	6,253	514,825	0	8,440,363	54.00
55.00	05500	910	910	12,204	0	1,878,749	55.00
59.00	05900	1,189	1,189	405,887	0	1,736,337	59.00
60.00	06000	1,992	1,992	0	0	5,545,620	60.00
63.00	06300	0	0	353,992	0	374,214	63.00
65.00	06500	2,087	2,087	106,650	0	2,185,215	65.00
66.00	06600	2,016	2,016	96,413	0	2,280,710	66.00
67.00	06700	579	579	4,621	0	797,074	67.00
68.00	06800	189	189	811	0	332,969	68.00
69.00	06900	1,081	1,081	32,532	0	1,207,672	69.00
71.00	07100	0	0	3,152,418	0	3,332,504	71.00
72.00	07200	0	0	8,169,727	0	8,636,423	72.00
73.00	07300	0	0	0	0	4,045,803	73.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	390	390	7,080	0	387,861	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.02	09002	0	0	15,356	0	817,863	90.02
91.00	09100	8,184	8,184	616,985	0	7,858,455	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		76,868	76,868	18,779,263	-23,313,923	117,393,069	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	254	254	14	0	364,546	190.00
192.00	19200	0	0	0	0	7,381	192.00
192.01	19201	0	0	0	0	37,298	192.01
192.02	19202	0	0	0	0	557,161	192.02
192.03	19203	203	203	35	0	516,847	192.03
200.00							200.00
201.00							201.00
202.00		89,181	5,543,083	1,072,778		23,313,923	202.00
203.00		1.153327	71.685522	0.057126		0.196119	203.00
204.00		66,017	129,179	135,183		711,827	204.00
205.00		0.853760	1.670598	0.007199		0.005988	205.00
206.00							206.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0158			Period: From 01/01/2018 To 12/31/2018	Worksheet B-1 Date/Time Prepared: 5/29/2019 12:38 pm
Cost Center Description		NONPATIENT TELEPHONES (FTES)	DATA PROCESSING (FTES)	PURCHASING RECEIVING AND STORES (PURCHASED REQ)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	5.01	5.02	5.03	5A.04	5.04
						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 12:38 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQ. FEET)	OPERATION OF PLANT (SQ. FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQ. FEET)	DIETARY (TOTAL PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00590						5.04
6.00	00600	209,873					6.00
7.00	00700	3,663	206,210				7.00
8.00	00800	1,000	1,000	933,091			8.00
9.00	00900	4,185	4,185	0	201,025		9.00
10.00	01000	4,031	4,031	0	4,031	31,264	10.00
11.00	01100	8,742	8,742	0	8,742	0	11.00
13.00	01300	1,168	1,168	0	1,168	0	13.00
14.00	01400	7,128	7,128	0	7,128	0	14.00
15.00	01500	2,459	2,459	0	2,459	0	15.00
17.00	01700	0	0	0	0	0	17.00
18.00	01080	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	61,579	61,579	509,875	61,579	24,317	30.00
31.00	03100	10,263	10,263	0	10,263	4,590	31.00
32.00	02060	3,024	3,024	883	3,024	653	32.00
43.00	04300	2,649	2,649	0	2,649	1,704	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	28,954	28,954	88,216	28,954	0	50.00
51.00	05100	2,523	2,523	0	2,523	0	51.00
52.00	05200	14,687	14,687	0	14,687	0	52.00
54.00	05400	17,264	17,264	120,660	17,264	0	54.00
55.00	05500	9,798	9,798	10,604	9,798	0	55.00
59.00	05900	2,498	2,498	0	2,498	0	59.00
60.00	06000	3,666	3,666	0	3,666	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	2,202	2,202	0	2,202	0	65.00
66.00	06600	120	120	0	120	0	66.00
67.00	06700	120	120	0	120	0	67.00
68.00	06800	120	120	0	120	0	68.00
69.00	06900	349	349	0	349	0	69.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	0	0	20	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.02	09002	157	157	8,687	157	0	90.02
91.00	09100	17,524	17,524	194,146	17,524	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		209,873	206,210	933,091	201,025	31,264	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
200.00							200.00
201.00							201.00
202.00		5,587,772	3,661,961	216,686	5,986,889	1,514,083	202.00
203.00		26,624,540	17,758,406	0,232,224	29,781,813	48,428,960	203.00
204.00		2,424,993	256,923	46,162	241,147	215,834	204.00
205.00		11,554,573	1,245,929	0,049,472	1,199,587	6,903,595	205.00
206.00							206.00
207.00							207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 12:38 pm

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS FTES)	CENTRAL SERVICES & SUPPLY (PURCHASED REQ)	PHARMACY (COSTED REQUIS.)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		11.00	13.00	14.00	15.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00590						5.04
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	65,278					11.00
13.00	01300	2,371	31,621				13.00
14.00	01400	844	0	18,737,295			14.00
15.00	01500	2,630	98	24,659	4,383,836		15.00
17.00	01700	407	0	0	0	31,264	17.00
18.00	01080	804	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	17,086	13,048	1,125,593	61,726	24,317	30.00
31.00	03100	4,039	3,442	355,138	20,464	4,590	31.00
32.00	02060	981	980	37,930	1,906	653	32.00
43.00	04300	523	333	38,572	0	1,704	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	4,245	2,291	3,312,526	51,301	0	50.00
51.00	05100	3,121	2,792	139,447	4,490	0	51.00
52.00	05200	2,900	1,846	213,880	0	0	52.00
54.00	05400	6,253	592	514,825	17,727	0	54.00
55.00	05500	910	193	12,204	126	0	55.00
59.00	05900	1,189	438	405,887	8,856	0	59.00
60.00	06000	1,992	0	0	0	0	60.00
63.00	06300	0	0	353,992	0	0	63.00
65.00	06500	2,087	0	106,650	0	0	65.00
66.00	06600	2,016	0	96,413	293	0	66.00
67.00	06700	579	0	4,621	0	0	67.00
68.00	06800	189	0	811	0	0	68.00
69.00	06900	1,081	244	32,532	2,721	0	69.00
71.00	07100	0	0	3,152,418	0	0	71.00
72.00	07200	0	0	8,169,727	0	0	72.00
73.00	07300	0	0	0	4,045,802	0	73.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	390	13	7,080	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.02	09002	0	0	15,356	0	0	90.02
91.00	09100	8,184	5,311	616,985	168,424	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		64,821	31,621	18,737,246	4,383,836	31,264	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	254	0	14	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	203	0	35	0	0	192.03
200.00							200.00
201.00							201.00
202.00		2,185,568	4,839,182	9,527,586	4,571,206	427,353	202.00
203.00		33.480928	153.036969	0.508482	1.042741	13.669172	203.00
204.00		429,240	102,763	453,838	260,042	6,206	204.00
205.00		6.575569	3.249834	0.024221	0.059318	0.198503	205.00
206.00							206.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0158			Period: From 01/01/2018 To 12/31/2018		Worksheet B-1 Date/Time Prepared: 5/29/2019 12:38 pm	
Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS FTES)	CENTRAL SERVICES & SUPPLY (PURCHASED REQ)	PHARMACY (COSTED REQUIS.)	SOCIAL SERVICE (TOTAL PATIENT DAYS)		
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	11.00	13.00	14.00	15.00	17.00		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0158

