

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: 15-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet S Parts I-III Date/Time Prepared: 11/26/2018 2:50 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 11/26/2018	Time: 2:50 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. VINCENT ANDERSON (15-0088) for the cost reporting period beginning 07/01/2017 and ending 06/30/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

 Title

 Date

Cost Center Description	Title V	Title XVIII		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	932,590	274,065	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	-35,204	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	897,386	274,065	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 15-0088		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/26/2018 2:01 pm			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 2015 JACKSON STREET			PO Box:							1.00
2.00	City: ANDERSON			State: IN		Zip Code: 46016		County:			2.00
		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	
		V		XVIII		XIX					
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		ST. VINCENT ANDERSON	150088	26900	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF		BENNETT REHAB CENTER	15T088	26900	5	06/01/1989	N	P	O	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2017	06/30/2018		20.00	
21.00	Type of Control (see instructions)						1			21.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							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.			1,119	196	5	18	6,837	12	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			49	0	0	0	212		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0088		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/26/2018 2:01 pm		
				Urban/Rural S	Date of Geogr			
				1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.			1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.			1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.			0				35.00
				Beginning:	Ending:			
				1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.			0				37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
				Y/N	Y/N			
				1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? 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) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)			N	N			39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)			N	N			40.00
				V	XVIII	XIX		
				1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)			N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.			N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.			N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.			N	N	N		48.00
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.			N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.							57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.							58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.			N				59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code		
				1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)			Y				60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)				23.00	1		60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)				23.01	1		60.02
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)				23.02	1		60.03
				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
61.01	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

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	Y/N	IME	Direct GME	IME	Direct GME			
	1.00	2.00	3.00	4.00	5.00			
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		
	Program Name		Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
	1.00		2.00	3.00	4.00	5.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.								
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00	

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0	76.00

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						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: 15-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/26/2018 2:01 pm	
		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	728,087	0		118.01
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.00	122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		154046	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0088		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/26/2018 2:01 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: ST VINCENT HEALTH	Contractor's Name: WPS		Contractor's Number: 08101		141.00	
142.00	Street: 250 WEST 96TH STREET , SUITE 2058	PO Box:		142.00			
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46260		143.00		
144.00 Are provider based physicians' costs included in Worksheet A?							
Y							
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.							
146.00 Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.							
N							
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							
N							
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							
N							
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							
N							
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC	N	N	N	N	161.00	
165.00 Multi campus							
Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							
N							
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
167.00 Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							
Y							
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	168.00					
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)	168.01					
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	9.99					
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							
10/01/2016 12/31/2016							
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							
N							

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0088		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part II Date/Time Prepared: 11/26/2018 2:01 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				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	10/09/2018	Y	10/09/2018		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/26/2018 2:01 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.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KATHY	ZAMBOS		41.00
42.00	Enter the employer/company name of the cost report preparer.	ST VINCENT HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-583-3968	KATHY.ZAMBOS@ASCENSION.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/26/2018 2:01 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.	LEAD ANALYST		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0088

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-3
Part I
Date/Time Prepared:
11/26/2018 2:01 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Visi ts / Tri ps	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	120	43,800	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		120	43,800	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	21	7,665	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		141	51,465	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	13	4,745		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		154				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0088

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-3
Part I
Date/Time Prepared:
11/26/2018 2:01 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)	5,588	936	19,274			1.00
2.00 HMO and other (see instructions)	4,442	6,253				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	371	212				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			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	5,588	936	19,274			7.00
8.00 INTENSIVE CARE UNIT	4,352	125	6,285			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		861	1,052			13.00
14.00 Total (see instructions)	9,940	1,922	26,611	0.00	725.20	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	1,419	49	2,620	0.00	13.09	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)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	738.29	27.00
28.00 Observation Bed Days		0	1,105			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			267			30.00
31.00 Employee discount days - IRF			16			31.00
32.00 Labor & delivery days (see instructions)	0	12	128			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0088

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-3
Part I
Date/Time Prepared:
11/26/2018 2:01 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	1,918	171	5,154	1.00
2.00 HMO and other (see instructions)				865	1,501		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		1,918	171	5,154	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF	0.00	0		117	40	214	17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 15-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet S-3 Part II Date/Time Prepared: 11/26/2018 2:01 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	50,735,696	0	50,735,696	1,536,008.65	33.03	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		520,357	0	520,357	3,718.72	139.93	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non-Physician-Part B		3,108,511	0	3,108,511	17,846.40	174.18	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		2,791,942	0	2,791,942	72,752.56	38.38	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		6,588,322	1,257,099	7,845,421	189,431.28	41.42	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		1,590,922	0	1,590,922	22,844.85	69.64	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		4,227,333	0	4,227,333	34,738.30	121.69	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		10,078,448	0	10,078,448	227,868.84	44.23	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		19,021,139	0	19,021,139			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		2,775,087	0	2,775,087			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		117,085	0	117,085			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		699,445	0	699,445			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		2,903,150	0	2,903,150			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	159,862	0	159,862	14,923.89	10.71	26.00
27.00	Administrative & General	5.00	5,493,051	0	5,493,051	177,512.68	30.94	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0088

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-3
Part II
Date/Time Prepared:
11/26/2018 2:01 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.)	694,097	0	694,097	13,956.76	49.73	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	474,076	0	474,076	25,834.28	18.35	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)	2,038,006	0	2,038,006	85,431.00	23.86	33.00
34.00	Dietary	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)	474,178	0	474,178	18,006.00	26.33	35.00
36.00	Cafeteria	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	2,246,424	0	2,246,424	32,507.77	69.10	38.00
39.00	Central Services and Supply	481,864	0	481,864	23,467.13	20.53	39.00
40.00	Pharmacy	2,818,464	-156,677	2,661,787	71,177.52	37.40	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0088

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-3
Part III
Date/Time Prepared:
11/26/2018 2:01 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	48,041,524	0	48,041,524	1,562,803.45	30.74	1.00
2.00	Excluded area salaries (see instructions)	6,588,322	1,257,099	7,845,421	189,431.28	41.42	2.00
3.00	Subtotal salaries (line 1 minus line 2)	41,453,202	-1,257,099	40,196,103	1,373,372.17	29.27	3.00
4.00	Subtotal other wages & related costs (see inst.)	15,896,703	0	15,896,703	285,451.99	55.69	4.00
5.00	Subtotal wage-related costs (see inst.)	22,041,374	0	22,041,374	0.00	54.83	5.00
6.00	Total (sum of lines 3 thru 5)	79,391,279	-1,257,099	78,134,180	1,658,824.16	47.10	6.00
7.00	Total overhead cost (see instructions)	14,880,022	-156,677	14,723,345	462,817.03	31.81	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet S-3 Part IV Date/Time Prepared: 11/26/2018 2:01 pm
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			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		2,144,915	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		5,408,903	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		424,023	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)		6,323,526	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		1,984,680	9.00
10.00	Dental, Hearing and Vision Plan		39,570	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		39,230	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		-1,399	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		191,770	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		103,551	14.00
15.00	'Workers' Compensation Insurance		228,259	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		3,266,988	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		33,803	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		109,858	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		20,297,677	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet S-3 Part V Date/Time Prepared: 11/26/2018 2:01 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,590,922	20,297,677	1.00
2.00	Hospital	1,590,922	20,297,677	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet S-10 Date/Time Prepared: 11/26/2018 2:01 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)		0.241262	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		23,461,475	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		139,242,282	6.00	
7.00	Medicaid cost (line 1 times line 6)		33,593,871	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		10,132,396	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		10,132,396	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)	17,118,344	7,515,802	24,634,146	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,130,006	7,515,802	11,645,808	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	4,130,006	7,515,802	11,645,808	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)		4,138,470	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		684,482	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,053,050	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		3,085,420	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,112,963	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		12,758,771	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		22,891,167	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 15-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet A Date/Time Prepared: 11/26/2018 2:01 pm
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT		2,996,717	2,996,717	138,569	3,135,286	1.00
1.01 00101 CAP REL COSTS-BLDG & FIXT-MAB		0	0	0	0	1.01
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	159,862	12,518,923	12,678,785	0	12,678,785	4.00
5.00 00500 ADMIN STRATIVE & GENERAL	5,493,051	42,816,208	48,309,259	-209,640	48,099,619	5.00
7.00 00700 OPERATION OF PLANT	474,076	5,152,569	5,626,645	0	5,626,645	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	465,004	465,004	0	465,004	8.00
9.00 00900 HOUSEKEEPING	0	2,424,576	2,424,576	0	2,424,576	9.00
10.00 01000 DIETARY	0	2,944,630	2,944,630	-2,037,249	907,381	10.00
11.00 01100 CAFETERIA	0	0	0	2,037,249	2,037,249	11.00
13.00 01300 NURSING ADMINISTRATION	2,246,424	433,665	2,680,089	0	2,680,089	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	481,864	192,779	674,643	0	674,643	14.00
15.00 01500 PHARMACY	2,818,464	898,426	3,716,890	-156,677	3,560,213	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	10,879	10,879	0	10,879	16.00
23.00 02300 ALLIED HEALTH-EMS	151,466	14,846	166,312	-52,561	113,751	23.00
23.01 02301 ALLIED HEALTH-RAD TECH	67,706	30,145	97,851	118,346	216,197	23.01
23.02 02303 ALLIED HEALTH-PHARM RESIDENTS	94,725	18,228	112,953	156,677	269,630	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	11,427,560	1,478,223	12,905,783	-1,419,028	11,486,755	30.00
31.00 03100 INTENSIVE CARE UNIT	3,432,730	1,287,345	4,720,075	0	4,720,075	31.00
41.00 04100 SUBPROVIDER - IIRF	905,856	228,024	1,133,880	0	1,133,880	41.00
43.00 04300 NURSERY	0	0	0	350,625	350,625	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,207,394	17,412,009	18,619,403	-1,063,312	17,556,091	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,497,651	337,798	1,835,449	-706,592	1,128,857	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	1,216,350	1,216,350	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,839,867	1,093,235	2,933,102	-118,346	2,814,756	54.00
54.01 03440 MAMMOGRAPHY	192,847	270,079	462,926	0	462,926	54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	305,648	675,794	981,442	0	981,442	54.02
54.03 03630 ULTRA SOUND	379,355	129,566	508,921	0	508,921	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	900,269	1,633,705	2,533,974	0	2,533,974	55.00
57.00 05700 CT SCAN	515,191	181,759	696,950	0	696,950	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	249,012	520,590	769,602	0	769,602	58.00
59.00 05900 CARDIAC CATHETERIZATION	974,232	319,116	1,293,348	0	1,293,348	59.00
60.00 06000 LABORATORY	48,044	6,719,007	6,767,051	0	6,767,051	60.00
65.00 06500 RESPIRATORY THERAPY	1,082,613	177,826	1,260,439	55,433	1,315,872	65.00
66.00 06600 PHYSICAL THERAPY	2,736,476	610,322	3,346,798	-1,212,024	2,134,774	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	889,241	889,241	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	322,783	322,783	68.00
69.00 06900 ELECTROCARDIOLOGY	117,967	47,036	165,003	0	165,003	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	346,475	226,649	573,124	0	573,124	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,280,817	3,280,817	-137,400	3,143,417	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	4,668,949	4,668,949	0	4,668,949	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	20,868,280	20,868,280	0	20,868,280	73.00
76.00 03190 CHEMOTHERAPY	781,370	245,213	1,026,583	0	1,026,583	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 ANDERSON OUTPATIENT CENTER	1,094,265	554,369	1,648,634	633,544	2,282,178	90.01
90.02 04950 DIABETIC EDUCATION	0	0	0	0	0	90.02
90.03 09002 MS CLINIC	43,430	4,813	48,243	0	48,243	90.03
91.00 09100 EMERGENCY	3,301,237	1,615,911	4,917,148	52,561	4,969,709	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 00000 SUBTOTALS (SUM OF LINES 1 through 117)	45,367,127	135,504,030	180,871,157	-1,141,451	179,729,706	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	64,837	59,507	124,344	0	124,344	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	3,162,501	900,731	4,063,232	0	4,063,232	192.00
194.00 07950 FOUNDATION	133,017	114,320	247,337	0	247,337	194.00
194.01 07951 CHILDRENS CLINIC	254,091	107,020	361,111	0	361,111	194.01
194.02 07952 PSS ADMINISTRATION	21,925	1,682	23,607	0	23,607	194.02
194.03 07953 SEXUAL ASSAULT PROGRAM	106,656	11,506	118,162	0	118,162	194.03
194.04 07954 ASPR BIOTERRORISM GRANT	0	12,644	12,644	0	12,644	194.04
194.05 07955 HEALTHY FAMILIES	320,299	131,840	452,139	0	452,139	194.05
194.06 07956 DME-HOME CARE	1,177,705	3,252,894	4,430,599	0	4,430,599	194.06
194.07 07957 MARKETING	0	0	0	0	0	194.07
194.08 07958 CORPORATE COMMUNICATIONS	0	0	0	0	0	194.08
194.09 07959 MOB	0	355	355	0	355	194.09
194.10 07960 ASC	0	2,126	2,126	0	2,126	194.10
194.11 07961 MAB	0	0	0	0	0	194.11
194.12 07963 ADOLESCENT RESIDENTIAL SERVICES	127,538	9,231	136,769	1,141,451	1,278,220	194.12

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0088		Period: From 07/01/2017 To 06/30/2018		Worksheet A Date/Time Prepared: 11/26/2018 2:01 pm	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
194.13	07962 IDLE SPACE	0	0	0	0	0	194.13
200.00	TOTAL (SUM OF LINES 118 through 199)	50,735,696	140,107,886	190,843,582	0	190,843,582	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0088

Period:
From 07/01/2017
To 06/30/2018

Worksheet A
Date/Time Prepared:
11/26/2018 2:01 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,146,677	5,281,963	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB	0	0	1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	35,059	12,713,844	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-6,935,430	41,164,189	5.00
7.00	00700	OPERATION OF PLANT	-6,087	5,620,558	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-399	464,605	8.00
9.00	00900	HOUSEKEEPING	0	2,424,576	9.00
10.00	01000	DIETARY	-688,916	218,465	10.00
11.00	01100	CAFETERIA	0	2,037,249	11.00
13.00	01300	NURSING ADMINISTRATION	-80,200	2,599,889	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	674,643	14.00
15.00	01500	PHARMACY	-21,800	3,538,413	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-10,879	0	16.00
23.00	02300	ALLIED HEALTH-EMS	-515	113,236	23.00
23.01	02301	ALLIED HEALTH-RAD TECH	-13,850	202,347	23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	0	269,630	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,015,214	8,471,541	30.00
31.00	03100	INTENSIVE CARE UNIT	-131	4,719,944	31.00
41.00	04100	SUBPROVIDER - IRF	-261	1,133,619	41.00
43.00	04300	NURSERY	0	350,625	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-725,828	16,830,263	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-5,361	1,123,496	52.00
53.00	05300	ANESTHESIOLOGY	0	1,216,350	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-3,029	2,811,727	54.00
54.01	03440	MAMMOGRAPHY	0	462,926	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	981,442	54.02
54.03	03630	ULTRA SOUND	-5,531	503,390	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	-759	2,533,215	55.00
57.00	05700	CT SCAN	-376	696,574	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-6,228	763,374	58.00
59.00	05900	CARDIAC CATHETERIZATION	-376	1,292,972	59.00
60.00	06000	LABORATORY	0	6,767,051	60.00
65.00	06500	RESPIRATORY THERAPY	-24,204	1,291,668	65.00
66.00	06600	PHYSICAL THERAPY	-17,993	2,116,781	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	889,241	67.00
68.00	06800	SPEECH PATHOLOGY	0	322,783	68.00
69.00	06900	ELECTROCARDIOLOGY	-840	164,163	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-29,000	544,124	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,143,417	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,668,949	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20,868,280	73.00
76.00	03190	CHEMOTHERAPY	0	1,026,583	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	-150,655	2,131,523	90.01
90.02	04950	DIABETIC EDUCATION	0	0	90.02
90.03	09002	MS CLINIC	0	48,243	90.03
91.00	09100	EMERGENCY	-1,145,928	3,823,781	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)	-10,708,054	169,021,652	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	124,344	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	4,063,232	192.00
194.00	07950	FOUNDATION	0	247,337	194.00
194.01	07951	CHILDRENS CLINIC	0	361,111	194.01
194.02	07952	PSS ADMINISTRATION	0	23,607	194.02
194.03	07953	SEXUAL ASSULT PROGRAM	0	118,162	194.03
194.04	07954	ASPR BIOTERRORISM GRANT	0	12,644	194.04
194.05	07955	HEALTHY FAMILIES	0	452,139	194.05
194.06	07956	DME-HOME CARE	0	4,430,599	194.06
194.07	07957	MARKETING	873,156	873,156	194.07
194.08	07958	CORPORATE COMMUNICATIONS	0	0	194.08
194.09	07959	MOB	0	355	194.09
194.10	07960	ASC	0	2,126	194.10
194.11	07961	MAB	0	0	194.11
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	0	1,278,220	194.12
194.13	07962	IDLE SPACE	0	0	194.13
200.00		TOTAL (SUM OF LINES 118 through 199)	-9,834,898	181,008,684	200.00