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

Worksheet B-1
Date/Time Prepared:
5/29/2019 12:38 pm

Cost Center Description		OTHER GENERAL SERVICE TRANSPORTATION	(GROSS CHARGES)	
			18.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	MOB		1.01
1.02	00102	INTEREST		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00590	ADMINISTRATIVE AND GENERAL		5.04
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01080	TRANSPORTATION	858,998,001	18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	71,534,906	30.00
31.00	03100	INTENSIVE CARE UNIT	18,895,569	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	2,783,277	32.00
43.00	04300	NURSERY	2,948,000	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	121,866,687	50.00
51.00	05100	RECOVERY ROOM	27,654,458	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,582,547	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	94,924,211	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	38,982,863	55.00
59.00	05900	CARDIAC CATHETERIZATION	48,675,526	59.00
60.00	06000	LABORATORY	45,218,744	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,986,395	63.00
65.00	06500	RESPIRATORY THERAPY	10,303,042	65.00
66.00	06600	PHYSICAL THERAPY	8,429,993	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,262,291	67.00
68.00	06800	SPEECH PATHOLOGY	1,115,693	68.00
69.00	06900	ELECTROCARDIOLOGY	28,288,432	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,683,745	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	69,352,624	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	53,361,237	73.00
76.00	03950	OTHER ANCILLARY SERVICES	0	76.00
76.97	07697	CARDIAC REHABILITATION	3,633,802	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
90.02	09002	SLEEP LAB	10,158,406	90.02
91.00	09100	EMERGENCY	159,355,553	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	858,998,001	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201	RETAIL PHARMACY	0	192.01
192.02	19202	MARKETING	0	192.02
192.03	19203	BACK AND NECK	0	192.03
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)	522,637	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000608	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	10,204	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000012	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		206.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0158		Period: From 01/01/2018 To 12/31/2018	Worksheet B-1 Date/Time Prepared: 5/29/2019 12:38 pm
Cost Center Description		OTHER GENERAL SERVICE			
		TRANSPORTATION			
		(GROSS CHARGES)			
		18.00			
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)				207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0158

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2019 12:38 pm

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		30,366,673	0	30,366,673	30.00	
31.00	03100 INTENSIVE CARE UNIT		7,299,968	0	7,299,968	31.00	
32.00	02060 NEONATAL INTENSIVE CARE UNIT		1,974,018	0	1,974,018	32.00	
43.00	04300 NURSERY		1,106,446	0	1,106,446	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		12,133,277	0	12,133,277	50.00	
51.00	05100 RECOVERY ROOM		4,747,016	0	4,747,016	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		5,550,064	0	5,550,064	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		12,042,011	0	12,042,011	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC		3,066,379	0	3,066,379	55.00	
59.00	05900 CARDIAC CATHETERIZATION		2,614,184	0	2,614,184	59.00	
60.00	06000 LABORATORY		6,999,296	0	6,999,296	60.00	
63.00	06300 BLOOD STORAGE, PROCESSING, & TRANS.		628,811	0	628,811	63.00	
65.00	06500 RESPIRATORY THERAPY	0	2,907,457	0	2,907,457	65.00	
66.00	06600 PHYSICAL THERAPY	0	2,858,854	0	2,858,854	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	985,405	0	985,405	67.00	
68.00	06800 SPEECH PATHOLOGY	0	414,589	0	414,589	68.00	
69.00	06900 ELECTROCARDIOLOGY		1,580,515	0	1,580,515	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		5,600,379	0	5,600,379	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		14,526,523	0	14,526,523	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		9,090,429	0	9,090,429	73.00	
76.00	03950 OTHER ANCILLARY SERVICES		0	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION		484,789	0	484,789	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		0	0	0	90.00	
90.02	09002 SLEEP LAB		1,005,906	0	1,005,906	90.02	
91.00	09100 EMERGENCY		12,417,786	0	12,417,786	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,682,259	0	2,682,259	92.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE					113.00	
200.00	Subtotal (see instructions)		143,083,034	0	143,083,034	200.00	
201.00	Less Observation Beds		2,682,259	0	2,682,259	201.00	
202.00	Total (see instructions)		140,400,775	0	140,400,775	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0158	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/29/2019 12:38 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	60,582,525		60,582,525	30.00
31.00	03100	INTENSIVE CARE UNIT	18,895,569		18,895,569	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	2,783,277		2,783,277	32.00
43.00	04300	NURSERY	2,948,000		2,948,000	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	42,134,110	79,732,577	121,866,687	0.099562 50.00
51.00	05100	RECOVERY ROOM	6,388,864	21,265,594	27,654,458	0.171655 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,411,197	5,171,350	18,582,547	0.298671 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,989,096	75,935,115	94,924,211	0.126859 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	648,485	38,334,378	38,982,863	0.078660 55.00
59.00	05900	CARDIAC CATHETERIZATION	21,440,527	27,234,999	48,675,526	0.053706 59.00
60.00	06000	LABORATORY	20,688,028	24,530,716	45,218,744	0.154787 60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,404,431	581,964	1,986,395	0.316559 63.00
65.00	06500	RESPIRATORY THERAPY	5,455,018	4,848,024	10,303,042	0.282194 65.00
66.00	06600	PHYSICAL THERAPY	3,655,299	4,774,694	8,429,993	0.339129 66.00
67.00	06700	OCCUPATIONAL THERAPY	1,617,033	645,258	2,262,291	0.435578 67.00
68.00	06800	SPEECH PATHOLOGY	867,469	248,224	1,115,693	0.371598 68.00
69.00	06900	ELECTROCARDIOLOGY	12,796,840	15,491,592	28,288,432	0.055871 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,297,910	11,385,835	18,683,745	0.299746 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	44,253,192	25,099,432	69,352,624	0.209459 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,115,294	20,245,943	53,361,237	0.170356 73.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0.000000 76.00
76.97	07697	CARDIAC REHABILITATION	52,418	3,581,384	3,633,802	0.133411 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0.000000 90.00
90.02	09002	SLEEP LAB	18,400	10,140,006	10,158,406	0.099022 90.02
91.00	09100	EMERGENCY	33,197,224	126,158,329	159,355,553	0.077925 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	488,438	10,463,943	10,952,381	0.244902 92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)	353,128,644	505,869,357	858,998,001	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	353,128,644	505,869,357	858,998,001	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0158	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/29/2019 12:38 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	02060 NEONATAL INTENSIVE CARE UNIT			32.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.099562		50.00
51.00	05100 RECOVERY ROOM	0.171655		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.298671		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.126859		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.078660		55.00
59.00	05900 CARDIAC CATHETERIZATION	0.053706		59.00
60.00	06000 LABORATORY	0.154787		60.00
63.00	06300 BLOOD STORAGE, PROCESSING, & TRANS.	0.316559		63.00
65.00	06500 RESPIRATORY THERAPY	0.282194		65.00
66.00	06600 PHYSICAL THERAPY	0.339129		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.435578		67.00
68.00	06800 SPEECH PATHOLOGY	0.371598		68.00
69.00	06900 ELECTROCARDIOLOGY	0.055871		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.299746		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.209459		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.170356		73.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.133411		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.02	09002 SLEEP LAB	0.099022		90.02
91.00	09100 EMERGENCY	0.077925		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.244902		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0158