RECLASSIFICATIONS

Provider CCN: 15-0088

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-6

Date/Time Prepared:
11/26/2018 2:01 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
B - INSURANCE EXPENSE RECLASS						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	145,164	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		0	145,164		
C - INTEREST EXPENSE RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	6,595	1.00	
	TOTALS		0	6,595		
D - CAFETERIA/DIETARY RECLASS						
1.00	CAFETERIA	11.00	0	2,037,249	1.00	
	TOTALS		0	2,037,249		
E - LABOR DELIVERY RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	290,454	65,513	1.00	
2.00	NURSERY	43.00	286,096	64,529	2.00	
	TOTALS		576,550	130,042		
H - PT_OT_ST RECLASS						
1.00	OCCUPATIONAL THERAPY	67.00	727,079	162,162	1.00	
2.00	SPEECH PATHOLOGY	68.00	263,920	58,863	2.00	
	TOTALS		990,999	221,025		
J - ADOLESCENT RESIDENTIAL SERVICES						
1.00	ADOLESCENT RESIDENTIAL SERVICES	194.12	1,034,637	106,814	1.00	
	TOTALS		1,034,637	106,814		
K - AH-PHARMACY RESIDENCY RECLASS						
1.00	ALLIED HEALTH-PHARM RESIDENTS	23.02	156,677	0	1.00	
	TOTALS		156,677	0		
M - RAD TECH RECLASS						
1.00	ALLIED HEALTH-RAD TECH	23.01	118,346	0	1.00	
	TOTALS		118,346	0		
O - ANESTHESIOLOGY RECLASS						
1.00	ANESTHESIOLOGY	53.00	0	1,216,350	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		0	1,216,350		
P - AND CTR OP RECLASS						
1.00	ANDERSON OUTPATIENT CENTER	90.01	576,027	57,517	1.00	
	TOTALS		576,027	57,517		
Q - PHYSICIAN RECLASS						
1.00	OPERATING ROOM	50.00	0	15,638	1.00	
2.00	RESPIRATORY THERAPY	65.00	0	55,433	2.00	
	TOTALS		0	71,071		
R - SECURITY OFFICERS TO ED						
1.00	EMERGENCY	91.00	52,561	0	1.00	
	TOTALS		52,561	0		
500.00	Grand Total: Increases		3,505,797	3,991,827	500.00	

RECLASSIFICATIONS

Provider CCN: 15-0088

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-6

Date/Time Prepared:
11/26/2018 2:01 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
B - INSURANCE EXPENSE RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	145,164	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	145,164			
C - INTEREST EXPENSE RECLASS							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,595	11		1.00
	TOTALS		0	6,595			
D - CAFETERIA/DIETARY RECLASS							
1.00	DIETARY	10.00	0	2,037,249	0		1.00
	TOTALS		0	2,037,249			
E - LABOR DELIVERY RECLASS							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	576,550	130,042	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		576,550	130,042			
H - PT_OT_ST RECLASS							
1.00	PHYSICAL THERAPY	66.00	990,999	221,025	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		990,999	221,025			
J - ADOLESCENT RESIDENTIAL SERVICES							
1.00	ADULTS & PEDIATRICS	30.00	1,034,637	106,814	0		1.00
	TOTALS		1,034,637	106,814			
K - AH-PHARMACY RESIDENCY RECLASS							
1.00	PHARMACY	15.00	156,677	0	0		1.00
	TOTALS		156,677	0			
M - RAD TECH RECLASS							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	118,346	0	0		1.00
	TOTALS		118,346	0			
O - ANESTHESIOLOGY RECLASS							
1.00	OPERATING ROOM	50.00	0	1,078,950	0		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	137,400	0		2.00
	TOTALS		0	1,216,350			
P - AND CTR OP RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	576,027	57,517	0		1.00
	TOTALS		576,027	57,517			
Q - PHYSICIAN RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	15,638	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	55,433	0		2.00
	TOTALS		0	71,071			
R - SECURITY OFFICERS TO ED							
1.00	ALLIED HEALTH-EMS	23.00	52,561	0	0		1.00
	TOTALS		52,561	0			
500.00	Grand Total: Decreases		3,505,797	3,991,827			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0088

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-7
Part I
Date/Time Prepared:
11/26/2018 2:01 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	5,292,602	0	0	0	0	1.00
2.00	Land Improvements	1,539,559	0	0	0	0	2.00
3.00	Buildings and Fixtures	65,433,115	1,765,664	0	1,765,664	6,789	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	31,415,641	0	0	0	0	5.00
6.00	Movable Equipment	50,470,085	4,025,383	0	4,025,383	516,957	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	154,151,002	5,791,047	0	5,791,047	523,746	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	154,151,002	5,791,047	0	5,791,047	523,746	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,292,602	0				1.00
2.00	Land Improvements	1,539,559	0				2.00
3.00	Buildings and Fixtures	67,191,990	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	31,415,641	0				5.00
6.00	Movable Equipment	53,978,511	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	159,418,303	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	159,418,303	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS	Provider CCN: 15-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet A-7 Part II Date/Time Prepared: 11/26/2018 2:01 pm
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	2,996,717	0	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT-MAB	0	0	0	0	0	1.01
3.00	Total (sum of lines 1-2)	2,996,717	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	2,996,717				1.00
1.01	CAP REL COSTS-BLDG & FIXT-MAB	0	0				1.01
3.00	Total (sum of lines 1-2)	0	2,996,717				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0088

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-7
Part III
Date/Time Prepared:
11/26/2018 2:01 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	CAP REL COSTS-BLDG & FIXT	159,418,303	0	159,418,303	1.000000	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT-MAB	0	0	0	0.000000	0	1.01
3.00	Total (sum of lines 1-2)	159,418,303	0	159,418,303	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,550,808	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT-MAB	0	0	0	0	0	1.01
3.00	Total (sum of lines 1-2)	0	0	0	2,550,808	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	2,585,991	145,164	0	0	5,281,963	1.00
1.01	CAP REL COSTS-BLDG & FIXT-MAB	0	0	0	0	0	1.01
3.00	Total (sum of lines 1-2)	2,585,991	145,164	0	0	5,281,963	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0088

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-8

Date/Time Prepared:
11/26/2018 2:01 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	Ref.
				Cost Center	Line #		
				3.00	4.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-482,562	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
1.01	Investment income - CAP REL COSTS-BLDG & FIXT-MAB (chapter 2)		0	CAP REL COSTS-BLDG & FIXT-MAB	1.01	0	1.01
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	*** Cost Center Deleted ***	2.00	0	2.00
3.00	Investment income - other (chapter 2)	A	-6,042	ADMINISTRATIVE & GENERAL	5.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-18,035	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-6,087	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-5,190,757			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	8,065,040			0	12.00
13.00	Laundry and linen service	B	-399	LAUNDRY & LINEN SERVICE	8.00	0	13.00
14.00	Cafeteria-employees and guests	B	-629,465	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-21,695	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts	B	-10,879	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-59,451	DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - CAP REL COSTS-BLDG & FIXT-MAB		0	CAP REL COSTS-BLDG & FIXT-MAB	1.01	0	26.01
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	*** Cost Center Deleted ***	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0088

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-8

Date/Time Prepared:
11/26/2018 2:01 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	
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 OTHER MISCELLANEOUS REVENUE	B	-4,807		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.00
33.01 OTHER MISCELLANEOUS REVENUE	B	-124,309		ADMINISTRATIVE & GENERAL	5.00	0 33.01
33.02 OTHER MISCELLANEOUS REVENUE	B	-105		PHARMACY	15.00	0 33.02
33.03 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.03
33.04 OTHER MISCELLANEOUS REVENUE	B	-13,850		ALLIED HEALTH-RAD TECH	23.01	0 33.04
33.05 OTHER MISCELLANEOUS REVENUE	B	-7,371		OPERATING ROOM	50.00	0 33.05
33.06 OTHER MISCELLANEOUS REVENUE	B	-2,278		RADIOLOGY-DIAGNOSTIC	54.00	0 33.06
33.07 OTHER MISCELLANEOUS REVENUE	B	-261		SUBPROVIDER - IRF	41.00	0 33.07
33.08 OTHER MISCELLANEOUS REVENUE	B	-560		RADIOLOGY-THERAPEUTIC	55.00	0 33.08
33.09 OTHER MISCELLANEOUS REVENUE	B	-6,228		MAGNETIC RESONANCE IMAGING (MRI)	58.00	0 33.09
33.10 OTHER MISCELLANEOUS REVENUE	B	-71		ANDERSON OUTPATIENT CENTER	90.01	0 33.10
33.11 OTHER MISCELLANEOUS REVENUE	B	-6,126		RESPIRATORY THERAPY	65.00	0 33.11
33.12 OTHER MISCELLANEOUS REVENUE	B	-17,993		PHYSICAL THERAPY	66.00	0 33.12
33.13 OTHER MISCELLANEOUS REVENUE	B	-2,489		EMERGENCY	91.00	0 33.13
33.14 LEASE INCOME	B	-435,367		CAP REL COSTS-BLDG & FIXT	1.00	9 33.14
33.15 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.15
36.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 36.00
36.01 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 36.01
36.02 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 36.02
36.03 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 36.03
36.04 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 36.04
36.05 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 36.05
36.06 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 36.06
36.07 PHYSICIAN RECRUITMENT EXPENSE	A	-45,278		ADMINISTRATIVE & GENERAL	5.00	0 36.07
36.08 PHYSICIAN RECRUITMENT EXPENSE	A	-8,178		ADULTS & PEDIATRICS	30.00	0 36.08
36.09 PHYSICIAN RECRUITMENT EXPENSE	A	-5,531		ULTRASOUND	54.03	0 36.09
36.10 OTHER ADJUSTMENTS (SPECIFY) (3)	A	0			0.00	0 36.10
36.11 PROVIDER TAX EXPENSE	A	-10,803,658		ADMINISTRATIVE & GENERAL	5.00	0 36.11
36.12 MARKETING EXPENSE	A	-144		RADIOLOGY-THERAPEUTIC	55.00	0 36.12
36.13 MARKETING EXPENSE	A	-515		ALLIED HEALTH-EMS	23.00	0 36.13
36.14 MARKETING EXPENSE	A	-41,122		ADMINISTRATIVE & GENERAL	5.00	0 36.14
36.15 MARKETING EXPENSE	A	-865		DELIVERY ROOM & LABOR ROOM	52.00	0 36.15
36.16 CHARITABLE CONTRIBUTIONS	A	-1,435		ADMINISTRATIVE & GENERAL	5.00	0 36.16
36.17 CHARITABLE CONTRIBUTIONS	A	-80,200		NURSING ADMINISTRATION	13.00	0 36.17
36.18 CORPORATE SPONSORSHIPS	A	-90,793		ADMINISTRATIVE & GENERAL	5.00	0 36.18
36.19 COMMUNITY BENEFIT	A	-55		RADIOLOGY-THERAPEUTIC	55.00	0 36.19
36.20 COMMUNITY BENEFIT	A	-52,940		ADMINISTRATIVE & GENERAL	5.00	0 36.20
36.21 INCENTIVE PAY OFFSET	A	269,425		ADMINISTRATIVE & GENERAL	5.00	0 36.21
36.22 INCENTIVE PAY OFFSET	A	39,866		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 36.22
36.23 LATE FEES AND PENALTIES	A	-1,686		ADMINISTRATIVE & GENERAL	5.00	0 36.23
36.24 LOBBYING EXPENSE	A	-2,195		ADMINISTRATIVE & GENERAL	5.00	0 36.24
36.25 DEPRECIATION AHA LIFE ADJUSTMENT	A	-10,542		CAP REL COSTS-BLDG & FIXT	1.00	9 36.25
36.26 PROMOTIONAL ITEMS	A	-840		ELECTROCARDIOLOGY	69.00	0 36.26
36.27 PROMOTIONAL ITEMS	A	-8,630		ADMINISTRATIVE & GENERAL	5.00	0 36.27
36.28 PROMOTIONAL ITEMS	A	-1,037		ADULTS & PEDIATRICS	30.00	0 36.28
36.29 PROMOTIONAL ITEMS	A	-131		INTENSIVE CARE UNIT	31.00	0 36.29
36.30 PROMOTIONAL ITEMS	A	-4,496		DELIVERY ROOM & LABOR ROOM	52.00	0 36.30
36.31 PROMOTIONAL ITEMS	A	-751		RADIOLOGY-DIAGNOSTIC	54.00	0 36.31
36.32 PROMOTIONAL ITEMS	A	-376		CT SCAN	57.00	0 36.32
36.33 PROMOTIONAL ITEMS	A	-376		CARDIAC CATHETERIZATION	59.00	0 36.33
36.34 PROMOTIONAL ITEMS	A	-268		RESPIRATORY THERAPY	65.00	0 36.34
36.35 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 36.35

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0088

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-8

Date/Time Prepared:
11/26/2018 2:01 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
	1.00	2.00	3.00	4.00	5.00	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-9,834,898				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: 15-0088

Period: From 07/01/2017 To 06/30/2018

Worksheet A-8-1

Date/Time Prepared: 11/26/2018 2:01 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	0.00		0	0	1.00
2.00	5.00 ADMINISTRATIVE & GENERAL	HOME OFFICE COSTS	35,824,900	31,708,164	2.00
3.00	194.07 MARKETING	HOME OFFICE COSTS	873,156	0	3.00
4.00	4.00 EMPLOYEE BENEFITS DEPARTMENT	SVH CHARGEBACK	1,420,134	1,420,134	4.00
4.01	5.00 ADMINISTRATIVE & GENERAL	SVH CHARGEBACK	306,720	306,720	4.01
4.02	15.00 PHARMACY	SVH CHARGEBACK	-10,925	-10,925	4.02
4.03	23.01 ALLIED HEALTH-RAD TECH	SVH CHARGEBACK	24,181	24,181	4.03
4.04	30.00 ADULTS & PEDIATRICS	SVH CHARGEBACK	455	455	4.04
4.05	52.00 DELIVERY ROOM & LABOR ROOM	SVH CHARGEBACK	350	350	4.05
4.06	54.00 RADIOLOGY-DIAGNOSTIC	SVH CHARGEBACK	84,819	84,819	4.06
4.07	55.00 RADIOLOGY-THERAPEUTIC	SVH CHARGEBACK	6,192	6,192	4.07
4.08	59.00 CARDIAC CATHETERIZATION	SVH CHARGEBACK	114,000	114,000	4.08
4.09	65.00 RESPIRATORY THERAPY	SVH CHARGEBACK	900	900	4.09
4.10	91.00 EMERGENCY	SVH CHARGEBACK	350	350	4.10
4.11	194.06 DME-HOME CARE	SVH CHARGEBACK	43,013	43,013	4.11
4.12	1.00 CAP REL COSTS-BLDG & FIXT	HOME OFFICE COST	3,075,148	0	4.12
4.13	5.00 ADMINISTRATIVE & GENERAL	HOME OFFICE COST	533,297	533,297	4.13
4.14	0.00		0	0	4.14
4.15	0.00		0	0	4.15
4.16	0.00		0	0	4.16
4.17	0.00		0	0	4.17
4.18	0.00		0	0	4.18
4.19	0.00		0	0	4.19
4.20	0.00		0	0	4.20
4.21	0.00		0	0	4.21
4.22	0.00		0	0	4.22
4.23	0.00		0	0	4.23
4.24	0.00		0	0	4.24
4.25	0.00		0	0	4.25
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		42,296,690	34,231,650	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	G	ST VINCENT HEAL	100.00	ST VINCENT HEAL	100.00	6.00
7.00	G	ASCENSION HEALT	100.00	ASCENSION HEALT	100.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	FINANCIAL				100.00

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

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

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

Provider CCN: 15-0088

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-8-1

Date/Time Prepared:
11/26/2018 2:01 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	0	0	1.00
2.00	4,116,736	0	2.00
3.00	873,156	0	3.00
4.00	0	0	4.00
4.01	0	0	4.01
4.02	0	0	4.02
4.03	0	0	4.03
4.04	0	0	4.04
4.05	0	0	4.05
4.06	0	0	4.06
4.07	0	0	4.07
4.08	0	0	4.08
4.09	0	0	4.09
4.10	0	0	4.10
4.11	0	0	4.11
4.12	3,075,148	11	4.12
4.13	0	0	4.13
4.14	0	0	4.14
4.15	0	0	4.15
4.16	0	0	4.16
4.17	0	0	4.17
4.18	0	0	4.18
4.19	0	0	4.19
4.20	0	0	4.20
4.21	0	0	4.21
4.22	0	0	4.22
4.23	0	0	4.23
4.24	0	0	4.24
4.25	0	0	4.25
5.00	8,065,040		5.00