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2019 12:38 pm

		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		30,366,673	0	30,366,673	30.00
31.00	03100	INTENSIVE CARE UNIT		7,299,968	0	7,299,968	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT		1,974,018	0	1,974,018	32.00
43.00	04300	NURSERY		1,106,446	0	1,106,446	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		12,133,277	0	12,133,277	50.00
51.00	05100	RECOVERY ROOM		4,747,016	0	4,747,016	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		5,550,064	0	5,550,064	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		12,042,011	0	12,042,011	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		3,066,379	0	3,066,379	55.00
59.00	05900	CARDIAC CATHETERIZATION		2,614,184	0	2,614,184	59.00
60.00	06000	LABORATORY		6,999,296	0	6,999,296	60.00
63.00	06300	BLOOD STORAGE, PROCESSING, & TRANS.		628,811	0	628,811	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,907,457	0	2,907,457	65.00
66.00	06600	PHYSICAL THERAPY	0	2,858,854	0	2,858,854	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	985,405	0	985,405	67.00
68.00	06800	SPEECH PATHOLOGY	0	414,589	0	414,589	68.00
69.00	06900	ELECTROCARDIOLOGY		1,580,515	0	1,580,515	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		5,600,379	0	5,600,379	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		14,526,523	0	14,526,523	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		9,090,429	0	9,090,429	73.00
76.00	03950	OTHER ANCILLARY SERVICES		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		484,789	0	484,789	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		0	0	0	90.00
90.02	09002	SLEEP LAB		1,005,906	0	1,005,906	90.02
91.00	09100	EMERGENCY		12,417,786	0	12,417,786	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		2,682,259	0	2,682,259	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	0	143,083,034	0	143,083,034	200.00
201.00		Less Observation Beds		2,682,259		2,682,259	201.00
202.00		Total (see instructions)	0	140,400,775	0	140,400,775	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0158		Period: From 01/01/2018 To 12/31/2018		Worksheet C Part I Date/Time Prepared: 5/29/2019 12:38 pm	
			Title XIX		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	60,582,525		60,582,525			30.00
31.00	03100	INTENSIVE CARE UNIT	18,895,569		18,895,569			31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	2,783,277		2,783,277			32.00
43.00	04300	NURSERY	2,948,000		2,948,000			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	42,134,110	79,732,577	121,866,687	0.099562	0.000000	50.00
51.00	05100	RECOVERY ROOM	6,388,864	21,265,594	27,654,458	0.171655	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,411,197	5,171,350	18,582,547	0.298671	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,989,096	75,935,115	94,924,211	0.126859	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	648,485	38,334,378	38,982,863	0.078660	0.000000	55.00
59.00	05900	CARDIAC CATHETERIZATION	21,440,527	27,234,999	48,675,526	0.053706	0.000000	59.00
60.00	06000	LABORATORY	20,688,028	24,530,716	45,218,744	0.154787	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,404,431	581,964	1,986,395	0.316559	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	5,455,018	4,848,024	10,303,042	0.282194	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,655,299	4,774,694	8,429,993	0.339129	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,617,033	645,258	2,262,291	0.435578	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	867,469	248,224	1,115,693	0.371598	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	12,796,840	15,491,592	28,288,432	0.055871	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,297,910	11,385,835	18,683,745	0.299746	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	44,253,192	25,099,432	69,352,624	0.209459	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,115,294	20,245,943	53,361,237	0.170356	0.000000	73.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	52,418	3,581,384	3,633,802	0.133411	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.02	09002	SLEEP LAB	18,400	10,140,006	10,158,406	0.099022	0.000000	90.02
91.00	09100	EMERGENCY	33,197,224	126,158,329	159,355,553	0.077925	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	488,438	10,463,943	10,952,381	0.244902	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	353,128,644	505,869,357	858,998,001			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	353,128,644	505,869,357	858,998,001			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0158	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/29/2019 12:38 pm
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	02060 NEONATAL INTENSIVE CARE UNIT			32.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.099562		50.00
51.00	05100 RECOVERY ROOM	0.171655		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.298671		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.126859		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.078660		55.00
59.00	05900 CARDIAC CATHETERIZATION	0.053706		59.00
60.00	06000 LABORATORY	0.154787		60.00
63.00	06300 BLOOD STORAGE, PROCESSING, & TRANS.	0.316559		63.00
65.00	06500 RESPIRATORY THERAPY	0.282194		65.00
66.00	06600 PHYSICAL THERAPY	0.339129		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.435578		67.00
68.00	06800 SPEECH PATHOLOGY	0.371598		68.00
69.00	06900 ELECTROCARDIOLOGY	0.055871		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.299746		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.209459		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.170356		73.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.133411		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.02	09002 SLEEP LAB	0.099022		90.02
91.00	09100 EMERGENCY	0.077925		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.244902		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 15-0158