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

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

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

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

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

6.00	HOME OFFICE	6.00
7.00	SYSTEM OFFICE	7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0088

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-8-2

Date/Time Prepared:
11/26/2018 2:01 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	5.00 ADMINISTRATIVE & GENERAL	160,955	105,076	55,879	211,500	349	1.00
2.00	30.00 ADULTS & PEDIATRICS	3,005,999	3,005,999	0	0	0	2.00
3.00	31.00 INTENSIVE CARE UNIT	371,597	0	371,597	211,500	8,760	3.00
4.00	50.00 OPERATING ROOM	3,555,374	0	3,555,374	246,400	23,948	4.00
5.00	65.00 RESPIRATORY THERAPY	55,433	0	55,433	211,500	370	5.00
6.00	70.00 ELECTROENCEPHALOGRAPHY	129,000	29,000	100,000	211,500	8,760	6.00
7.00	90.01 ANDERSON OUTPATIENT CENTER	150,584	150,584	0	0	0	7.00
8.00	91.00 EMERGENCY	1,153,000	1,084,361	68,639	21,500	925	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		8,581,942	4,375,020	4,206,922		43,112	200.00

Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00 ADMINISTRATIVE & GENERAL	35,487	1,774	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	890,740	44,537	0	0	0	3.00
4.00	50.00 OPERATING ROOM	2,836,917	141,846	0	0	0	4.00
5.00	65.00 RESPIRATORY THERAPY	37,623	1,881	0	0	0	5.00
6.00	70.00 ELECTROENCEPHALOGRAPHY	890,740	44,537	0	0	0	6.00
7.00	90.01 ANDERSON OUTPATIENT CENTER	0	0	0	0	0	7.00
8.00	91.00 EMERGENCY	9,561	478	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		4,701,068	235,053	0	0	0	200.00

Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.00 ADMINISTRATIVE & GENERAL	0	35,487	20,392	125,468	1.00
2.00	30.00 ADULTS & PEDIATRICS	0	0	0	3,005,999	2.00
3.00	31.00 INTENSIVE CARE UNIT	0	890,740	0	0	3.00
4.00	50.00 OPERATING ROOM	0	2,836,917	718,457	718,457	4.00
5.00	65.00 RESPIRATORY THERAPY	0	37,623	17,810	17,810	5.00
6.00	70.00 ELECTROENCEPHALOGRAPHY	0	890,740	0	29,000	6.00
7.00	90.01 ANDERSON OUTPATIENT CENTER	0	0	0	150,584	7.00
8.00	91.00 EMERGENCY	0	9,561	59,078	1,143,439	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	4,701,068	815,737	5,190,757	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0088

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part I
Date/Time Prepared:
11/26/2018 2:01 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	BLDG & FIXT-MAB			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	5,281,963	5,281,963			1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT-MAB	0	0	0		1.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	12,713,844	69,790	0	12,783,634	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	41,164,189	476,851	0	1,388,435	5.00
7.00 00700	OPERATION OF PLANT	5,620,558	627,712	0	119,828	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	464,605	88,628	0	0	8.00
9.00 00900	HOUSEKEEPING	2,424,576	112,341	0	0	9.00
10.00 01000	DIETARY	218,465	22,582	0	0	10.00
11.00 01100	CAFETERIA	2,037,249	240,841	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	2,599,889	54,994	0	567,811	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	674,643	178,584	0	121,797	14.00
15.00 01500	PHARMACY	3,538,413	53,136	0	672,799	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	58,710	0	0	16.00
23.00 02300	ALLIED HEALTH-EMS	113,236	1,464	0	24,999	23.00
23.01 02301	ALLIED HEALTH-RAD TECH	202,347	1,239	0	47,027	23.01
23.02 02303	ALLIED HEALTH-PHARM RESIDENTS	269,630	1,126	0	63,545	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	8,471,541	745,366	0	2,554,737	30.00
31.00 03100	INTENSIVE CARE UNIT	4,719,944	165,072	0	867,664	31.00
41.00 04100	SUBPROVIDER - IRF	1,133,619	112,600	0	228,966	41.00
43.00 04300	NURSERY	350,625	82,671	0	72,314	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	16,830,263	540,447	0	305,183	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,123,496	230,211	0	232,819	52.00
53.00 05300	ANESTHESIOLOGY	1,216,350	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,811,727	160,771	0	435,135	54.00
54.01 03440	MAMMOGRAPHY	462,926	0	0	48,744	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	981,442	12,690	0	77,256	54.02
54.03 03630	ULTRA SOUND	503,390	0	0	95,887	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	2,533,215	0	0	227,554	55.00
57.00 05700	CT SCAN	696,574	6,204	0	130,221	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	763,374	11,294	0	62,941	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,292,972	96,408	0	246,249	59.00
60.00 06000	LABORATORY	6,767,051	141,246	0	12,144	60.00
65.00 06500	RESPIRATORY THERAPY	1,291,668	80,374	0	273,643	65.00
66.00 06600	PHYSICAL THERAPY	2,116,781	113,895	0	441,190	66.00
67.00 06700	OCCUPATIONAL THERAPY	889,241	47,438	0	183,778	67.00
68.00 06800	SPEECH PATHOLOGY	322,783	17,217	0	66,709	68.00
69.00 06900	ELECTROCARDIOLOGY	164,163	0	0	29,818	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	544,124	131,112	0	87,576	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,143,417	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	4,668,949	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	20,868,280	0	0	0	73.00
76.00 03190	CHEMOTHERAPY	1,026,583	0	0	197,501	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	ANDERSON OUTPATIENT CENTER	2,131,523	39,410	0	422,186	90.01
90.02 04950	DIABETIC EDUCATION	0	0	0	0	90.02
90.03 09002	MS CLINIC	48,243	24,367	0	10,977	90.03
91.00 09100	EMERGENCY	3,823,781	253,407	0	847,713	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)	169,021,652	5,050,198	0	11,165,146	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	21,191	0	0	190.00
191.00 19100	RESEARCH	124,344	0	0	16,388	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	4,063,232	20,595	0	799,360	192.00
194.00 07950	FOUNDATION	247,337	7,161	0	33,622	194.00
194.01 07951	CHILDRENS CLINIC	361,111	0	0	64,225	194.01
194.02 07952	PSS ADMINISTRATION	23,607	6,227	0	5,542	194.02
194.03 07953	SEXUAL ASSULT PROGRAM	118,162	0	0	26,959	194.03
194.04 07954	ASPR BIOTERRORISM GRANT	12,644	0	0	0	194.04
194.05 07955	HEALTHY FAMILIES	452,139	113,625	0	80,959	194.05
194.06 07956	DME-HOME CARE	4,430,599	2,477	0	297,679	194.06
194.07 07957	MARKETING	873,156	0	0	0	194.07
194.08 07958	CORPORATE COMMUNICATIONS	0	28,454	0	0	194.08
194.09 07959	MOB	355	0	0	0	194.09

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0088

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	BLDG & FIXT-MAB			
	0	1.00	1.01	4.00	4A	
194.10 07960 ASC	2,126	0	0	0	2,126	194.10
194.11 07961 MAB	0	0	0	0	0	194.11
194.12 07963 ADOLESCENT RESIDENTIAL SERVICES	1,278,220	32,035	0	293,754	1,604,009	194.12
194.13 07962 IDLE SPACE	0	0	0	0	0	194.13
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	181,008,684	5,281,963	0	12,783,634	181,008,684	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part I Date/Time Prepared: 11/26/2018 2:01 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB					1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	43,029,475				5.00
7.00	00700	OPERATION OF PLANT	1,985,923	8,354,021			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	172,528	180,250	906,011		8.00
9.00	00900	HOUSEKEEPING	791,150	228,479	0	3,556,546	9.00
10.00	01000	DIETARY	90,764	147,617	0	14,318	543,746
11.00	01100	CAFETERIA	710,434	489,819	0	47,397	0
13.00	01300	NURSING ADMINISTRATION	1,005,013	111,846	0	23,315	0
14.00	01400	CENTRAL SERVICES & SUPPLY	304,066	363,202	8,076	37,029	0
15.00	01500	PHARMACY	1,329,858	108,068	0	15,086	0
16.00	01600	MEDICAL RECORDS & LIBRARY	18,309	119,403	0	8,229	0
23.00	02300	ALLIED HEALTH-EMS	43,566	2,977	0	0	0
23.01	02301	ALLIED HEALTH-RAD TECH	78,155	2,519	0	0	0
23.02	02302	ALLIED HEALTH-PHARM RESIDENTS	104,253	2,290	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,671,046	1,515,923	270,204	1,429,324	438,861
31.00	03100	INTENSIVE CARE UNIT	1,794,002	335,722	128,671	279,775	32,919
41.00	04100	SUBPROVIDER - IRF	460,044	229,005	39,658	178,288	49,320
43.00	04300	NURSERY	157,677	168,136	8,961	34,067	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,512,316	1,099,157	163,615	515,664	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	494,766	468,201	21,997	109,661	0
53.00	05300	ANESTHESIOLOGY	379,325	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,062,687	326,974	4,714	120,687	0
54.01	03440	MAMMOGRAPHY	159,567	0	1,020	13,714	0
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	334,118	25,809	637	13,714	0
54.03	03630	ULTRA SOUND	186,888	0	1,054	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	860,960	0	14,941	13,714	19,082
57.00	05700	CT SCAN	259,775	12,618	52,055	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	261,213	22,969	10,735	13,714	0
59.00	05900	CARDIAC CATHETERIZATION	510,079	196,074	0	21,943	0
60.00	06000	LABORATORY	2,158,174	287,264	0	104,230	0
65.00	06500	RESPIRATORY THERAPY	513,215	163,464	0	5,486	0
66.00	06600	PHYSICAL THERAPY	833,235	231,639	12,220	38,510	0
67.00	06700	OCCUPATIONAL THERAPY	349,420	96,480	4,732	16,019	0
68.00	06800	SPEECH PATHOLOGY	126,834	35,015	1,070	5,815	0
69.00	06900	ELECTROCARDIOLOGY	60,494	0	331	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	237,887	266,654	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	980,290	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,456,035	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	6,507,845	0	0	0	0
76.00	03190	CHEMOTHERAPY	381,737	0	17,610	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	ANDERSON OUTPATIENT CENTER	808,677	80,152	0	38,401	0
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0
90.03	09002	MS CLINIC	26,067	49,557	0	4,114	0
91.00	09100	EMERGENCY	1,535,855	515,376	143,288	355,479	3,564
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	38,714,247	7,882,659	905,589	3,457,693	543,746
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	6,609	43,099	0	0	0
191.00	19100	RESEARCH	43,888	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,522,846	41,885	0	16,293	0
194.00	07950	FOUNDATION	89,852	14,565	0	4,114	0
194.01	07951	CHILDRENS CLINIC	132,643	0	422	52,115	0
194.02	07952	PSS ADMINISTRATION	11,032	12,664	0	0	0
194.03	07953	SEXUAL ASSULT PROGRAM	45,257	0	0	0	0
194.04	07954	ASPR BIOTERRORISM GRANT	3,943	0	0	0	0
194.05	07955	HEALTHY FAMILIES	201,684	231,089	0	6,857	0
194.06	07956	DME-HOME CARE	1,475,310	5,038	0	0	0
194.07	07957	MARKETING	272,298	0	0	0	0
194.08	07958	CORPORATE COMMUNICATIONS	8,874	57,870	0	4,114	0
194.09	07959	MOB	111	0	0	9,874	0
194.10	07960	ASC	663	0	0	5,486	0
194.11	07961	MAB	0	0	0	0	0
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	500,218	65,152	0	0	0
194.13	07962	IDLE SPACE	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0088			Period: From 07/01/2017 To 06/30/2018		Worksheet B Part I Date/Time Prepared: 11/26/2018 2:01 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
201.00	Negative Cost Centers	5.00	7.00	8.00	9.00	10.00	0	201.00
202.00	TOTAL (sum lines 118 through 201)	43,029,475	8,354,021	906,011	3,556,546	543,746	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0088		Period: From 07/01/2017 To 06/30/2018		Worksheet B Part I Date/Time Prepared: 11/26/2018 2:01 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB						1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	3,525,740					11.00
13.00	01300	NURSING ADMINISTRATION	99,510	4,462,378				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	71,981	0	1,759,378			14.00
15.00	01500	PHARMACY	218,325	0	27,418	5,963,103		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	204,651	16.00
23.00	02300	ALLIED HEALTH-EMS	17,735	0	96	0	0	23.00
23.01	02301	ALLIED HEALTH-RAD TECH	18,655	0	0	0	0	23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	21,312	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	996,266	2,133,946	44,204	0	12,252	30.00
31.00	03100	INTENSIVE CARE UNIT	326,230	698,765	49,586	0	5,352	31.00
41.00	04100	SUBPROVIDER - I RF	83,566	178,993	4,596	0	1,083	41.00
43.00	04300	NURSERY	27,704	59,340	2,659	0	518	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	53,414	253,740	1,314,612	0	33,148	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	89,197	191,055	8,561	0	1,143	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	3,173	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	203,261	0	48,371	0	6,255	54.00
54.01	03440	MAMMOGRAPHY	19,505	0	11,768	0	1,296	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	23,287	0	36,480	0	4,396	54.02
54.03	03630	ULTRA SOUND	29,023	0	14	0	2,898	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	88,228	0	39,606	0	9,530	55.00
57.00	05700	CT SCAN	45,473	0	0	0	4,713	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	19,576	0	540	0	1,025	58.00
59.00	05900	CARDIAC CATHETERIZATION	86,461	185,195	35,903	0	6,929	59.00
60.00	06000	LABORATORY	4,310	0	1,135	0	22,446	60.00
65.00	06500	RESPIRATORY THERAPY	109,555	0	19,128	0	4,141	65.00
66.00	06600	PHYSICAL THERAPY	95,068	0	13,161	0	3,057	66.00
67.00	06700	OCCUPATIONAL THERAPY	68,745	0	5,482	0	1,104	67.00
68.00	06800	SPEECH PATHOLOGY	24,953	0	1,990	0	401	68.00
69.00	06900	ELECTROCARDIOLOGY	13,490	0	344	0	316	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,226	0	797	0	1,596	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	5,354	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	5,453	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,957,769	37,893	73.00
76.00	03190	CHEMOTHERAPY	91,203	0	23,999	0	2,857	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	101,077	0	216	0	1,560	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0	90.02
90.03	09002	MS CLINIC	3,626	0	510	0	95	90.03
91.00	09100	EMERGENCY	355,446	761,344	67,282	0	24,667	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)	3,418,408	4,462,378	1,758,458	5,957,769	204,651	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	6,619	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	19,459	0	600	698	0	192.00
194.00	07950	FOUNDATION	12,794	0	0	0	0	194.00
194.01	07951	CHILDRENS CLINIC	0	0	320	4,636	0	194.01
194.02	07952	PSS ADMINISTRATION	11,266	0	0	0	0	194.02
194.03	07953	SEXUAL ASSULT PROGRAM	1,209	0	0	0	0	194.03
194.04	07954	ASPR BIOTERRORISM GRANT	0	0	0	0	0	194.04
194.05	07955	HEALTHY FAMILIES	55,985	0	0	0	0	194.05
194.06	07956	DME-HOME CARE	0	0	0	0	0	194.06
194.07	07957	MARKETING	0	0	0	0	0	194.07
194.08	07958	CORPORATE COMMUNICATIONS	0	0	0	0	0	194.08
194.09	07959	MOB	0	0	0	0	0	194.09
194.10	07960	ASC	0	0	0	0	0	194.10
194.11	07961	MAB	0	0	0	0	0	194.11
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	0	0	0	0	0	194.12
194.13	07962	IDLE SPACE	0	0	0	0	0	194.13

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0088

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	3,525,740	4,462,378	1,759,378	5,963,103	204,651	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0088

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part I
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Cost Center Description			ALLIED HEALTH-EMS	ALLIED HEALTH-RAD TECH	ALLIED HEALTH-PHARM RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.00	23.01	23.02	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB						1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
23.00	02300	ALLIED HEALTH-EMS	204,073					23.00
23.01	02301	ALLIED HEALTH-RAD TECH		349,942				23.01
23.02	02302	ALLIED HEALTH-PHARM RESIDENTS			462,156			23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	22,283,670	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	9,403,702	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	2,699,738	0	41.00
43.00	04300	NURSERY	0	0	0	964,672	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	26,621,559	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,971,107	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	1,598,848	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	72,696	0	5,253,278	0	54.00
54.01	03440	MAMMOGRAPHY	0	15,067	0	733,607	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	51,086	0	1,560,915	0	54.02
54.03	03630	ULTRA SOUND	0	33,680	0	852,834	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	110,735	0	3,917,565	0	55.00
57.00	05700	CT SCAN	0	54,769	0	1,262,402	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	11,909	0	1,179,290	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	2,678,213	0	59.00
60.00	06000	LABORATORY	0	0	0	9,498,000	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,460,674	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	3,898,756	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,662,439	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	602,787	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	268,956	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,281,972	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	4,129,061	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,130,437	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	462,156	33,833,943	0	73.00
76.00	03190	CHEMOTHERAPY	0	0	0	1,741,490	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0	0	0	3,623,202	0	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0	90.02
90.03	09002	MS CLINIC	0	0	0	167,556	0	90.03
91.00	09100	EMERGENCY	204,073	0	0	8,891,275	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	204,073	349,942	462,156	162,171,948	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	70,899	0	190.00
191.00	19100	RESEARCH	0	0	0	191,239	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	6,484,968	0	192.00
194.00	07950	FOUNDATION	0	0	0	409,445	0	194.00
194.01	07951	CHILDRENS CLINIC	0	0	0	615,472	0	194.01
194.02	07952	PSS ADMINISTRATION	0	0	0	70,338	0	194.02
194.03	07953	SEXUAL ASSULT PROGRAM	0	0	0	191,587	0	194.03
194.04	07954	ASPR BIOTERRORISM GRANT	0	0	0	16,587	0	194.04
194.05	07955	HEALTHY FAMILIES	0	0	0	1,142,338	0	194.05
194.06	07956	DME-HOME CARE	0	0	0	6,211,103	0	194.06
194.07	07957	MARKETING	0	0	0	1,145,454	0	194.07
194.08	07958	CORPORATE COMMUNICATIONS	0	0	0	99,312	0	194.08
194.09	07959	MOB	0	0	0	10,340	0	194.09
194.10	07960	ASC	0	0	0	8,275	0	194.10
194.11	07961	MAB	0	0	0	0	0	194.11

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0088

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part I
Date/Time Prepared:
11/26/2018 2:01 pm

Cost Center Description		ALLIED HEALTH-EMS	ALLIED HEALTH-RAD TECH	ALLIED HEALTH-PHARM RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		23.00	23.01	23.02	24.00	25.00	
194.12	07963 ADOLESCENT RESIDENTIAL SERVICES	0	0	0	2,169,379	0	194.12
194.13	07962 IDLE SPACE	0	0	0	0	0	194.13
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	204,073	349,942	462,156	181,008,684	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part I Date/Time Prepared: 11/26/2018 2:01 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB	1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
23.00	02300	ALLIED HEALTH-EMS	23.00
23.01	02301	ALLIED HEALTH-RAD TECH	23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	23.02
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	03440	MAMMOGRAPHY	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	54.02
54.03	03630	ULTRA SOUND	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03190	CHEMOTHERAPY	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	90.01
90.02	04950	DIABETIC EDUCATION	90.02
90.03	09002	MS CLINIC	90.03
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	190.00
191.00	19100	RESEARCH	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	FOUNDATION	194.00
194.01	07951	CHILDRENS CLINIC	194.01
194.02	07952	PSS ADMINISTRATION	194.02
194.03	07953	SEXUAL ASSULT PROGRAM	194.03
194.04	07954	ASPR BIOTERRORISM GRANT	194.04
194.05	07955	HEALTHY FAMILIES	194.05
194.06	07956	DME-HOME CARE	194.06
194.07	07957	MARKETING	194.07
194.08	07958	CORPORATE COMMUNICATIONS	194.08
194.09	07959	MOB	194.09
194.10	07960	ASC	194.10
194.11	07961	MAB	194.11
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	194.12
194.13	07962	IDLE SPACE	194.13
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part I Date/Time Prepared: 11/26/2018 2:01 pm
Cost Center Description		Total		
		26.00		
202.00	TOTAL (sum lines 118 through 201)	181,008,684		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0088

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
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	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	BLDG & FIXT-MAB			
			0	1.00			
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
4.00	00400	0	69,790	0	69,790	69,790	4.00
5.00	00500	3,075,148	476,851	0	3,551,999	7,580	5.00
7.00	00700	0	627,712	0	627,712	654	7.00
8.00	00800	0	88,628	0	88,628	0	8.00
9.00	00900	0	112,341	0	112,341	0	9.00
10.00	01000	0	72,582	0	72,582	0	10.00
11.00	01100	0	240,841	0	240,841	0	11.00
13.00	01300	0	54,994	0	54,994	3,100	13.00
14.00	01400	0	178,584	0	178,584	665	14.00
15.00	01500	0	53,136	0	53,136	3,673	15.00
16.00	01600	0	58,710	0	58,710	0	16.00
23.00	02300	0	1,464	0	1,464	136	23.00
23.01	02301	0	1,239	0	1,239	257	23.01
23.02	02303	0	1,126	0	1,126	347	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	745,366	0	745,366	13,946	30.00
31.00	03100	0	165,072	0	165,072	4,737	31.00
41.00	04100	0	112,600	0	112,600	1,250	41.00
43.00	04300	0	82,671	0	82,671	395	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	540,447	0	540,447	1,666	50.00
52.00	05200	0	230,211	0	230,211	1,271	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	160,771	0	160,771	2,376	54.00
54.01	03440	0	0	0	0	266	54.01
54.02	03450	0	12,690	0	12,690	422	54.02
54.03	03630	0	0	0	0	524	54.03
55.00	05500	0	0	0	0	1,242	55.00
57.00	05700	0	6,204	0	6,204	711	57.00
58.00	05800	0	11,294	0	11,294	344	58.00
59.00	05900	0	96,408	0	96,408	1,344	59.00
60.00	06000	0	141,246	0	141,246	66	60.00
65.00	06500	0	80,374	0	80,374	1,494	65.00
66.00	06600	0	113,895	0	113,895	2,409	66.00
67.00	06700	0	47,438	0	47,438	1,003	67.00
68.00	06800	0	17,217	0	17,217	364	68.00
69.00	06900	0	0	0	0	163	69.00
70.00	07000	0	131,112	0	131,112	478	70.00
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	03190	0	0	0	0	1,078	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	39,410	0	39,410	2,305	90.01
90.02	04950	0	0	0	0	0	90.02
90.03	09002	0	24,367	0	24,367	60	90.03
91.00	09100	0	253,407	0	253,407	4,628	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
118.00		3,075,148	5,050,198	0	8,125,346	60,954	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	21,191	0	21,191	0	190.00
191.00	19100	0	0	0	0	89	191.00
192.00	19200	0	20,595	0	20,595	4,364	192.00
194.00	07950	0	7,161	0	7,161	184	194.00
194.01	07951	0	0	0	0	351	194.01
194.02	07952	0	6,227	0	6,227	30	194.02
194.03	07953	0	0	0	0	147	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	113,625	0	113,625	442	194.05
194.06	07956	0	2,477	0	2,477	1,625	194.06
194.07	07957	0	0	0	0	0	194.07
194.08	07958	0	28,454	0	28,454	0	194.08
194.09	07959	0	0	0	0	0	194.09
194.10	07960	0	0	0	0	0	194.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0088

Period:
From 07/01/2017
To 06/30/2018

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	BLDG & FIXT-MAB			
		1.00	1.01			
	0			2A	4.00	
194.11 07961 MAB	0	0	0	0	0	194.11
194.12 07963 ADOLESCENT RESIDENTIAL SERVICES	0	32,035	0	32,035	1,604	194.12
194.13 07962 IDLE SPACE	0	0	0	0	0	194.13
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	3,075,148	5,281,963	0	8,357,111	69,790	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/26/2018 2:01 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB					1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,559,579				5.00
7.00	00700	OPERATION OF PLANT	164,284	792,650			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	14,272	17,103	120,003		8.00
9.00	00900	HOUSEKEEPING	65,447	21,679	0	199,467	9.00
10.00	01000	DIETARY	7,508	14,006	0	803	94,899
11.00	01100	CAFETERIA	58,770	46,475	0	2,658	0
13.00	01300	NURSING ADMINISTRATION	83,139	10,612	0	1,308	0
14.00	01400	CENTRAL SERVICES & SUPPLY	25,154	34,462	1,070	2,077	0
15.00	01500	PHARMACY	110,012	10,254	0	846	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,515	11,329	0	462	0
23.00	02300	ALLIED HEALTH-EMS	3,604	282	0	0	0
23.01	02301	ALLIED HEALTH-RAD TECH	6,465	239	0	0	0
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	8,624	217	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	303,685	143,836	35,787	80,159	76,594
31.00	03100	INTENSIVE CARE UNIT	148,408	31,854	17,043	15,691	5,745
41.00	04100	SUBPROVIDER - IRF	38,057	21,729	5,253	9,999	8,608
43.00	04300	NURSERY	13,044	15,953	1,187	1,911	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	456,003	104,291	21,671	28,921	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	40,929	44,424	2,914	6,150	0
53.00	05300	ANESTHESIOLOGY	31,379	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	87,910	31,024	624	6,769	0
54.01	03440	MAMMOGRAPHY	13,200	0	135	769	0
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	27,640	2,449	84	769	0
54.03	03630	ULTRA SOUND	15,460	0	140	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	71,222	0	1,979	769	3,330
57.00	05700	CT SCAN	21,490	1,197	6,895	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	21,609	2,179	1,422	769	0
59.00	05900	CARDIAC CATHETERIZATION	42,196	18,604	0	1,231	0
60.00	06000	LABORATORY	178,534	27,256	0	5,846	0
65.00	06500	RESPIRATORY THERAPY	42,455	15,510	0	308	0
66.00	06600	PHYSICAL THERAPY	68,929	21,978	1,619	2,160	0
67.00	06700	OCCUPATIONAL THERAPY	28,906	9,154	627	898	0
68.00	06800	SPEECH PATHOLOGY	10,492	3,322	142	326	0
69.00	06900	ELECTROCARDIOLOGY	5,004	0	44	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	19,679	25,301	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	81,094	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	120,450	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	538,350	0	0	0	0
76.00	03190	CHEMOTHERAPY	31,579	0	2,332	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	ANDERSON OUTPATIENT CENTER	66,897	7,605	0	2,154	0
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0
90.03	09002	MS CLINIC	2,156	4,702	0	231	0
91.00	09100	EMERGENCY	127,053	48,900	18,979	19,937	622
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,202,604	747,926	119,947	193,921	94,899
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	547	4,089	0	0	0
191.00	19100	RESEARCH	3,631	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	125,976	3,974	0	914	0
194.00	07950	FOUNDATION	7,433	1,382	0	231	0
194.01	07951	CHILDRENS CLINIC	10,973	0	56	2,923	0
194.02	07952	PSS ADMINISTRATION	913	1,202	0	0	0
194.03	07953	SEXUAL ASSULT PROGRAM	3,744	0	0	0	0
194.04	07954	ASPR BIOTERRORISM GRANT	326	0	0	0	0
194.05	07955	HEALTHY FAMILIES	16,684	21,926	0	385	0
194.06	07956	DME-HOME CARE	122,044	478	0	0	0
194.07	07957	MARKETING	22,526	0	0	0	0
194.08	07958	CORPORATE COMMUNICATIONS	734	5,491	0	231	0
194.09	07959	MOB	9	0	0	554	0
194.10	07960	ASC	55	0	0	308	0
194.11	07961	MAB	0	0	0	0	0
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	41,380	6,182	0	0	0
194.13	07962	IDLE SPACE	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0088			Period: From 07/01/2017 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 11/26/2018 2:01 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
201.00	Negative Cost Centers	5.00	7.00	8.00	9.00	10.00	0	201.00
202.00	TOTAL (sum lines 118 through 201)	3,559,579	792,650	120,003	199,467	94,899	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0088		Period: From 07/01/2017 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 11/26/2018 2:01 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB						1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	348,744					11.00
13.00	01300	NURSING ADMINISTRATION	9,843	162,996				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,120	0	249,132			14.00
15.00	01500	PHARMACY	21,595	0	3,882	203,398		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	72,016	16.00
23.00	02300	ALLIED HEALTH-EMS	1,754	0	14	0	0	23.00
23.01	02301	ALLIED HEALTH-RAD TECH	1,845	0	0	0	0	23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	2,108	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	98,546	77,946	6,259	0	4,312	30.00
31.00	03100	INTENSIVE CARE UNIT	32,269	25,524	7,022	0	1,884	31.00
41.00	04100	SUBPROVIDER - I RF	8,266	6,538	651	0	381	41.00
43.00	04300	NURSERY	2,740	2,167	377	0	182	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,283	9,268	186,150	0	11,667	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,823	6,979	1,212	0	402	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	1,117	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,105	0	6,850	0	2,202	54.00
54.01	03440	MAMMOGRAPHY	1,929	0	1,666	0	456	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,303	0	5,166	0	1,547	54.02
54.03	03630	ULTRA SOUND	2,871	0	2	0	1,020	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	8,727	0	5,608	0	3,354	55.00
57.00	05700	CT SCAN	4,498	0	0	0	1,659	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,936	0	77	0	361	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,552	6,765	5,084	0	2,439	59.00
60.00	06000	LABORATORY	426	0	161	0	7,900	60.00
65.00	06500	RESPIRATORY THERAPY	10,837	0	2,709	0	1,458	65.00
66.00	06600	PHYSICAL THERAPY	9,404	0	1,864	0	1,076	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,800	0	776	0	389	67.00
68.00	06800	SPEECH PATHOLOGY	2,468	0	282	0	141	68.00
69.00	06900	ELECTROCARDIOLOGY	1,334	0	49	0	111	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,209	0	113	0	562	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,884	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,919	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	203,216	13,323	73.00
76.00	03190	CHEMOTHERAPY	9,021	0	3,398	0	1,006	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	9,998	0	31	0	549	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0	90.02
90.03	09002	MS CLINIC	359	0	72	0	33	90.03
91.00	09100	EMERGENCY	35,158	27,809	9,527	0	8,682	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)	338,127	162,996	249,002	203,216	72,016	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	655	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,925	0	85	24	0	192.00
194.00	07950	FOUNDATION	1,265	0	0	0	0	194.00
194.01	07951	CHILDRENS CLINIC	0	0	45	158	0	194.01
194.02	07952	PSS ADMINISTRATION	1,114	0	0	0	0	194.02
194.03	07953	SEXUAL ASSULT PROGRAM	120	0	0	0	0	194.03
194.04	07954	ASPR BIOTERRORISM GRANT	0	0	0	0	0	194.04
194.05	07955	HEALTHY FAMILIES	5,538	0	0	0	0	194.05
194.06	07956	DME-HOME CARE	0	0	0	0	0	194.06
194.07	07957	MARKETING	0	0	0	0	0	194.07
194.08	07958	CORPORATE COMMUNICATIONS	0	0	0	0	0	194.08
194.09	07959	MOB	0	0	0	0	0	194.09
194.10	07960	ASC	0	0	0	0	0	194.10
194.11	07961	MAB	0	0	0	0	0	194.11
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	0	0	0	0	0	194.12
194.13	07962	IDLE SPACE	0	0	0	0	0	194.13

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0088			Period: From 07/01/2017 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 11/26/2018 2:01 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	348,744	162,996	249,132	203,398	72,016		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0088		Period: From 07/01/2017 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 11/26/2018 2:01 pm	
Cost Center Description			ALLIED HEALTH-EMS	ALLIED HEALTH-RAD TECH	ALLIED HEALTH-PHARM RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.00	23.01	23.02	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB						1.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
23.00	02300	ALLIED HEALTH-EMS	7,254					23.00
23.01	02301	ALLIED HEALTH-RAD TECH		10,045				23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS			12,422			23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				1,586,436		30.00
31.00	03100	INTENSIVE CARE UNIT				455,249		31.00
41.00	04100	SUBPROVIDER - IRF				213,332		41.00
43.00	04300	NURSERY				120,627		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				1,365,367		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				343,315		52.00
53.00	05300	ANESTHESIOLOGY				32,496		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				318,631		54.00
54.01	03440	MAMMOGRAPHY				18,421		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC				53,070		54.02
54.03	03630	ULTRA SOUND				20,017		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC				96,231		55.00
57.00	05700	CT SCAN				42,654		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)				39,991		58.00
59.00	05900	CARDIAC CATHETERIZATION				182,623		59.00
60.00	06000	LABORATORY				361,435		60.00
65.00	06500	RESPIRATORY THERAPY				155,145		65.00
66.00	06600	PHYSICAL THERAPY				223,334		66.00
67.00	06700	OCCUPATIONAL THERAPY				95,991		67.00
68.00	06800	SPEECH PATHOLOGY				34,754		68.00
69.00	06900	ELECTROCARDIOLOGY				6,705		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				178,454		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				82,978		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				122,369		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				754,889		73.00
76.00	03190	CHEMOTHERAPY				48,414		76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC				0		90.00
90.01	09001	ANDERSON OUTPATIENT CENTER				128,949		90.01
90.02	04950	DIABETIC EDUCATION				0		90.02
90.03	09002	MS CLINIC				31,980		90.03
91.00	09100	EMERGENCY				554,702		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE				0		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	7,668,559	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN				25,827		190.00
191.00	19100	RESEARCH				4,375		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				157,857		192.00
194.00	07950	FOUNDATION				17,656		194.00
194.01	07951	CHILDRENS CLINIC				14,506		194.01
194.02	07952	PSS ADMINISTRATION				9,486		194.02
194.03	07953	SEXUAL ASSULT PROGRAM				4,011		194.03
194.04	07954	ASPR BIOTERRORISM GRANT				326		194.04
194.05	07955	HEALTHY FAMILIES				158,600		194.05
194.06	07956	DME-HOME CARE				126,624		194.06
194.07	07957	MARKETING				22,526		194.07
194.08	07958	CORPORATE COMMUNICATIONS				34,910		194.08
194.09	07959	MOB				563		194.09
194.10	07960	ASC				363		194.10
194.11	07961	MAB				0		194.11