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

Worksheet C
Part II
Date/Time Prepared:
5/29/2019 12:38 pm

Cost Center Description		Title XIX			Hospital	PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	12,133,277	2,491,143	9,642,134	0	0	50.00
51.00	05100 RECOVERY ROOM	4,747,016	184,529	4,562,487	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,550,064	808,074	4,741,990	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,042,011	2,630,884	9,411,127	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	3,066,379	507,910	2,558,469	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	2,614,184	463,649	2,150,535	0	0	59.00
60.00	06000 LABORATORY	6,999,296	219,838	6,779,458	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	628,811	13,387	615,424	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	2,907,457	182,581	2,724,876	0	0	65.00
66.00	06600 PHYSICAL THERAPY	2,858,854	154,114	2,704,740	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	985,405	115,914	869,491	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	414,589	108,859	305,730	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	1,580,515	136,119	1,444,396	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,600,379	119,228	5,481,151	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	14,526,523	309,231	14,217,292	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	9,090,429	264,858	8,825,571	0	0	73.00
76.00	03950 OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	484,789	67,101	417,688	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.02	09002 SLEEP LAB	1,005,906	127,278	878,628	0	0	90.02
91.00	09100 EMERGENCY	12,417,786	1,115,875	11,301,911	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,682,259	324,138	2,358,121	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (sum of lines 50 thru 199)	102,335,929	10,344,710	91,991,219	0	0	200.00
201.00	Less Observation Beds	2,682,259	324,138	2,358,121	0	0	201.00
202.00	Total (line 200 minus line 201)	99,653,670	10,020,572	89,633,098	0	0	202.00

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

Provider CCN: 15-0158

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

Worksheet C
Part II
Date/Time Prepared:
5/29/2019 12:38 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Title XIX	
					Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	12,133,277	121,866,687	0.099562		50.00
51.00	05100 RECOVERY ROOM	4,747,016	27,654,458	0.171655		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,550,064	18,582,547	0.298671		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,042,011	94,924,211	0.126859		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	3,066,379	38,982,863	0.078660		55.00
59.00	05900 CARDIAC CATHETERIZATION	2,614,184	48,675,526	0.053706		59.00
60.00	06000 LABORATORY	6,999,296	45,218,744	0.154787		60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	628,811	1,986,395	0.316559		63.00
65.00	06500 RESPIRATORY THERAPY	2,907,457	10,303,042	0.282194		65.00
66.00	06600 PHYSICAL THERAPY	2,858,854	8,429,993	0.339129		66.00
67.00	06700 OCCUPATIONAL THERAPY	985,405	2,262,291	0.435578		67.00
68.00	06800 SPEECH PATHOLOGY	414,589	1,115,693	0.371598		68.00
69.00	06900 ELECTROCARDIOLOGY	1,580,515	28,288,432	0.055871		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,600,379	18,683,745	0.299746		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	14,526,523	69,352,624	0.209459		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	9,090,429	53,361,237	0.170356		73.00
76.00	03950 OTHER ANCILLARY SERVICES	0	0	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	484,789	3,633,802	0.133411		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0.000000		90.00
90.02	09002 SLEEP LAB	1,005,906	10,158,406	0.099022		90.02
91.00	09100 EMERGENCY	12,417,786	159,355,553	0.077925		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,682,259	10,952,381	0.244902		92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (sum of lines 50 thru 199)	102,335,929	773,788,630			200.00
201.00	Less Observation Beds	2,682,259	0			201.00
202.00	Total (line 200 minus line 201)	99,653,670	773,788,630			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0158	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part I Date/Time Prepared: 5/29/2019 12:38 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	3,669,665	0	3,669,665	26,673	137.58	30.00
31.00	INTENSIVE CARE UNIT	609,860		609,860	4,590	132.87	31.00
32.00	NEONATAL INTENSIVE CARE UNIT	165,719		165,719	653	253.78	32.00
43.00	NURSERY	157,842		157,842	1,704	92.63	43.00
200.00	Total (lines 30 through 199)	4,603,086		4,603,086	33,620		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	9,932	1,366,445				
31.00	INTENSIVE CARE UNIT	1,954	259,628				
32.00	NEONATAL INTENSIVE CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	11,886	1,626,073				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0158