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0088			Period: From 07/01/2017 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 11/26/2018 2:01 pm	
Cost Center Description		ALLIED HEALTH-EMS	ALLIED HEALTH-RAD TECH	ALLIED HEALTH-PHARM RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
		23.00	23.01	23.02	24.00	25.00		
194.12	07963 ADOLESCENT RESIDENTIAL SERVICES				81,201			0 194.12
194.13	07962 IDLE SPACE				0			0 194.13
200.00	Cross Foot Adjustments	7,254	10,045	12,422	29,721			0 200.00
201.00	Negative Cost Centers	0	0	0	0			0 201.00
202.00	TOTAL (sum lines 118 through 201)	7,254	10,045	12,422	8,357,111			0 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/26/2018 2:01 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100		1.00
1.01	00101		1.01
4.00	00400		4.00
5.00	00500		5.00
7.00	00700		7.00
8.00	00800		8.00
9.00	00900		9.00
10.00	01000		10.00
11.00	01100		11.00
13.00	01300		13.00
14.00	01400		14.00
15.00	01500		15.00
16.00	01600		16.00
23.00	02300		23.00
23.01	02301		23.01
23.02	02303		23.02
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	1,586,436	30.00
31.00	03100	455,249	31.00
41.00	04100	213,332	41.00
43.00	04300	120,627	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	1,365,367	50.00
52.00	05200	343,315	52.00
53.00	05300	32,496	53.00
54.00	05400	318,631	54.00
54.01	03440	18,421	54.01
54.02	03450	53,070	54.02
54.03	03630	20,017	54.03
55.00	05500	96,231	55.00
57.00	05700	42,654	57.00
58.00	05800	39,991	58.00
59.00	05900	182,623	59.00
60.00	06000	361,435	60.00
65.00	06500	155,145	65.00
66.00	06600	223,334	66.00
67.00	06700	95,991	67.00
68.00	06800	34,754	68.00
69.00	06900	6,705	69.00
70.00	07000	178,454	70.00
71.00	07100	82,978	71.00
72.00	07200	122,369	72.00
73.00	07300	754,889	73.00
76.00	03190	48,414	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	0	90.00
90.01	09001	128,949	90.01
90.02	04950	0	90.02
90.03	09002	31,980	90.03
91.00	09100	554,702	91.00
92.00	09200		92.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300		113.00
118.00		7,668,559	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	25,827	190.00
191.00	19100	4,375	191.00
192.00	19200	157,857	192.00
194.00	07950	17,656	194.00
194.01	07951	14,506	194.01
194.02	07952	9,486	194.02
194.03	07953	4,011	194.03
194.04	07954	326	194.04
194.05	07955	158,600	194.05
194.06	07956	126,624	194.06
194.07	07957	22,526	194.07
194.08	07958	34,910	194.08
194.09	07959	563	194.09
194.10	07960	363	194.10
194.11	07961	0	194.11
194.12	07963	81,201	194.12
194.13	07962	0	194.13
200.00		29,721	200.00
201.00		0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/26/2018 2:01 pm
Cost Center Description		Total		
		26.00		
202.00	TOTAL (sum lines 118 through 201)	8,357,111		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0088

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1
Date/Time Prepared:
11/26/2018 2:01 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT-MAB (SQUARE FEET)				
	1.00	1.01				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	469,090				1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT-MAB	0	0			1.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	6,198	0	50,575,834		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	42,349	0	5,493,051	-43,029,475	5.00
7.00 00700	OPERATION OF PLANT	55,747	0	474,076	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	7,871	0	0	0	8.00
9.00 00900	HOUSEKEEPING	9,977	0	0	0	9.00
10.00 01000	DIETARY	6,446	0	0	0	10.00
11.00 01100	CAFETERIA	21,389	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	4,884	0	2,246,424	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	15,860	0	481,864	0	14.00
15.00 01500	PHARMACY	4,719	0	2,661,787	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,214	0	0	0	16.00
23.00 02300	ALLIED HEALTH-EMS	130	0	98,905	0	23.00
23.01 02301	ALLIED HEALTH-RAD TECH	110	0	186,052	0	23.01
23.02 02303	ALLIED HEALTH-PHARM RESIDENTS	100	0	251,402	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	66,196	0	10,107,350	0	30.00
31.00 03100	INTENSIVE CARE UNIT	14,660	0	3,432,730	0	31.00
41.00 04100	SUBPROVIDER - IRF	10,000	0	905,856	0	41.00
43.00 04300	NURSERY	7,342	0	286,096	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	47,997	0	1,207,394	0	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	20,445	0	921,101	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	14,278	0	1,721,521	0	54.00
54.01 03440	MAMMOGRAPHY	0	0	192,847	0	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,127	0	305,648	0	54.02
54.03 03630	ULTRA SOUND	0	0	379,355	0	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	900,269	0	55.00
57.00 05700	CT SCAN	551	0	515,191	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,003	0	249,012	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	8,562	0	974,232	0	59.00
60.00 06000	LABORATORY	12,544	0	48,044	0	60.00
65.00 06500	RESPIRATORY THERAPY	7,138	0	1,082,613	0	65.00
66.00 06600	PHYSICAL THERAPY	10,115	0	1,745,477	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	4,213	0	727,079	0	67.00
68.00 06800	SPEECH PATHOLOGY	1,529	0	263,920	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	117,967	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	11,644	0	346,475	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00 03190	CHEMOTHERAPY	0	0	781,370	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	ANDERSON OUTPATIENT CENTER	3,500	0	1,670,292	0	90.01
90.02 04950	DIABETIC EDUCATION	0	0	0	0	90.02
90.03 09002	MS CLINIC	2,164	0	43,430	0	90.03
91.00 09100	EMERGENCY	22,505	0	3,353,798	0	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)	448,507	0	44,172,628	-43,029,475	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	1,882	0	0	0	190.00
191.00 19100	RESEARCH	0	0	64,837	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	1,829	0	3,162,501	0	192.00
194.00 07950	FOUNDATIONS	636	0	133,017	0	194.00
194.01 07951	CHILDRENS CLINIC	0	0	254,091	0	194.01
194.02 07952	PSS ADMINISTRATION	553	0	21,925	0	194.02
194.03 07953	SEXUAL ASSULT PROGRAM	0	0	106,656	0	194.03
194.04 07954	ASPR BIOTERRORISM GRANT	0	0	0	0	194.04
194.05 07955	HEALTHY FAMILIES	10,091	0	320,299	0	194.05
194.06 07956	DME-HOME CARE	220	0	1,177,705	0	194.06
194.07 07957	MARKETING	0	0	0	0	194.07
194.08 07958	CORPORATE COMMUNICATIONS	2,527	0	0	0	194.08
194.09 07959	MOB	0	0	0	0	194.09

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0088

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/26/2018 2:01 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT-MAB (SQUARE FEET)					
	1.00	1.01	4.00				
194.10 07960 ASC	0	0	0	0	0	2,126	194.10
194.11 07961 MAB	0	0	0	0	0	0	194.11
194.12 07963 ADOLESCENT RESIDENTIAL SERVICES	2,845	0	1,162,175	0	0	1,604,009	194.12
194.13 07962 IDLE SPACE	0	0	0	0	0	0	194.13
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers							201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	5,281,963	0	12,783,634			43,029,475	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	11.260020	0.000000	0.252762			0.311855	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			69,790			3,559,579	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001380			0.025798	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)							206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)							207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0088

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/26/2018 2:01 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (TOTAL HOURS)		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	CAP REL COSTS-BLDG & FIXT-MAB					1.01	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	364,796				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	7,871	1,038,715			8.00	
9.00	00900	HOUSEKEEPING	9,977	0	64,832		9.00	
10.00	01000	DIETARY	6,446	0	261	88,022	10.00	
11.00	01100	CAFETERIA	21,389	0	864	0	1,149,457	11.00
13.00	01300	NURSING ADMINISTRATION	4,884	0	425	0	32,442	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,860	9,259	675	0	23,467	14.00
15.00	01500	PHARMACY	4,719	0	275	0	71,178	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,214	0	150	0	0	16.00
23.00	02300	ALLIED HEALTH-EMS	130	0	0	0	5,782	23.00
23.01	02301	ALLIED HEALTH-RAD TECH	110	0	0	0	6,082	23.01
23.02	02303	ALLIED HEALTH-PHARM RESIDENTS	100	0	0	0	6,948	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	66,196	309,781	26,055	71,043	324,802	30.00
31.00	03100	INTENSIVE CARE UNIT	14,660	147,517	5,100	5,329	106,357	31.00
41.00	04100	SUBPROVIDER - IIRF	10,000	45,467	3,250	7,984	27,244	41.00
43.00	04300	NURSERY	7,342	10,273	621	0	9,032	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	47,997	187,580	9,400	0	17,414	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,445	25,219	1,999	0	29,080	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,278	5,405	2,200	0	66,267	54.00
54.01	03440	MAMMOGRAPHY	0	1,169	250	0	6,359	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,127	730	250	0	7,592	54.02
54.03	03630	ULTRA SOUND	0	1,208	0	0	9,462	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	17,129	250	3,089	28,764	55.00
57.00	05700	CT SCAN	551	59,680	0	0	14,825	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,003	12,307	250	0	6,382	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,562	0	400	0	28,188	59.00
60.00	06000	LABORATORY	12,544	0	1,900	0	1,405	60.00
65.00	06500	RESPIRATORY THERAPY	7,138	0	100	0	35,717	65.00
66.00	06600	PHYSICAL THERAPY	10,115	14,010	702	0	30,994	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,213	5,425	292	0	22,412	67.00
68.00	06800	SPEECH PATHOLOGY	1,529	1,227	106	0	8,135	68.00
69.00	06900	ELECTROCARDIOLOGY	0	380	0	0	4,398	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,644	0	0	0	3,986	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03190	CHEMOTHERAPY	0	20,189	0	0	29,734	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	3,500	0	700	0	32,953	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0	90.02
90.03	09002	MS CLINIC	2,164	0	75	0	1,182	90.03
91.00	09100	EMERGENCY	22,505	164,276	6,480	577	115,882	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)	344,213	1,038,231	63,030	88,022	1,114,465	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	1,882	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	2,158	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,829	0	297	0	6,344	192.00
194.00	07950	FOUNDATION	636	0	75	0	4,171	194.00
194.01	07951	CHILDRENS CLINIC	0	484	950	0	0	194.01
194.02	07952	PSS ADMINISTRATION	553	0	0	0	3,673	194.02
194.03	07953	SEXUAL ASSULT PROGRAM	0	0	0	0	394	194.03
194.04	07954	ASPR BIOTERRORISM GRANT	0	0	0	0	0	194.04
194.05	07955	HEALTHY FAMILIES	10,091	0	125	0	18,252	194.05
194.06	07956	DME-HOME CARE	220	0	0	0	0	194.06
194.07	07957	MARKETING	0	0	0	0	0	194.07
194.08	07958	CORPORATE COMMUNICATIONS	2,527	0	75	0	0	194.08
194.09	07959	MOB	0	0	180	0	0	194.09
194.10	07960	ASC	0	0	100	0	0	194.10
194.11	07961	MAB	0	0	0	0	0	194.11
194.12	07963	ADOLESCENT RESIDENTIAL SERVICES	2,845	0	0	0	0	194.12

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0088

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/26/2018 2:01 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (TOTAL HOURS)	
		7.00	8.00	9.00	10.00	11.00	
194.13	07962 IDLE SPACE	0	0	0	0	0	194.13
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	8,354,021	906,011	3,556,546	543,746	3,525,740	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	22.900528	0.872242	54.857879	6.177387	3.067309	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	792,650	120,003	199,467	94,899	348,744	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.172858	0.115530	3.076675	1.078128	0.303399	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0088

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/26/2018 2:01 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	ALLIED HEALTH-EMS (ASSIGNED TIME)		
		13.00	14.00	15.00	16.00	23.00		
GENERAL SERVICE COST CENTERS								
1.00	00100						1.00	
1.01	00101						1.01	
4.00	00400						4.00	
5.00	00500						5.00	
7.00	00700						7.00	
8.00	00800						8.00	
9.00	00900						9.00	
10.00	01000						10.00	
11.00	01100						11.00	
13.00	01300	679,206					13.00	
14.00	01400	0	11,395,857				14.00	
15.00	01500	0	177,591	20,667,710			15.00	
16.00	01600	0	0	0	672,181,251		16.00	
23.00	02300	0	624	0	0	100	23.00	
23.01	02301	0	0	0	0	0	23.01	
23.02	02303	0	0	0	0	0	23.02	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	324,802	286,317	0	40,303,284	0	30.00	
31.00	03100	106,357	321,181	0	17,605,436	0	31.00	
41.00	04100	27,244	29,766	0	3,562,253	0	41.00	
43.00	04300	9,032	17,223	0	1,705,543	0	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	38,621	8,515,021	0	109,038,445	0	50.00	
52.00	05200	29,080	55,451	0	3,760,693	0	52.00	
53.00	05300	0	0	0	10,436,535	0	53.00	
54.00	05400	0	313,311	0	20,576,206	0	54.00	
54.01	03440	0	76,221	0	4,264,526	0	54.01	
54.02	03450	0	236,287	0	14,459,758	0	54.02	
54.03	03630	0	93	0	9,532,887	0	54.03	
55.00	05500	0	256,538	0	31,349,981	0	55.00	
57.00	05700	0	1	0	15,502,061	0	57.00	
58.00	05800	0	3,500	0	3,370,849	0	58.00	
59.00	05900	28,188	232,548	0	22,793,226	0	59.00	
60.00	06000	0	7,351	0	73,835,413	0	60.00	
65.00	06500	0	123,894	0	13,621,900	0	65.00	
66.00	06600	0	85,247	0	10,055,925	0	66.00	
67.00	06700	0	35,509	0	3,631,742	0	67.00	
68.00	06800	0	12,889	0	1,318,276	0	68.00	
69.00	06900	0	2,229	0	1,039,782	0	69.00	
70.00	07000	0	5,161	0	5,249,802	0	70.00	
71.00	07100	0	0	0	17,610,454	0	71.00	
72.00	07200	0	0	0	17,937,057	0	72.00	
73.00	07300	0	0	20,649,222	123,635,708	0	73.00	
76.00	03190	0	155,446	0	9,397,448	0	76.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	0	0	0	0	0	90.00	
90.01	09001	0	1,400	0	5,130,705	0	90.01	
90.02	04950	0	0	0	0	0	90.02	
90.03	09002	0	3,306	0	312,343	0	90.03	
91.00	09100	115,882	435,798	0	81,143,013	100	91.00	
92.00	09200	0	0	0	0	0	92.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	0	0	0	0	0	113.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		679,206	11,389,903	20,649,222	672,181,251	100	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	0	0	0	0	0	190.00	
191.00	19100	0	0	0	0	0	191.00	
192.00	19200	0	3,884	2,420	0	0	192.00	
194.00	07950	0	0	0	0	0	194.00	
194.01	07951	0	2,070	16,068	0	0	194.01	
194.02	07952	0	0	0	0	0	194.02	
194.03	07953	0	0	0	0	0	194.03	
194.04	07954	0	0	0	0	0	194.04	
194.05	07955	0	0	0	0	0	194.05	
194.06	07956	0	0	0	0	0	194.06	
194.07	07957	0	0	0	0	0	194.07	
194.08	07958	0	0	0	0	0	194.08	
194.09	07959	0	0	0	0	0	194.09	
194.10	07960	0	0	0	0	0	194.10	
194.11	07961	0	0	0	0	0	194.11	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0088

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/26/2018 2:01 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	ALLIED HEALTH-EMS (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	23.00	
194.12	07963 ADOLESCENT RESIDENTIAL SERVICES	0	0	0	0	0	194.12
194.13	07962 IDLE SPACE	0	0	0	0	0	194.13
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,462,378	1,759,378	5,963,103	204,651	204,073	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	6.569992	0.154388	0.288523	0.000304	2,040.730000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	162,996	249,132	203,398	72,016	7,254	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.239980	0.021862	0.009841	0.000107	72.540000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0088

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1
Date/Time Prepared:
11/26/2018 2:01 pm