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

Worksheet D
Part II
Date/Time Prepared:
5/29/2019 12:38 pm

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,491,143	121,866,687	0.020442	15,170,075	310,107	50.00
51.00	05100	RECOVERY ROOM	184,529	27,654,458	0.006673	2,254,108	15,042	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	808,074	18,582,547	0.043486	21,662	942	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,630,884	94,924,211	0.027716	8,041,570	222,880	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	507,910	38,982,863	0.013029	330,657	4,308	55.00
59.00	05900	CARDIAC CATHETERIZATION	463,649	48,675,526	0.009525	7,309,435	69,622	59.00
60.00	06000	LABORATORY	219,838	45,218,744	0.004862	8,002,271	38,907	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	13,387	1,986,395	0.006739	697,971	4,704	63.00
65.00	06500	RESPIRATORY THERAPY	182,581	10,303,042	0.017721	2,251,144	39,893	65.00
66.00	06600	PHYSICAL THERAPY	154,114	8,429,993	0.018282	1,607,892	29,395	66.00
67.00	06700	OCCUPATIONAL THERAPY	115,914	2,262,291	0.051237	766,616	39,279	67.00
68.00	06800	SPEECH PATHOLOGY	108,859	1,115,693	0.097571	428,245	41,784	68.00
69.00	06900	ELECTROCARDIOLOGY	136,119	28,288,432	0.004812	5,704,717	27,451	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	119,228	18,683,745	0.006381	2,607,935	16,641	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	309,231	69,352,624	0.004459	17,094,546	76,225	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	264,858	53,361,237	0.004963	12,836,588	63,708	73.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	67,101	3,633,802	0.018466	14,584	269	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.02	09002	SLEEP LAB	127,278	10,158,406	0.012529	6,295	79	90.02
91.00	09100	EMERGENCY	1,115,875	159,355,553	0.007002	13,852,309	96,994	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	324,138	10,952,381	0.029595	211,806	6,268	92.00
200.00		Total (lines 50 through 199)	10,344,710	773,788,630		99,210,426	1,104,498	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0158	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part III Date/Time Prepared: 5/29/2019 12:38 pm
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Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	32.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	200.00	
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	26,673	0.00	9,932 30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	4,590	0.00	1,954 31.00	
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	653	0.00	0 32.00	
43.00	04300	NURSERY	0	0	1,704	0.00	0 43.00	
200.00		Total (lines 30 through 199)	0	0	33,620		11,886 200.00	
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0					32.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0158	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 12:38 pm
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Cost Center Description	Title XVIII				Hospital		Allied Health	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	PPS		
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
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
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09002	SLEEP LAB	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0158	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 12:38 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	121,866,687	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	27,654,458	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	18,582,547	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	94,924,211	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	38,982,863	0.000000	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	48,675,526	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	45,218,744	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	1,986,395	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	10,303,042	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,429,993	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,262,291	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,115,693	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	28,288,432	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	18,683,745	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	69,352,624	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	53,361,237	0.000000	73.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,633,802	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.02	09002	SLEEP LAB	0	0	0	10,158,406	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	159,355,553	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	10,952,381	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	773,788,630		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0158

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2019 12:38 pm

Cost Center Description		Title XVIII			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	15,170,075	0	12,992,709	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	2,254,108	0	4,389,161	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	21,662	0	4,236	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	8,041,570	0	16,896,939	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	330,657	0	12,522,623	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	7,309,435	0	7,684,350	0	59.00
60.00	06000 LABORATORY	0.000000	8,002,271	0	2,324,417	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	697,971	0	132,738	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	2,251,144	0	1,590,934	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,607,892	0	249,405	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	766,616	0	24,668	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	428,245	0	4,428	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	5,704,717	0	6,123,570	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	2,607,935	0	2,682,205	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	17,094,546	0	7,273,360	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	12,836,588	0	5,410,144	0	73.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	14,584	0	1,226,971	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.02	09002 SLEEP LAB	0.000000	6,295	0	2,165,500	0	90.02
91.00	09100 EMERGENCY	0.000000	13,852,309	0	18,012,493	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	211,806	0	1,977,150	0	92.00
200.00	Total (lines 50 through 199)		99,210,426	0	103,688,001	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0158	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/29/2019 12:38 pm
Title XVIII		Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.099562	12,992,709	2,547	0	1,293,580	50.00
51.00	05100	RECOVERY ROOM	0.171655	4,389,161	4,579	0	753,421	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.298671	4,236	0	0	1,265	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.126859	16,896,939	11,158	0	2,143,529	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.078660	12,522,623	318	0	985,030	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.053706	7,684,350	43,307	0	412,696	59.00
60.00	06000	LABORATORY	0.154787	2,324,417	151	0	359,790	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.316559	132,738	0	0	42,019	63.00
65.00	06500	RESPIRATORY THERAPY	0.282194	1,590,934	0	0	448,952	65.00
66.00	06600	PHYSICAL THERAPY	0.339129	249,405	0	0	84,580	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.435578	24,668	0	0	10,745	67.00
68.00	06800	SPEECH PATHOLOGY	0.371598	4,428	0	0	1,645	68.00
69.00	06900	ELECTROCARDIOLOGY	0.055871	6,123,570	46	0	342,130	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.299746	2,682,205	32,085	0	803,980	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.209459	7,273,360	24,474	0	1,523,471	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.170356	5,410,144	443	40,611	921,650	73.00
76.00	03950	OTHER ANCILLARY SERVICES	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.133411	1,226,971	0	0	163,691	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.02	09002	SLEEP LAB	0.099022	2,165,500	0	0	214,432	90.02
91.00	09100	EMERGENCY	0.077925	18,012,493	3	0	1,403,624	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.244902	1,977,150	335	0	484,208	92.00
200.00		Subtotal (see instructions)		103,688,001	119,446	40,611	12,394,438	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		103,688,001	119,446	40,611	12,394,438	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0158	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/29/2019 12:38 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	254	0		50.00
51.00 05100 RECOVERY ROOM	786	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,415	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	25	0		55.00
59.00 05900 CARDIAC CATHETERIZATION	2,326	0		59.00
60.00 06000 LABORATORY	23	0		60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	3	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,617	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	5,126	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	75	6,918		73.00
76.00 03950 OTHER ANCILLARY SERVICES	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.02 09002 SLEEP LAB	0	0		90.02
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	82	0		92.00
200.00 Subtotal (see instructions)	19,732	6,918		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	19,732	6,918		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0158	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part I Date/Time Prepared: 5/29/2019 12:38 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	3,669,665	0	3,669,665	26,673	137.58	30.00
31.00	INTENSIVE CARE UNIT	609,860		609,860	4,590	132.87	31.00
32.00	NEONATAL INTENSIVE CARE UNIT	165,719		165,719	653	253.78	32.00
43.00	NURSERY	157,842		157,842	1,704	92.63	43.00
200.00	Total (lines 30 through 199)	4,603,086		4,603,086	33,620		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	126	17,335				
31.00	INTENSIVE CARE UNIT	79	10,497				
32.00	NEONATAL INTENSIVE CARE UNIT	7	1,776				
43.00	NURSERY	750	69,473				
200.00	Total (lines 30 through 199)	962	99,081				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0158

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

Worksheet D
Part II
Date/Time Prepared:
5/29/2019 12:38 pm

Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,491,143	121,866,687	0.020442	397,139	8,118	50.00
51.00	05100	RECOVERY ROOM	184,529	27,654,458	0.006673	49,171	328	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	808,074	18,582,547	0.043486	230,086	10,006	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,630,884	94,924,211	0.027716	219,664	6,088	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	507,910	38,982,863	0.013029	71,506	932	55.00
59.00	05900	CARDIAC CATHETERIZATION	463,649	48,675,526	0.009525	21,818	208	59.00
60.00	06000	LABORATORY	219,838	45,218,744	0.004862	276,229	1,343	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	13,387	1,986,395	0.006739	9,778	66	63.00
65.00	06500	RESPIRATORY THERAPY	182,581	10,303,042	0.017721	149,435	2,648	65.00
66.00	06600	PHYSICAL THERAPY	154,114	8,429,993	0.018282	41,331	756	66.00
67.00	06700	OCCUPATIONAL THERAPY	115,914	2,262,291	0.051237	16,517	846	67.00
68.00	06800	SPEECH PATHOLOGY	108,859	1,115,693	0.097571	10,681	1,042	68.00
69.00	06900	ELECTROCARDIOLOGY	136,119	28,288,432	0.004812	105,617	508	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	119,228	18,683,745	0.006381	44,736	285	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	309,231	69,352,624	0.004459	381,051	1,699	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	264,858	53,361,237	0.004963	544,328	2,701	73.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	67,101	3,633,802	0.018466	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.02	09002	SLEEP LAB	127,278	10,158,406	0.012529	0	0	90.02
91.00	09100	EMERGENCY	1,115,875	159,355,553	0.007002	313,384	2,194	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	324,138	10,952,381	0.029595	8,165	242	92.00
200.00		Total (lines 50 through 199)	10,344,710	773,788,630		2,890,636	40,010	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0158	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part III Date/Time Prepared: 5/29/2019 12:38 pm
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Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS
		1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	32.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	200.00
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
		4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	26,673	0.00	126 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	4,590	0.00	79 31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	653	0.00	7 32.00
43.00	04300	NURSERY	0	0	1,704	0.00	750 43.00
200.00		Total (lines 30 through 199)	0	0	33,620		962 200.00
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
		9.00					
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0				31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0				32.00
43.00	04300	NURSERY	0				43.00
200.00		Total (lines 30 through 199)	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0158	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 12:38 pm
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Cost Center Description	Title XIX				Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
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
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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
76.00	03950 OTHER ANCILLARY SERVICES	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.02	09002 SLEEP LAB	0	0	0	0	0	90.02
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0158	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 12:38 pm
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Cost Center Description		Title XIX			Hospital	PPS		
		All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	121,866,687	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	27,654,458	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	18,582,547	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	94,924,211	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	38,982,863	0.000000	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	48,675,526	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	45,218,744	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	1,986,395	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	10,303,042	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,429,993	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,262,291	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,115,693	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	28,288,432	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	18,683,745	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	69,352,624	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	53,361,237	0.000000	73.00
76.00	03950	OTHER ANCILLARY SERVICES	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,633,802	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.02	09002	SLEEP LAB	0	0	0	10,158,406	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	159,355,553	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	10,952,381	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	773,788,630		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0158