Cost Center Description		ALLIED HEALTH-RAD TECH (ASSIGNED TIME) 23.01	ALLIED HEALTH-PHARM RESIDENTS (ASSIGNED TIME) 23.02	
GENERAL SERVICE COST CENTERS				
1.00	00100			1.00
1.01	00101			1.01
4.00	00400			4.00
5.00	00500			5.00
7.00	00700			7.00
8.00	00800			8.00
9.00	00900			9.00
10.00	01000			10.00
11.00	01100			11.00
13.00	01300			13.00
14.00	01400			14.00
15.00	01500			15.00
16.00	01600			16.00
23.00	02300			23.00
23.01	02301	99,056,268		23.01
23.02	02303		100	23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000		0	30.00
31.00	03100		0	31.00
41.00	04100		0	41.00
43.00	04300		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000		0	50.00
52.00	05200		0	52.00
53.00	05300		0	53.00
54.00	05400	20,576,206	0	54.00
54.01	03440	4,264,526	0	54.01
54.02	03450	14,459,758	0	54.02
54.03	03630	9,532,887	0	54.03
55.00	05500	31,349,981	0	55.00
57.00	05700	15,502,061	0	57.00
58.00	05800	3,370,849	0	58.00
59.00	05900	0	0	59.00
60.00	06000	0	0	60.00
65.00	06500	0	0	65.00
66.00	06600	0	0	66.00
67.00	06700	0	0	67.00
68.00	06800	0	0	68.00
69.00	06900	0	0	69.00
70.00	07000	0	0	70.00
71.00	07100	0	0	71.00
72.00	07200	0	0	72.00
73.00	07300	0	100	73.00
76.00	03190	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	0	0	90.00
90.01	09001	0	0	90.01
90.02	04950	0	0	90.02
90.03	09002	0	0	90.03
91.00	09100	0	0	91.00
92.00	09200	0	0	92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300			113.00
118.00		99,056,268	100	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	0	0	190.00
191.00	19100	0	0	191.00
192.00	19200	0	0	192.00
194.00	07950	0	0	194.00
194.01	07951	0	0	194.01
194.02	07952	0	0	194.02
194.03	07953	0	0	194.03
194.04	07954	0	0	194.04
194.05	07955	0	0	194.05
194.06	07956	0	0	194.06
194.07	07957	0	0	194.07
194.08	07958	0	0	194.08
194.09	07959	0	0	194.09
194.10	07960	0	0	194.10
194.11	07961	0	0	194.11

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0088

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		ALLIED HEALTH-RAD TECH (ASSIGNED TIME) 23.01	ALLIED HEALTH-PHARM RESIDENTS (ASSIGNED TIME) 23.02	
194.12	07963 ADOLESCENT RESIDENTIAL SERVICES	0	0	194.12
194.13	07962 IDLE SPACE	0	0	194.13
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	349,942	462,156	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.003533	4,621.560000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	10,045	12,422	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000101	124.220000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/26/2018 2:01 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		22,283,670	0	22,283,670
31.00	03100 INTENSIVE CARE UNIT		9,403,702	0	9,403,702
41.00	04100 SUBPROVIDER - I RF		2,699,738	0	2,699,738
43.00	04300 NURSERY		964,672	0	964,672
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		26,621,559	718,457	27,340,016
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,971,107	0	2,971,107
53.00	05300 ANESTHESIOLOGY		1,598,848	0	1,598,848
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,253,278	0	5,253,278
54.01	03440 MAMMOGRAPHY		733,607	0	733,607
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC		1,560,915	0	1,560,915
54.03	03630 ULTRA SOUND		852,834	0	852,834
55.00	05500 RADIOLOGY-THERAPEUTIC		3,917,565	0	3,917,565
57.00	05700 CT SCAN		1,262,402	0	1,262,402
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,179,290	0	1,179,290
59.00	05900 CARDIAC CATHETERIZATION		2,678,213	0	2,678,213
60.00	06000 LABORATORY		9,498,000	0	9,498,000
65.00	06500 RESPIRATORY THERAPY	0	2,460,674	17,810	2,478,484
66.00	06600 PHYSICAL THERAPY	0	3,898,756	0	3,898,756
67.00	06700 OCCUPATIONAL THERAPY	0	1,662,439	0	1,662,439
68.00	06800 SPEECH PATHOLOGY	0	602,787	0	602,787
69.00	06900 ELECTROCARDIOLOGY		268,956	0	268,956
70.00	07000 ELECTROENCEPHALOGRAPHY		1,281,972	0	1,281,972
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		4,129,061	0	4,129,061
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		6,130,437	0	6,130,437
73.00	07300 DRUGS CHARGED TO PATIENTS		33,833,943	0	33,833,943
76.00	03190 CHEMOTHERAPY		1,741,490	0	1,741,490
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC		0	0	0
90.01	09001 ANDERSON OUTPATIENT CENTER		3,623,202	0	3,623,202
90.02	04950 DIABETIC EDUCATION		0	0	0
90.03	09002 MS CLINIC		167,556	0	167,556
91.00	09100 EMERGENCY		8,891,275	59,078	8,950,353
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,208,273	0	1,208,273
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				
200.00	Subtotal (see instructions)		163,380,221	795,345	164,175,566
201.00	Less Observation Beds		1,208,273		1,208,273
202.00	Total (see instructions)		162,171,948	795,345	162,967,293

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0088		Period: From 07/01/2017 To 06/30/2018		Worksheet C Part I Date/Time Prepared: 11/26/2018 2:01 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	37,004,635		37,004,635				30.00
31.00	03100	INTENSIVE CARE UNIT	17,605,436		17,605,436				31.00
41.00	04100	SUBPROVIDER - IRF	3,562,253		3,562,253				41.00
43.00	04300	NURSERY	1,705,543		1,705,543				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	25,352,056	83,686,389	109,038,445	0.244148	0.000000		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,033,499	727,194	3,760,693	0.790042	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	2,095,430	8,341,105	10,436,535	0.153197	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,588,415	13,987,791	20,576,206	0.255308	0.000000		54.00
54.01	03440	MAMMOGRAPHY	993	4,263,533	4,264,526	0.172025	0.000000		54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,153,810	13,305,948	14,459,758	0.107949	0.000000		54.02
54.03	03630	ULTRA SOUND	1,459,234	8,073,653	9,532,887	0.089462	0.000000		54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,280,028	30,069,953	31,349,981	0.124962	0.000000		55.00
57.00	05700	CT SCAN	3,448,243	12,053,818	15,502,061	0.081434	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	707,550	2,663,299	3,370,849	0.349850	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	6,065,199	16,728,027	22,793,226	0.117500	0.000000		59.00
60.00	06000	LABORATORY	27,090,795	46,744,618	73,835,413	0.128637	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	11,794,693	1,827,207	13,621,900	0.180641	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	2,860,554	7,195,371	10,055,925	0.387707	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,109,134	1,522,608	3,631,742	0.457753	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	589,652	728,624	1,318,276	0.457254	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	11,628	1,028,154	1,039,782	0.258666	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	380,567	4,869,235	5,249,802	0.244194	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,926,707	8,683,747	17,610,454	0.234466	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,656,986	9,280,071	17,937,057	0.341775	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,709,228	98,926,480	123,635,708	0.273658	0.000000		73.00
76.00	03190	CHEMOTHERAPY	124,612	9,272,836	9,397,448	0.185315	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	1,277	5,129,428	5,130,705	0.706180	0.000000		90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0.000000	0.000000		90.02
90.03	09002	MS CLINIC	2,528	309,815	312,343	0.536449	0.000000		90.03
91.00	09100	EMERGENCY	15,242,677	65,900,336	81,143,013	0.109575	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	471,608	2,827,041	3,298,649	0.366293	0.000000		92.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	214,034,970	458,146,281	672,181,251				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	214,034,970	458,146,281	672,181,251				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/26/2018 2:01 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
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.250737		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.790042		52.00
53.00	05300 ANESTHESIOLOGY	0.153197		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.255308		54.00
54.01	03440 MAMMOGRAPHY	0.172025		54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.107949		54.02
54.03	03630 ULTRA SOUND	0.089462		54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.124962		55.00
57.00	05700 CT SCAN	0.081434		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.349850		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.117500		59.00
60.00	06000 LABORATORY	0.128637		60.00
65.00	06500 RESPIRATORY THERAPY	0.181948		65.00
66.00	06600 PHYSICAL THERAPY	0.387707		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.457753		67.00
68.00	06800 SPEECH PATHOLOGY	0.457254		68.00
69.00	06900 ELECTROCARDIOLOGY	0.258666		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.244194		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.234466		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.341775		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.273658		73.00
76.00	03190 CHEMOTHERAPY	0.185315		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 ANDERSON OUTPATIENT CENTER	0.706180		90.01
90.02	04950 DIABETIC EDUCATION	0.000000		90.02
90.03	09002 MS CLINIC	0.536449		90.03
91.00	09100 EMERGENCY	0.110303		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.366293		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/26/2018 2:01 pm	
			Title XIX	Hospital	Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		22,283,670	0	22,283,670	30.00
31.00	03100 INTENSIVE CARE UNIT		9,403,702	0	9,403,702	31.00
41.00	04100 SUBPROVIDER - I RF		2,699,738	0	2,699,738	41.00
43.00	04300 NURSERY		964,672	0	964,672	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		26,621,559	718,457	27,340,016	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,971,107	0	2,971,107	52.00
53.00	05300 ANESTHESIOLOGY		1,598,848	0	1,598,848	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,253,278	0	5,253,278	54.00
54.01	03440 MAMMOGRAPHY		733,607	0	733,607	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC		1,560,915	0	1,560,915	54.02
54.03	03630 ULTRA SOUND		852,834	0	852,834	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC		3,917,565	0	3,917,565	55.00
57.00	05700 CT SCAN		1,262,402	0	1,262,402	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,179,290	0	1,179,290	58.00
59.00	05900 CARDIAC CATHETERIZATION		2,678,213	0	2,678,213	59.00
60.00	06000 LABORATORY		9,498,000	0	9,498,000	60.00
65.00	06500 RESPIRATORY THERAPY	0	2,460,674	17,810	2,478,484	65.00
66.00	06600 PHYSICAL THERAPY	0	3,898,756	0	3,898,756	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,662,439	0	1,662,439	67.00
68.00	06800 SPEECH PATHOLOGY	0	602,787	0	602,787	68.00
69.00	06900 ELECTROCARDIOLOGY		268,956	0	268,956	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,281,972	0	1,281,972	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		4,129,061	0	4,129,061	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		6,130,437	0	6,130,437	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		33,833,943	0	33,833,943	73.00
76.00	03190 CHEMOTHERAPY		1,741,490	0	1,741,490	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		0	0	0	90.00
90.01	09001 ANDERSON OUTPATIENT CENTER		3,623,202	0	3,623,202	90.01
90.02	04950 DIABETIC EDUCATION		0	0	0	90.02
90.03	09002 MS CLINIC		167,556	0	167,556	90.03
91.00	09100 EMERGENCY		8,891,275	59,078	8,950,353	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,208,273	0	1,208,273	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		163,380,221	0	163,380,221	200.00
201.00	Less Observation Beds		1,208,273		1,208,273	201.00
202.00	Total (see instructions)		162,171,948	0	162,171,948	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0088		Period: From 07/01/2017 To 06/30/2018		Worksheet C Part I Date/Time Prepared: 11/26/2018 2:01 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	37,004,635		37,004,635			30.00
31.00	03100	INTENSIVE CARE UNIT	17,605,436		17,605,436			31.00
41.00	04100	SUBPROVIDER - IRF	3,562,253		3,562,253			41.00
43.00	04300	NURSERY	1,705,543		1,705,543			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,352,056	83,686,389	109,038,445	0.244148	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,033,499	727,194	3,760,693	0.790042	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	2,095,430	8,341,105	10,436,535	0.153197	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,588,415	13,987,791	20,576,206	0.255308	0.000000	54.00
54.01	03440	MAMMOGRAPHY	993	4,263,533	4,264,526	0.172025	0.000000	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,153,810	13,305,948	14,459,758	0.107949	0.000000	54.02
54.03	03630	ULTRA SOUND	1,459,234	8,073,653	9,532,887	0.089462	0.000000	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	1,280,028	30,069,953	31,349,981	0.124962	0.000000	55.00
57.00	05700	CT SCAN	3,448,243	12,053,818	15,502,061	0.081434	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	707,550	2,663,299	3,370,849	0.349850	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,065,199	16,728,027	22,793,226	0.117500	0.000000	59.00
60.00	06000	LABORATORY	27,090,795	46,744,618	73,835,413	0.128637	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	11,794,693	1,827,207	13,621,900	0.180641	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,860,554	7,195,371	10,055,925	0.387707	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,109,134	1,522,608	3,631,742	0.457753	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	589,652	728,624	1,318,276	0.457254	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	11,628	1,028,154	1,039,782	0.258666	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	380,567	4,869,235	5,249,802	0.244194	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,926,707	8,683,747	17,610,454	0.234466	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,656,986	9,280,071	17,937,057	0.341775	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,709,228	98,926,480	123,635,708	0.273658	0.000000	73.00
76.00	03190	CHEMOTHERAPY	124,612	9,272,836	9,397,448	0.185315	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	1,277	5,129,428	5,130,705	0.706180	0.000000	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0.000000	0.000000	90.02
90.03	09002	MS CLINIC	2,528	309,815	312,343	0.536449	0.000000	90.03
91.00	09100	EMERGENCY	15,242,677	65,900,336	81,143,013	0.109575	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	471,608	2,827,041	3,298,649	0.366293	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	214,034,970	458,146,281	672,181,251			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	214,034,970	458,146,281	672,181,251			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/26/2018 2:01 pm
		Title XIX	Hospital	Cost

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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part I Date/Time Prepared: 11/26/2018 2:01 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	1,586,436	0	1,586,436	20,379	77.85	30.00
31.00	INTENSIVE CARE UNIT	455,249	0	455,249	6,285	72.43	31.00
41.00	SUBPROVIDER - IRF	213,332	0	213,332	2,620	81.42	41.00
43.00	NURSERY	120,627		120,627	1,052	114.66	43.00
200.00	Total (lines 30 through 199)	2,375,644		2,375,644	30,336		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	5,588	435,026				
31.00	INTENSIVE CARE UNIT	4,352	315,215				
41.00	SUBPROVIDER - IRF	1,419	115,535				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	11,359	865,776				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part II Date/Time Prepared: 11/26/2018 2:01 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital 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	1,365,367	109,038,445	0.012522	11,213,758	140,419	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	343,315	3,760,693	0.091290	119,227	10,884	52.00
53.00	05300 ANESTHESIOLOGY	32,496	10,436,535	0.003114	978,415	3,047	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	318,631	20,576,206	0.015485	1,932,691	29,928	54.00
54.01	03440 MAMMOGRAPHY	18,421	4,264,526	0.004320	0	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	53,070	14,459,758	0.003670	476,542	1,749	54.02
54.03	03630 ULTRASOUND	20,017	9,532,887	0.002100	868,834	1,825	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	96,231	31,349,981	0.003070	532,593	1,635	55.00
57.00	05700 CT SCAN	42,654	15,502,061	0.002752	1,399,956	3,853	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	39,991	3,370,849	0.011864	321,875	3,819	58.00
59.00	05900 CARDIAC CATHETERIZATION	182,623	22,793,226	0.008012	2,361,096	18,917	59.00
60.00	06000 LABORATORY	361,435	73,835,413	0.004895	11,674,794	57,148	60.00
65.00	06500 RESPIRATORY THERAPY	155,145	13,621,900	0.011389	5,561,671	63,342	65.00
66.00	06600 PHYSICAL THERAPY	223,334	10,055,925	0.022209	872,645	19,381	66.00
67.00	06700 OCCUPATIONAL THERAPY	95,991	3,631,742	0.026431	526,334	13,912	67.00
68.00	06800 SPEECH PATHOLOGY	34,754	1,318,276	0.026363	187,959	4,955	68.00
69.00	06900 ELECTROCARDIOLOGY	6,705	1,039,782	0.006448	3,101	20	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	178,454	5,249,802	0.033993	210,855	7,168	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	82,978	17,610,454	0.004712	3,695,742	17,414	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	122,369	17,937,057	0.006822	4,445,682	30,328	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	754,889	123,635,708	0.006106	10,832,793	66,145	73.00
76.00	03190 CHEMOTHERAPY	48,414	9,397,448	0.005152	14,222	73	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 ANDERSON OUTPATIENT CENTER	128,949	5,130,705	0.025133	0	0	90.01
90.02	04950 DIABETIC EDUCATION	0	0	0.000000	0	0	90.02
90.03	09002 MS CLINIC	31,980	312,343	0.102387	0	0	90.03
91.00	09100 EMERGENCY	554,702	81,143,013	0.006836	5,646,714	38,601	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	86,021	3,298,649	0.026078	170,988	4,459	92.00
200.00	Total (lines 50 through 199)	5,378,936	612,303,384		64,048,487	539,022	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part III Date/Time Prepared: 11/26/2018 2:01 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
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
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	20,379	0.00	5,588 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	6,285	0.00	4,352 31.00
41.00	04100	SUBPROVIDER - IRF	0	0	2,620	0.00	1,419 41.00
43.00	04300	NURSERY	0	0	1,052	0.00	0 43.00
200.00		Total (lines 30 through 199)	0	0	30,336		11,359 200.00
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
		9.00					
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0				31.00
41.00	04100	SUBPROVIDER - IRF	0				41.00
43.00	04300	NURSERY	0				43.00
200.00		Total (lines 30 through 199)	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/26/2018 2:01 pm
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Cost Center Description	Title XVIII			Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	72,696	54.00
54.01	03440	MAMMOGRAPHY	0	0	0	15,067	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	51,086	54.02
54.03	03630	ULTRA SOUND	0	0	0	33,680	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	110,735	55.00
57.00	05700	CT SCAN	0	0	0	54,769	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	11,909	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	462,156	73.00
76.00	03190	CHEMOTHERAPY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0	0	0	0	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	90.02
90.03	09002	MS CLINIC	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	204,073	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	1,016,171	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/26/2018 2:01 pm
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Cost Center Description		Title XVIII		Hospital		PPS		
		All Other Medical Education Cost	Total Cost (sum of col 1 through col 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	109,038,445	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,760,693	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	10,436,535	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	72,696	72,696	20,576,206	0.003533	54.00
54.01	03440	MAMMOGRAPHY	0	15,067	15,067	4,264,526	0.003533	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	51,086	51,086	14,459,758	0.003533	54.02
54.03	03630	ULTRA SOUND	0	33,680	33,680	9,532,887	0.003533	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	110,735	110,735	31,349,981	0.003532	55.00
57.00	05700	CT SCAN	0	54,769	54,769	15,502,061	0.003533	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	11,909	11,909	3,370,849	0.003533	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	22,793,226	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	73,835,413	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	13,621,900	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	10,055,925	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,631,742	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,318,276	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,039,782	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,249,802	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	17,610,454	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	17,937,057	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	462,156	462,156	123,635,708	0.003738	73.00
76.00	03190	CHEMOTHERAPY	0	0	0	9,397,448	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0	0	0	5,130,705	0.000000	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0.000000	90.02
90.03	09002	MS CLINIC	0	0	0	312,343	0.000000	90.03
91.00	09100	EMERGENCY	0	204,073	204,073	81,143,013	0.002515	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	3,298,649	0.000000	92.00
200.00		Total (lines 50 through 199)	0	1,016,171	1,016,171	612,303,384		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/26/2018 2:01 pm
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Cost Center Description		Title XVIII				Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	11,213,758	0	24,686,577	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	119,227	0	3,699	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	978,415	0	1,928,870	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.003533	1,932,691	6,828	3,801,708	13,431	54.00
54.01	03440 MAMMOGRAPHY	0.003533	0	0	0	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.003533	476,542	1,684	5,027,018	17,760	54.02
54.03	03630 ULTRASOUND	0.003533	868,834	3,070	1,726,906	6,101	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.003532	532,593	1,881	12,810,762	45,248	55.00
57.00	05700 CT SCAN	0.003533	1,399,956	4,946	3,332,312	11,773	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.003533	321,875	1,137	779,090	2,753	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	2,361,096	0	4,665,698	0	59.00
60.00	06000 LABORATORY	0.000000	11,674,794	0	7,935,455	0	60.00
65.00	06500 RESPIRATORY THERAPY	0.000000	5,561,671	0	649,221	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	872,645	0	28,201	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	526,334	0	16,960	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	187,959	0	222,728	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	3,101	0	642,104	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	210,855	0	1,611,420	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	3,695,742	0	2,624,561	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	4,445,682	0	2,350,321	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.003738	10,832,793	40,493	46,277,078	172,984	73.00
76.00	03190 CHEMOTHERAPY	0.000000	14,222	0	1,641,596	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 ANDERSON OUTPATIENT CENTER	0.000000	0	0	437,141	0	90.01
90.02	04950 DIABETIC EDUCATION	0.000000	0	0	0	0	90.02
90.03	09002 MS CLINIC	0.000000	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.002515	5,646,714	14,201	15,396,766	38,723	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	170,988	0	1,183,152	0	92.00
200.00	Total (lines 50 through 199)		64,048,487	74,240	139,779,344	308,773	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/26/2018 2:01 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	0.244148	24,686,577	0	0	6,027,178	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.790042	3,699	0	0	2,922	52.00
53.00	05300	ANESTHESIOLOGY	0.153197	1,928,870	0	0	295,497	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.255308	3,801,708	0	0	970,606	54.00
54.01	03440	MAMMOGRAPHY	0.172025	0	0	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.107949	5,027,018	0	0	542,662	54.02
54.03	03630	ULTRA SOUND	0.089462	1,726,906	0	0	154,492	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.124962	12,810,762	0	0	1,600,858	55.00
57.00	05700	CT SCAN	0.081434	3,332,312	0	0	271,363	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.349850	779,090	0	0	272,565	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.117500	4,665,698	0	0	548,220	59.00
60.00	06000	LABORATORY	0.128637	7,935,455	0	0	1,020,793	60.00
65.00	06500	RESPIRATORY THERAPY	0.180641	649,221	0	0	117,276	65.00
66.00	06600	PHYSICAL THERAPY	0.387707	28,201	0	0	10,934	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.457753	16,960	0	0	7,763	67.00
68.00	06800	SPEECH PATHOLOGY	0.457254	222,728	0	0	101,843	68.00
69.00	06900	ELECTROCARDIOLOGY	0.258666	642,104	0	0	166,090	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.244194	1,611,420	0	0	393,499	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.234466	2,624,561	0	0	615,370	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.341775	2,350,321	0	0	803,281	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.273658	46,277,078	0	25,322	12,664,093	73.00
76.00	03190	CHEMOTHERAPY	0.185315	1,641,596	0	0	304,212	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0.706180	437,141	0	0	308,700	90.01
90.02	04950	DIABETIC EDUCATION	0.000000	0	0	0	0	90.02
90.03	09002	MS CLINIC	0.536449	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.109575	15,396,766	0	0	1,687,101	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.366293	1,183,152	0	0	433,380	92.00
200.00		Subtotal (see instructions)		139,779,344	0	25,322	29,320,698	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		139,779,344	0	25,322	29,320,698	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/26/2018 2:01 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03440 MAMMOGRAPHY	0	0		54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0		54.02
54.03 03630 ULTRA SOUND	0	0		54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	6,930		73.00
76.00 03190 CHEMOTHERAPY	0	0		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 ANDERSON OUTPATIENT CENTER	0	0		90.01
90.02 04950 DIABETIC EDUCATION	0	0		90.02
90.03 09002 MS CLINIC	0	0		90.03
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	6,930		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	6,930		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0088 Component CCN: 15-T088		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part II Date/Time Prepared: 11/26/2018 2:01 pm	
Title XVIII				Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,365,367	109,038,445	0.012522	20,459	256	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	343,315	3,760,693	0.091290	0	0	52.00
53.00	05300 ANESTHESIOLOGY	32,496	10,436,535	0.003114	884	3	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	318,631	20,576,206	0.015485	61,732	956	54.00
54.01	03440 MAMMOGRAPHY	18,421	4,264,526	0.004320	0	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	53,070	14,459,758	0.003670	0	0	54.02
54.03	03630 ULTRA SOUND	20,017	9,532,887	0.002100	9,887	21	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	96,231	31,349,981	0.003070	0	0	55.00
57.00	05700 CT SCAN	42,654	15,502,061	0.002752	20,400	56	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	39,991	3,370,849	0.011864	6,650	79	58.00
59.00	05900 CARDIAC CATHETERIZATION	182,623	22,793,226	0.008012	8,682	70	59.00
60.00	06000 LABORATORY	361,435	73,835,413	0.004895	356,058	1,743	60.00
65.00	06500 RESPIRATORY THERAPY	155,145	13,621,900	0.011389	262,737	2,992	65.00
66.00	06600 PHYSICAL THERAPY	223,334	10,055,925	0.022209	607,197	13,485	66.00
67.00	06700 OCCUPATIONAL THERAPY	95,991	3,631,742	0.026431	644,410	17,032	67.00
68.00	06800 SPEECH PATHOLOGY	34,754	1,318,276	0.026363	141,699	3,736	68.00
69.00	06900 ELECTROCARDIOLOGY	6,705	1,039,782	0.006448	5,825	38	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	178,454	5,249,802	0.033993	134	5	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	82,978	17,610,454	0.004712	71,505	337	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	122,369	17,937,057	0.006822	1,465	10	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	754,889	123,635,708	0.006106	437,402	2,671	73.00
76.00	03190 CHEMOTHERAPY	48,414	9,397,448	0.005152	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 ANDERSON OUTPATIENT CENTER	128,949	5,130,705	0.025133	0	0	90.01
90.02	04950 DIABETIC EDUCATION	0	0	0.000000	0	0	90.02
90.03	09002 MS CLINIC	31,980	312,343	0.102387	0	0	90.03
91.00	09100 EMERGENCY	554,702	81,143,013	0.006836	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,298,649	0.000000	0	0	92.00
200.00	Total (lines 50 through 199)	5,292,915	612,303,384		2,657,126	43,490	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0088 Component CCN: 15-T088	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/26/2018 2:01 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	72,696	54.00
54.01	03440 MAMMOGRAPHY	0	0	0	0	15,067	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	51,086	54.02
54.03	03630 ULTRA SOUND	0	0	0	0	33,680	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	110,735	55.00
57.00	05700 CT SCAN	0	0	0	0	54,769	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	11,909	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	462,156	73.00
76.00	03190 CHEMOTHERAPY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANDERSON OUTPATIENT CENTER	0	0	0	0	0	90.01
90.02	04950 DIABETIC EDUCATION	0	0	0	0	0	90.02
90.03	09002 MS CLINIC	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	0	0	204,073	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	1,016,171	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0088 Component CCN: 15-T088		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/26/2018 2:01 pm		
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col. 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	109,038,445	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,760,693	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	10,436,535	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	72,696	72,696	20,576,206	0.003533	54.00
54.01	03440	MAMMOGRAPHY	0	15,067	15,067	4,264,526	0.003533	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	51,086	51,086	14,459,758	0.003533	54.02
54.03	03630	ULTRA SOUND	0	33,680	33,680	9,532,887	0.003533	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	110,735	110,735	31,349,981	0.003533	55.00
57.00	05700	CT SCAN	0	54,769	54,769	15,502,061	0.003533	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	11,909	11,909	3,370,849	0.003533	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	22,793,226	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	73,835,413	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	13,621,900	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	10,055,925	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,631,742	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,318,276	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,039,782	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,249,802	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	17,610,454	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	17,937,057	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	462,156	462,156	123,635,708	0.003738	73.00
76.00	03190	CHEMOTHERAPY	0	0	0	9,397,448	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0	0	0	5,130,705	0.000000	90.01
90.02	04950	DIABETIC EDUCATION	0	0	0	0	0.000000	90.02
90.03	09002	MS CLINIC	0	0	0	312,343	0.000000	90.03
91.00	09100	EMERGENCY	0	204,073	204,073	81,143,013	0.002515	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	3,298,649	0.000000	92.00
200.00		Total (lines 50 through 199)	0	1,016,171	1,016,171	612,303,384		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0088 Component CCN: 15-T088	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/26/2018 2:01 pm			
Title XVIII			Subprovider - IRF	PPS			
Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
	9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	20,459	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	884	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.003533	61,732	218	0	54.00
54.01	03440	MAMMOGRAPHY	0.003533	0	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.003533	0	0	0	54.02
54.03	03630	ULTRA SOUND	0.003533	9,887	35	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.003532	0	0	0	55.00
57.00	05700	CT SCAN	0.003533	20,400	72	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.003533	6,650	23	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	8,682	0	0	59.00
60.00	06000	LABORATORY	0.000000	356,058	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	262,737	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	607,197	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	644,410	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	141,699	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	5,825	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	134	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	71,505	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,465	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.003738	437,402	1,635	0	73.00
76.00	03190	CHEMOTHERAPY	0.000000	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0.000000	0	0	0	90.01
90.02	04950	DIABETIC EDUCATION	0.000000	0	0	0	90.02
90.03	09002	MS CLINIC	0.000000	0	0	0	90.03
91.00	09100	EMERGENCY	0.002515	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	92.00
200.00		Total (lines 50 through 199)		2,657,126	1,983	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/26/2018 2:01 pm
		Title XIX	Hospital	Cost