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2019 12:38 pm

Cost Center Description		Title XIX			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	397,139	0	0	0 50.00
51.00	05100	RECOVERY ROOM	0.000000	49,171	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	230,086	0	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	219,664	0	0	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	71,506	0	0	0 55.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	21,818	0	0	0 59.00
60.00	06000	LABORATORY	0.000000	276,229	0	0	0 60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000	9,778	0	0	0 63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	149,435	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0.000000	41,331	0	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	16,517	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	10,681	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	105,617	0	0	0 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	44,736	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	381,051	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	544,328	0	0	0 73.00
76.00	03950	OTHER ANCILLARY SERVICES	0.000000	0	0	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	0	0 90.00
90.02	09002	SLEEP LAB	0.000000	0	0	0	0 90.02
91.00	09100	EMERGENCY	0.000000	313,384	0	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	8,165	0	0	0 92.00
200.00		Total (lines 50 through 199)		2,890,636	0	0	0 200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0158	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 12:38 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		26,673	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		26,673	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)		24,317	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		9,932	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		30,366,673	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		30,366,673	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)		30,366,673	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)		1,138.48	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,307,383	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)		11,307,383	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0158		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1	
Date/Time Prepared: 5/29/2019 12:38 pm		Title XVIII		Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	7,299,968	4,590	1,590.41	1,954	3,107,661	0	43.00
44.00 NEONATAL INTENSIVE CARE UNIT	1,974,018	653	3,023.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					14,477,398		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					28,892,442		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,626,073		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,104,498		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,730,571		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					26,161,871		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)					2,356		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,138.48		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,682,259		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0158		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/29/2019 12:38 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,669,665	30,366,673	0.120845	2,682,259	324,138	90.00
91.00	Nursing School cost	0	30,366,673	0.000000	2,682,259	0	91.00
92.00	Allied health cost	0	30,366,673	0.000000	2,682,259	0	92.00
93.00	All other Medical Education	0	30,366,673	0.000000	2,682,259	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0158	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 12:38 pm
Cost Center Description		Title XIX	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		26,673	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		26,673	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)		24,317	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		126	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)		1,704	15.00
16.00	Nursery days (title V or XIX only)		750	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		30,366,673	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		30,366,673	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)		30,366,673	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)		1,138.48	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		143,448	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)		143,448	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0158		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/29/2019 12:38 pm	
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)	
Title XIX		1.00	2.00	3.00	4.00	5.00	
Hospital							
PPS							
42.00	NURSERY (title V & XIX only)	1,106,446	1,704	649.32	750	486,990	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,299,968	4,590	1,590.41	79	125,642	43.00
44.00	NEONATAL INTENSIVE CARE UNIT	1,974,018	653	3,023.00	7	21,161	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)					482,840	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,260,081	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)					99,081	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					40,010	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					139,091	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,120,990	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)					2,356	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,138.48	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,682,259	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0158		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/29/2019 12:38 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,669,665	30,366,673	0.120845	2,682,259	324,138	90.00
91.00	Nursing School cost	0	30,366,673	0.000000	2,682,259	0	91.00
92.00	Allied health cost	0	30,366,673	0.000000	2,682,259	0	92.00
93.00	All other Medical Education	0	30,366,673	0.000000	2,682,259	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 15-0158	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/29/2019 12:38 pm
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Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		24,273,795		30.00
31.00	03100 INTENSIVE CARE UNIT		7,803,871		31.00
32.00	02060 NEONATAL INTENSIVE CARE UNIT		0		32.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.099562	15,170,075	1,510,363	50.00
51.00	05100 RECOVERY ROOM	0.171655	2,254,108	386,929	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.298671	21,662	6,470	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.126859	8,041,570	1,020,146	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.078660	330,657	26,009	55.00
59.00	05900 CARDIAC CATHETERIZATION	0.053706	7,309,435	392,561	59.00
60.00	06000 LABORATORY	0.154787	8,002,271	1,238,648	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.316559	697,971	220,949	63.00
65.00	06500 RESPIRATORY THERAPY	0.282194	2,251,144	635,259	65.00
66.00	06600 PHYSICAL THERAPY	0.339129	1,607,892	545,283	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.435578	766,616	333,921	67.00
68.00	06800 SPEECH PATHOLOGY	0.371598	428,245	159,135	68.00
69.00	06900 ELECTROCARDIOLOGY	0.055871	5,704,717	318,728	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.299746	2,607,935	781,718	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.209459	17,094,546	3,580,607	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.170356	12,836,588	2,186,790	73.00
76.00	03950 OTHER ANCILLARY SERVICES	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.133411	14,584	1,946	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.02	09002 SLEEP LAB	0.099022	6,295	623	90.02
91.00	09100 EMERGENCY	0.077925	13,852,309	1,079,441	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.244902	211,806	51,872	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		99,210,426	14,477,398	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		99,210,426		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0158	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/29/2019 12:38 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		796,255	30.00
31.00	03100	INTENSIVE CARE UNIT		471,797	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT		47,553	32.00
43.00	04300	NURSERY		76,095	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.099562	397,139	50.00
51.00	05100	RECOVERY ROOM	0.171655	49,171	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.298671	230,086	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.126859	219,664	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.078660	71,506	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.053706	21,818	59.00
60.00	06000	LABORATORY	0.154787	276,229	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.316559	9,778	63.00
65.00	06500	RESPIRATORY THERAPY	0.282194	149,435	65.00
66.00	06600	PHYSICAL THERAPY	0.339129	41,331	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.435578	16,517	67.00
68.00	06800	SPEECH PATHOLOGY	0.371598	10,681	68.00
69.00	06900	ELECTROCARDIOLOGY	0.055871	105,617	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.299746	44,736	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.209459	381,051	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.170356	544,328	73.00
76.00	03950	OTHER ANCILLARY SERVICES	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.133411	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.02	09002	SLEEP LAB	0.099022	0	90.02
91.00	09100	EMERGENCY	0.077925	313,384	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.244902	8,165	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,890,636	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)		2,890,636	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0158	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 12:38 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		15,493,537	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		5,272,855	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		297,960	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		120.19	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.89	30.00
31.00	Percentage of Medicaid patient days (see instructions)		14.74	31.00
32.00	Sum of lines 30 and 31		17.63	32.00
33.00	Allowable disproportionate share percentage (see instructions)		4.21	33.00
34.00	Disproportionate share adjustment (see instructions)		218,567	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0158	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 12:38 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)	0.000312558	0.000178773	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,114,984	1,478,968	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,581,892	372,781	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,954,673		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	23,237,592		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		23,237,592	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,799,101	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		25,036,693	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		25,036,693	61.00
62.00	Deductibles billed to program beneficiaries		2,464,880	62.00
63.00	Coinurance billed to program beneficiaries		52,595	63.00
64.00	Allowable bad debts (see instructions)		219,645	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		142,769	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		33,279	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		22,661,987	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		200,822	70.93
70.94	HRR adjustment amount (see instructions)		-141,641	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0158	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 12:38 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		188,759	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		22,532,409	71.00
71.01	Sequestration adjustment (see instructions)		450,648	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		22,261,164	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-179,403	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		392,844	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0158

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/29/2019 12:38 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	15,493,537	0	15,493,537		15,493,537	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	5,272,855	0		5,272,855	5,272,855	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	297,960	0	241,152	56,808	297,960	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0421	0.0421	0.0421	0.0421		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	218,567	0	163,070	55,497	218,567	11.00
11.01	Uncompensated care payments	36.00	1,954,673	0	1,581,892	372,781	1,954,673	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	23,237,592	0	17,479,651	5,757,941	23,237,592	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	23,237,592	0	17,479,651	5,757,941	23,237,592	15.00
16.00	Payment for inpatient program capital (From Wkst. L, Pt. I, if applicable)	50.00	1,799,101	0	1,346,611	452,490	1,799,101	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0158

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/29/2019 12:38 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	18,826,262	6,210,431	25,036,693	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,691,118	0	1,262,101	429,017	1,691,118	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	46,595	0	38,695	7,900	46,595	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0363	0.0363	0.0363	0.0363		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	61,388	0	45,815	15,573	61,388	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,799,101	0	1,346,611	452,490	1,799,101	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0158