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	0.244148	0	16,481,305	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.790042	0	489,723	0	0
53.00 05300 ANESTHESIOLOGY	0.153197	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.255308	0	3,846,814	0	0
54.01 03440 MAMMOGRAPHY	0.172025	0	359,767	0	0
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.107949	0	1,362,553	0	0
54.03 03630 ULTRA SOUND	0.089462	0	2,219,948	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.124962	0	3,576,163	0	0
57.00 05700 CT SCAN	0.081434	0	2,824,999	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.349850	0	436,297	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.117500	0	2,274,282	0	0
60.00 06000 LABORATORY	0.128637	0	10,686,464	0	0
65.00 06500 RESPIRATORY THERAPY	0.180641	0	309,462	0	0
66.00 06600 PHYSICAL THERAPY	0.387707	0	1,199,580	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.457753	0	510,152	0	0
68.00 06800 SPEECH PATHOLOGY	0.457254	0	185,091	0	0
69.00 06900 ELECTROCARDIOLOGY	0.258666	0	51,442	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.244194	0	930,858	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.234466	0	1,323,359	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.341775	0	1,768,601	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.273658	0	10,670,608	0	0
76.00 03190 CHEMOTHERAPY	0.185315	0	1,077,584	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 09001 ANDERSON OUTPATIENT CENTER	0.706180	0	1,303,806	0	0
90.02 04950 DIABETIC EDUCATION	0.000000	0	0	0	0
90.03 09002 MS CLINIC	0.536449	0	37,261	0	0
91.00 09100 EMERGENCY	0.109575	0	26,114,955	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.366293	0	494,628	0	0
200.00 Subtotal (see instructions)		0	90,535,702	0	0
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0
202.00 Net Charges (line 200 - line 201)		0	90,535,702	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/26/2018 2:01 pm
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	4,023,878	0		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	386,902	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	982,122	0		54.00
54.01 03440 MAMMOGRAPHY	61,889	0		54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	147,086	0		54.02
54.03 03630 ULTRA SOUND	198,601	0		54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	446,884	0		55.00
57.00 05700 CT SCAN	230,051	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	152,639	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	267,228	0		59.00
60.00 06000 LABORATORY	1,374,675	0		60.00
65.00 06500 RESPIRATORY THERAPY	55,902	0		65.00
66.00 06600 PHYSICAL THERAPY	465,086	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	233,524	0		67.00
68.00 06800 SPEECH PATHOLOGY	84,634	0		68.00
69.00 06900 ELECTROCARDIOLOGY	13,306	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	227,310	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	310,283	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	604,464	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,920,097	0		73.00
76.00 03190 CHEMOTHERAPY	199,692	0		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 ANDERSON OUTPATIENT CENTER	920,722	0		90.01
90.02 04950 DIABETIC EDUCATION	0	0		90.02
90.03 09002 MS CLINIC	19,989	0		90.03
91.00 09100 EMERGENCY	2,861,546	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	181,179	0		92.00
200.00 Subtotal (see instructions)	17,369,689	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	17,369,689	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/26/2018 2:01 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)		20,379	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		20,379	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)		19,274	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)		5,588	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)		22,283,670	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)		22,283,670	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)		22,283,670	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)		1,093.46	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,110,254	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)		6,110,254	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0088		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/26/2018 2:01 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 XVIII		1.00	2.00	3.00	4.00	5.00	
Hospital							
PPS							
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	9,403,702	6,285	1,496.21	4,352	6,511,506	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					13,518,774	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					26,140,534	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)					750,241	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					613,262	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,363,503	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					24,777,031	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,105	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,093.46	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,208,273	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0088		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/26/2018 2:01 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)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,586,436	22,283,670	0.071193	1,208,273	86,021	90.00
91.00	Nursing School cost	0	22,283,670	0.000000	1,208,273	0	91.00
92.00	Allied health cost	0	22,283,670	0.000000	1,208,273	0	92.00
93.00	All other Medical Education	0	22,283,670	0.000000	1,208,273	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1
		Component CCN: 15-T088		Date/Time Prepared: 11/26/2018 2:01 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,620	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,620	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,620	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,419	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,699,738	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,699,738	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,699,738	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)		1,030.43	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,462,180	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,462,180	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0088		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1	
		Component CCN: 15-T088				Date/Time Prepared: 11/26/2018 2:01 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
						1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						854,218	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						2,316,398	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)						115,535	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						45,473	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						161,008	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						2,155,390	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0088 Component CCN: 15-T088		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/26/2018 2:01 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	213,332	2,699,738	0.079020	0	0	90.00
91.00	Nursing School cost	0	2,699,738	0.000000	0	0	91.00
92.00	Allied health cost	0	2,699,738	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,699,738	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/26/2018 2:01 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		8,126,178	30.00
31.00	03100	INTENSIVE CARE UNIT		10,399,444	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.250737	11,213,758	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.790042	119,227	52.00
53.00	05300	ANESTHESIOLOGY	0.153197	978,415	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.255308	1,932,691	54.00
54.01	03440	MAMMOGRAPHY	0.172025	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.107949	476,542	54.02
54.03	03630	ULTRA SOUND	0.089462	868,834	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.124962	532,593	55.00
57.00	05700	CT SCAN	0.081434	1,399,956	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.349850	321,875	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.117500	2,361,096	59.00
60.00	06000	LABORATORY	0.128637	11,674,794	60.00
65.00	06500	RESPIRATORY THERAPY	0.181948	5,561,671	65.00
66.00	06600	PHYSICAL THERAPY	0.387707	872,645	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.457753	526,334	67.00
68.00	06800	SPEECH PATHOLOGY	0.457254	187,959	68.00
69.00	06900	ELECTROCARDIOLOGY	0.258666	3,101	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.244194	210,855	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.234466	3,695,742	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.341775	4,445,682	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.273658	10,832,793	73.00
76.00	03190	CHEMOTHERAPY	0.185315	14,222	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0.706180	0	90.01
90.02	04950	DIABETIC EDUCATION	0.000000	0	90.02
90.03	09002	MS CLINIC	0.536449	0	90.03
91.00	09100	EMERGENCY	0.110303	5,646,714	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.366293	170,988	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		64,048,487	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)		64,048,487	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0088 Component CCN: 15-T088	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/26/2018 2:01 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		1,920,104		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.250737	20,459	5,130	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.790042	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.153197	884	135	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.255308	61,732	15,761	54.00
54.01	03440 MAMMOGRAPHY	0.172025	0	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.107949	0	0	54.02
54.03	03630 ULTRA SOUND	0.089462	9,887	885	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.124962	0	0	55.00
57.00	05700 CT SCAN	0.081434	20,400	1,661	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.349850	6,650	2,327	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.117500	8,682	1,020	59.00
60.00	06000 LABORATORY	0.128637	356,058	45,802	60.00
65.00	06500 RESPIRATORY THERAPY	0.181948	262,737	47,804	65.00
66.00	06600 PHYSICAL THERAPY	0.387707	607,197	235,415	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.457753	644,410	294,981	67.00
68.00	06800 SPEECH PATHOLOGY	0.457254	141,699	64,792	68.00
69.00	06900 ELECTROCARDIOLOGY	0.258666	5,825	1,507	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.244194	134	33	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.234466	71,505	16,765	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.341775	1,465	501	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.273658	437,402	119,699	73.00
76.00	03190 CHEMOTHERAPY	0.185315	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 ANDERSON OUTPATIENT CENTER	0.706180	0	0	90.01
90.02	04950 DIABETIC EDUCATION	0.000000	0	0	90.02
90.03	09002 MS CLINIC	0.536449	0	0	90.03
91.00	09100 EMERGENCY	0.110303	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.366293	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		2,657,126	854,218	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)		2,657,126		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/26/2018 2:01 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		12,536,917	30.00
31.00	03100	INTENSIVE CARE UNIT		3,837,952	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		1,085,433	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.244148	4,495,479	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.790042	2,387,410	52.00
53.00	05300	ANESTHESIOLOGY	0.153197	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.255308	1,172,246	54.00
54.01	03440	MAMMOGRAPHY	0.172025	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.107949	214,406	54.02
54.03	03630	ULTRA SOUND	0.089462	299,253	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.124962	213,199	55.00
57.00	05700	CT SCAN	0.081434	659,666	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.349850	163,379	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.117500	1,109,478	59.00
60.00	06000	LABORATORY	0.128637	5,963,651	60.00
65.00	06500	RESPIRATORY THERAPY	0.180641	2,066,953	65.00
66.00	06600	PHYSICAL THERAPY	0.387707	116,844	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.457753	196,731	67.00
68.00	06800	SPEECH PATHOLOGY	0.457254	41,719	68.00
69.00	06900	ELECTROCARDIOLOGY	0.258666	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.244194	163,331	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.234466	1,327,766	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.341775	658,136	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.273658	5,292,068	73.00
76.00	03190	CHEMOTHERAPY	0.185315	8,505	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	ANDERSON OUTPATIENT CENTER	0.706180	1,061	90.01
90.02	04950	DIABETIC EDUCATION	0.000000	0	90.02
90.03	09002	MS CLINIC	0.536449	0	90.03
91.00	09100	EMERGENCY	0.109575	4,136,639	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.366293	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		30,687,920	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)		30,687,920	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0088 Component CCN: 15-T088	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/26/2018 2:01 pm
		Title XIX	Subprovider - IRF	Cost
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
41.00	04100 SUBPROVIDER - IRF		387,275	41.00
43.00	04300 NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.244148	1,434	350 50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.790042	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.153197	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.255308	6,988	1,784 54.00
54.01	03440 MAMMOGRAPHY	0.172025	0	0 54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.107949	0	0 54.02
54.03	03630 ULTRA SOUND	0.089462	0	0 54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.124962	0	0 55.00
57.00	05700 CT SCAN	0.081434	5,100	415 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.349850	950	332 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.117500	0	0 59.00
60.00	06000 LABORATORY	0.128637	56,071	7,213 60.00
65.00	06500 RESPIRATORY THERAPY	0.180641	25,400	4,588 65.00
66.00	06600 PHYSICAL THERAPY	0.387707	120,586	46,752 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.457753	114,355	52,346 67.00
68.00	06800 SPEECH PATHOLOGY	0.457254	23,676	10,826 68.00
69.00	06900 ELECTROCARDIOLOGY	0.258666	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.244194	4,946	1,208 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.234466	8,449	1,981 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.341775	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.273658	66,517	18,203 73.00
76.00	03190 CHEMOTHERAPY	0.185315	0	0 76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000	0	0 90.00
90.01	09001 ANDERSON OUTPATIENT CENTER	0.706180	0	0 90.01
90.02	04950 DIABETIC EDUCATION	0.000000	0	0 90.02
90.03	09002 MS CLINIC	0.536449	0	0 90.03
91.00	09100 EMERGENCY	0.109575	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.366293	0	0 92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		434,472	145,998 200.00
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)		434,472	145,998 202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/26/2018 2:01 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)		4,235,591	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		12,579,866	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)		1,191,608	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)		137.97	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 which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.62	30.00
31.00	Percentage of Medicaid patient days (see instructions)		30.32	31.00
32.00	Sum of lines 30 and 31		35.94	32.00
33.00	Allowable disproportionate share percentage (see instructions)		18.87	33.00
34.00	Disproportionate share adjustment (see instructions)		793,269	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/26/2018 2:01 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)	5,977,483,147	6,766,695,164	35.00
35.01	Factor 3 (see instructions)	0.000194704	0.000273470	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,163,840	1,850,490	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	293,352	1,384,065	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,677,417		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	20,477,751		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)		20,477,751	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,513,187	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		34,831	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		74,240	58.00
59.00	Total (sum of amounts on lines 49 through 58)		22,100,009	59.00
60.00	Primary payer payments		184	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		22,099,825	61.00
62.00	Deductibles billed to program beneficiaries		1,876,688	62.00
63.00	Coinurance billed to program beneficiaries		110,145	63.00
64.00	Allowable bad debts (see instructions)		273,188	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		177,572	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		143,796	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		20,290,564	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-3,619	70.93
70.94	HRR adjustment amount (see instructions)		-113,514	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/26/2018 2:01 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)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			20,173,431	71.00
71.01	Sequestration adjustment (see instructions)			403,469	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			18,837,372	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)			932,590	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			285,573	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0088

Period:
From 07/01/2017
To 06/30/2018

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/26/2018 2:01 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	4,235,591	0	4,235,591		4,235,591	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	12,579,866	0		12,579,866	12,579,866	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	1,191,608	0	304,039	887,570	1,191,609	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	0.1887	0.1887	0.1887	0.1887		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	793,269	0	199,814	593,455	793,269	11.00
11.01	Uncompensated care payments	36.00	1,677,417	0	321,525	870,488	1,192,013	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	20,477,751	0	5,060,969	15,416,782	20,477,751	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	20,477,751	0	5,060,969	15,416,782	20,477,751	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,513,187	0	379,398	1,133,789	1,513,187	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0088

Period:
From 07/01/2017
To 06/30/2018

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/26/2018 2:01 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	5,440,367	16,550,571	21,990,938	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	1,367,776	0	343,021	1,024,755	1,367,776	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	42,144	0	10,479	31,665	42,144	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	0.0755	0.0755	0.0755	0.0755		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	103,267	0	25,898	77,369	103,267	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,513,187	0	379,398	1,133,789	1,513,187	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0088		Period: From 07/01/2017 To 06/30/2018		Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/26/2018 2:01 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 s. 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	4,235,591	4,235,591		4,235,591	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	12,579,866		12,579,866	12,579,866	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	1,191,608	304,039	887,570	1,191,609	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	0.1887	0.1887	0.1887		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	793,269	199,814	593,455	793,269	11.00
11.01	Uncompensated care payments	36.00	1,677,417	293,352	1,384,065	1,677,417	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	20,477,751	5,032,796	15,444,955	20,477,751	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	20,477,751	5,032,796	15,444,955	20,477,751	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,513,187	379,398	1,133,789	1,513,187	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			5,412,194	16,578,744	21,990,938	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/26/2018 2:01 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	1,367,776	343,021	1,024,755	1,367,776	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	42,144	10,479	31,665	42,144	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	0.0755	0.0755	0.0755		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	103,267	25,898	77,369	103,267	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,513,187	379,398	1,133,789	1,513,187	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	-3,619	21,897	-25,516	-3,619	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	-113,514	242,496	-356,010	-113,514	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/26/2018 2:01 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		6,930	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		29,011,925	2.00
3.00	OPPS payments		24,844,169	3.00
4.00	Outlier payment (see instructions)		197,741	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		308,773	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		6,930	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		25,322	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)		25,322	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)		25,322	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		18,392	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		6,930	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)		25,350,683	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,904,138	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)		20,453,475	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)		20,453,475	30.00
31.00	Primary payer payments		5,131	31.00
32.00	Subtotal (line 30 minus line 31)		20,448,344	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)		778,574	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		506,073	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		451,073	36.00
37.00	Subtotal (see instructions)		20,954,417	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-250	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)		20,954,667	40.00
40.01	Sequestration adjustment (see instructions)		419,093	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		20,261,509	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		274,065	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0088		Period: From 07/01/2017 To 06/30/2018		Worksheet E-1 Part I Date/Time Prepared: 11/26/2018 2:01 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		18,837,372		20,261,509	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		18,837,372		20,261,509	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		932,590		274,065	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		19,769,962		20,535,574	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0088 Component CCN: 15-T088		Period: From 07/01/2017 To 06/30/2018		Worksheet E-1 Part I Date/Time Prepared: 11/26/2018 2:01 pm	
		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider					0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,209,667			0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0			0	3.01
3.02			0			0	3.02
3.03			0			0	3.03
3.04			0			0	3.04
3.05			0			0	3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0			0	3.50
3.51			0			0	3.51
3.52			0			0	3.52
3.53			0			0	3.53
3.54			0			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0			0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,209,667			0	4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0			0	5.01
5.02			0			0	5.02
5.03			0			0	5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0			0	5.50
5.51			0			0	5.51
5.52			0			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0			0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0			0	6.01
6.02	SETTLEMENT TO PROGRAM		35,204			0	6.02
7.00	Total Medicare program liability (see instructions)		2,174,463			0	7.00
		0		Contractor Number	NPR Date (Mo/Day/Yr)		
				1.00	2.00		
8.00	Name of Contractor						

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet E-1 Part II Date/Time Prepared: 11/26/2018 2:01 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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0088 Component CCN: 15-T088	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part III Date/Time Prepared: 11/26/2018 2:01 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,113,756 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0278 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			81,802 3.00
4.00	Outlier Payments			32,761 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			7.178082 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			2,228,319 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,228,319 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,228,319 19.00
20.00	Deductibles			10,624 20.00
21.00	Subtotal (line 19 minus line 20)			2,217,695 21.00
22.00	Coinsurance			1,675 22.00
23.00	Subtotal (line 21 minus line 22)			2,216,020 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			1,288 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			837 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,288 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,216,857 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			1,983 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,218,840 32.00
32.01	Sequestration adjustment (see instructions)			44,377 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			2,209,667 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			-35,204 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			13,105 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			32,761 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

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

Provider CCN: 15-0088

Period:
From 07/01/2017
To 06/30/2018

Worksheet G

Date/Time Prepared:
11/26/2018 2:01 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	28,062	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	70,542,818	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-43,688,311	0	0	0	6.00
7.00	Inventory	3,155,561	0	0	0	7.00
8.00	Prepaid expenses	330,229	0	0	0	8.00
9.00	Other current assets	3,494,719	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)	33,863,078	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,292,602	0	0	0	12.00
13.00	Land improvements	1,539,559	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	101,222,568	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	53,423,826	0	0	0	23.00
24.00	Accumulated depreciation	-109,644,032	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)	51,834,523	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	255,028	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	255,028	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	85,952,629	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	8,034,128	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,587,623	0	0	0	38.00
39.00	Payroll taxes payable	490,463	0	0	0	39.00
40.00	Notes and loans payable (short term)	205,578	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	23,322,582	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	36,640,374	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	14,424,778	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	637,780	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	15,062,558	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	51,702,932	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	34,249,697	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	34,249,697	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	85,952,629	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0088

Period:
From 07/01/2017
To 06/30/2018

Worksheet G-1

Date/Time Prepared:
11/26/2018 2:01 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		27,735,537		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		10,343,505			2.00
3.00	Total (sum of line 1 and line 2)		38,079,042		0	3.00
4.00	Additions (credit adjustments) (specify)	0		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)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		38,079,042		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	MISCELLANEOUS	3,829,345		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		3,829,345		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		34,249,697		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00	MISCELLANEOUS		0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0088

Period:
From 07/01/2017
To 06/30/2018

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/26/2018 2:01 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	39,012,670		39,012,670	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	3,577,781		3,577,781	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	42,590,451		42,590,451	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	17,798,746		17,798,746	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	17,798,746		17,798,746	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	60,389,197		60,389,197	17.00
18.00	Ancillary services	153,644,495	387,834,169	541,478,664	18.00
19.00	Outpatient services	0	70,276,109	70,276,109	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN REVENUE	0	2,714,736	2,714,736	27.00
27.01	DME/HOME HEALTH	0	8,756,179	8,756,179	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	214,033,692	469,581,193	683,614,885	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		190,843,582		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)		190,843,582		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0088

Period:
From 07/01/2017
To 06/30/2018

Worksheet G-3

Date/Time Prepared:
11/26/2018 2:01 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	683,614,885	1.00
2.00	Less contractual allowances and discounts on patients' accounts	487,153,216	2.00
3.00	Net patient revenues (line 1 minus line 2)	196,461,669	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	190,843,582	4.00
5.00	Net income from service to patients (line 3 minus line 4)	5,618,087	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	425	7.00
8.00	Revenues from telephone and other miscellaneous communication services	10,122	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	399	13.00
14.00	Revenue from meals sold to employees and guests	629,465	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	21,695	17.00
18.00	Revenue from sale of medical records and abstracts	30,022	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	59,451	21.00
22.00	Rental of hospital space	549,859	22.00
23.00	Governmental appropriations	0	23.00
24.00	LAB SERVICE REVENUE	20	24.00
24.01	SHARED SERVICE REVENUE	2,240,066	24.01
24.02	DME	153,801	24.02
24.03	GRANTS REVENUE	482,010	24.03
24.04	OTHER MISCELLANEOUS REVENUE	191,695	24.04
24.05	CHILD CARE REVENUE	410	24.05
24.06	STATE PROGRAM REVENUE	42,500	24.06
24.07	CONTRACT SERVICE REVENUE	54,670	24.07
24.08	LAUNDRY REVENUE	0	24.08
24.09	RESEARCH REVENUE	62,756	24.09
24.10	ASSETS RELEASED FROM RESTRICTED FUND	198,610	24.10
24.11	GAIN ON DISPOSAL OF ASSET	18,279	24.11
25.00	Total other income (sum of lines 6-24)	4,746,255	25.00
26.00	Total (line 5 plus line 25)	10,364,342	26.00
27.00	EHR	0	27.00
27.01	RESTRUCTURING EXPENSE	0	27.01
27.02	FUND RAISING ACTIVITIES	0	27.02
27.03	OTHER EXPENSES	20,837	27.03
28.00	Total other expenses (sum of line 27 and subscripts)	20,837	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	10,343,505	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0088	Period: From 07/01/2017 To 06/30/2018	Worksheet L Parts I-III Date/Time Prepared: 11/26/2018 2:01 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,367,776	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		42,144	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)		71.11	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.62	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		30.32	8.00
9.00	Sum of lines 7 and 8		35.94	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.55	10.00
11.00	Disproportionate share adjustment (see instructions)		103,267	11.00
12.00	Total prospective capital payments (see instructions)		1,513,187	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