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/29/2019 12:38 pm

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	15,493,537	15,493,537		15,493,537	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	5,272,855		5,272,855	5,272,855	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	297,960	241,152	56,808	297,960	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0421	0.0421	0.0421		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	218,567	163,070	55,497	218,567	11.00
11.01	Uncompensated care payments	36.00	1,954,673	1,581,892	372,781	1,954,673	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	23,237,592	17,479,651	5,757,941	23,237,592	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	23,237,592	17,479,651	5,757,941	23,237,592	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,799,101	1,346,611	452,490	1,799,101	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			18,826,262	6,210,431	25,036,693	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0158

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/29/2019 12:38 pm

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	1,691,118	1,262,101	429,017	1,691,118	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	46,595	38,695	7,900	46,595	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0363	0.0363	0.0363		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	61,388	45,815	15,573	61,388	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	1,799,101	1,346,611	452,490	1,799,101	26.00	
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)					
		0	1.00	2.00	3.00	4.00		
27.00								27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0		28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0		29.00
30.00	HVBP payment adjustment (see instructions)	70.93	200,822	159,679	41,143	200,822		30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0		30.01
31.00	HRR adjustment (see instructions)	70.94	-141,641	-110,004	-31,637	-141,641		31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0		31.01
						(Amt. to Wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		188,759		0	188,759	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y					100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0158	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/29/2019 12:38 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		26,650	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		12,394,438	2.00
3.00	OPPS payments		13,704,086	3.00
4.00	Outlier payment (see instructions)		28,545	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)		26,650	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		160,057	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)		160,057	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		160,057	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		133,407	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)		26,650	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)		13,732,631	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		7	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,646,731	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)		11,112,543	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)		11,112,543	30.00
31.00	Primary payer payments		1,887	31.00
32.00	Subtotal (line 30 minus line 31)		11,110,656	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)		433,644	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		281,869	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		278,962	36.00
37.00	Subtotal (see instructions)		11,392,525	37.00
38.00	MSP-LCC reconciliation amount from PS&R		37	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		11,392,488	40.00
40.01	Sequestration adjustment (see instructions)		227,850	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		11,255,376	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-90,738	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,353	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: 15-0158

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2019 12:38 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		22,110,964		11,128,776	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	08/13/2018	150,200	08/13/2018	126,600	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		150,200		126,600	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		22,261,164		11,255,376	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		179,403		90,738	6.02	
7.00	Total Medicare program liability (see instructions)		22,081,761		11,164,638	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: 15-0158	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part II Date/Time Prepared: 5/29/2019 12:38 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

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

Provider CCN: 15-0158

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

Worksheet G

Date/Time Prepared:
5/29/2019 12:38 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	391,044,274	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	792,506	0	0	0	3.00
4.00	Accounts receivable	29,846,354	0	0	0	4.00
5.00	Other receivable	-8,708,964	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,420,805	0	0	0	7.00
8.00	Prepaid expenses	761,440	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)	415,156,415	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	6,800,703	0	0	0	13.00
14.00	Accumulated depreciation	-4,981,145	0	0	0	14.00
15.00	Buildings	105,698,079	0	0	0	15.00
16.00	Accumulated depreciation	-37,793,927	0	0	0	16.00
17.00	Leasehold improvements	1,188,608	0	0	0	17.00
18.00	Accumulated depreciation	-626,525	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	63,658	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	69,906,308	0	0	0	23.00
24.00	Accumulated depreciation	-54,564,527	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)	85,691,232	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	11,651,199	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	11,651,199	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	512,498,846	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	10,494,342	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,577,839	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	90,277,565	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	2,174,304	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	107,524,050	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	4,051,168	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	4,051,168	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	111,575,218	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	400,923,628				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)	400,923,628	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	512,498,846	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0158

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

Worksheet G-1

Date/Time Prepared:
5/29/2019 12:38 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		342,632,213		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		58,441,839			2.00
3.00	Total (sum of line 1 and line 2)		401,074,052		0	3.00
4.00	ROUNDING	2		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		2		0	10.00
11.00	Subtotal (line 3 plus line 10)		401,074,054		0	11.00
12.00	ERP RECLASS	130,354		0		12.00
13.00	DONATED PPE	259		0		13.00
14.00	TEMP RESTRICTED FUND BALANCE	19,813		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		150,426		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		400,923,628		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	ROUNDING		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	ERP RECLASS		0			12.00
13.00	DONATED PPE		0			13.00
14.00	TEMP RESTRICTED FUND BALANCE		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: 15-0158

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/29/2019 12:38 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	63,530,525		63,530,525	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)	63,530,525		63,530,525	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	18,911,466		18,911,466	11.00
12.00	NEONATAL INTENSIVE CARE UNIT	2,783,277		2,783,277	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)	21,694,743		21,694,743	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	85,225,268		85,225,268	17.00
18.00	Ancillary services	234,215,210	359,107,399	593,322,609	18.00
19.00	Outpatient services	33,704,062	146,746,061	180,450,123	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NONALLOWABLE REVENUE	0	18,827	18,827	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	353,144,540	505,872,287	859,016,827	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		170,444,568		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)		170,444,568		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0158

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

Worksheet G-3

Date/Time Prepared:
5/29/2019 12:38 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	859,016,827	1.00
2.00	Less contractual allowances and discounts on patients' accounts	639,777,135	2.00
3.00	Net patient revenues (line 1 minus line 2)	219,239,692	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	170,444,568	4.00
5.00	Net income from service to patients (line 3 minus line 4)	48,795,124	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS INCOME	9,646,715	24.00
25.00	Total other income (sum of lines 6-24)	9,646,715	25.00
26.00	Total (line 5 plus line 25)	58,441,839	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	58,441,839	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0158	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/29/2019 12:38 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,691,118	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		46,595	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		81.88	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.89	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		14.74	8.00
9.00	Sum of lines 7 and 8		17.63	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.63	10.00
11.00	Disproportionate share adjustment (see instructions)		61,388	11.00
12.00	Total prospective capital payments (see instructions)		1,799,101	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00