

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:	Period: From 07/01/2017 To 06/30/2018	Worksheet S Parts I-III Date/Time Prepared: 6/12/2019 8:37 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date:	Time:
	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.		
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 PPS MEDICAL CENTER () 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	-477,134	70,354	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	-5,950	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
7.00 SKILLED NURSING FACILITY	0	14,387	0		0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RHC 1 I	0		28,415		0	10.00
10.01 RHC 2 II	0		9,320		0	10.01
10.02 RHC 3 III	0		16,568		0	10.02
10.03 RHC 4 IV	0		4,174		0	10.03
10.04 MEDICAL ASSOCIATES V	0		2		0	10.04
200.00 Total	0	-468,697	128,833	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:	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 6/12/2019 8:37 am
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1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 Zip Code:		4.00 County:		1.00
1.00	Street: 200 MAIN	State:		Zip Code:		County:		2.00
2.00	City: ANYWHERE							

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	PPS MEDICAL CENTER			1	01/01/1986	N	P	N	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	PPS MEDICAL CENTER - REHAB UNI			5	07/04/1993	N	P	N	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	PPS MED CENTER- TRANSITIONAL				01/07/1993	N	P	N	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	RHC 1				04/01/2016	N	O	O	15.00
15.01	Hospital-Based Health Clinic - RHC II	RHC 2				04/01/2016	N	O	O	15.01
15.02	Hospital-Based Health Clinic - RHC III	RHC 3				04/01/2016	N	O	O	15.02
15.03	Hospital-Based Health Clinic - RHC IV	RHC 4				04/01/2016	N	O	O	15.03
15.04	Hospital-Based Health Clinic - RHC V	RHC 5				05/23/2018	N	O	O	15.04
16.00	Hospital-Based Health Clinic - FOHC									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)					2		21.00
						1.00	2.00	3.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:			Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 6/12/2019 8:37 am		
		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.	856	428	24	15	6,651	0	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00	
						Urban/Rural	S	Date of Geogr	
						1.00		2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		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.					2		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.					1		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.					07/01/2017	06/30/2018	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)					N		37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00		2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	Y	40.00	
						V	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y			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 Wkst. E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 6/12/2019 8:37 am			
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code					
		1.00	2.00	3.00					
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	N					60.00		
		Y/N	IME	Direct GME	IME	Direct GME			
		1.00	2.00	3.00	4.00	5.00			
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00		
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01		
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02		
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03		
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04		
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05		
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06		
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
		1.00		2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10		
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20		
						1.00			
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) 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		
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00		
				Unweighted FTEs Nonprovi der Site	Unwei ghted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))			
				1.00	2.00	3.00			
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)					0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 6/12/2019 8:37 am		
		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)				N	N	0	71.00
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				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.		Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.06	
Rural Providers						
105.00	Does this hospital qualify as a CAH?		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)				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.				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.					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:	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 6/12/2019 8:37 am	
		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.	Y			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:	1,862,165	0		118.01
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		HB0786	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 6/12/2019 8:37 am			
1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name: NOVITAS		Contractor's Number: 12501			
142.00	Street:	PO Box:					
143.00	City: ANYWHERE	State:		Zip Code:			
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?				Y	144.00	
				1.00	2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			N	N	145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N		146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N	149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
				1.00			
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.				Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0	168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				9.99	169.00	
		Beginning	Ending				
		1.00	2.00				
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			07/01/2017	09/30/2017	170.00	
				1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)			N		171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part II Date/Time Prepared: 6/12/2019 8:37 am	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			N			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			Y			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	10/03/2018	Y	10/03/2018
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	
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	
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	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 6/12/2019 8:37 am	
		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.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BKD		LLP	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	417-865-8701		SFDCOSTREPORTS@BKD.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN:

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

Worksheet S-2
Part II
Date/Time Prepared:
6/12/2019 8:37 am

		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.	COSTREPORTS	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

HFS Supplemental Information		Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part IX Date/Time Prepared: 6/12/2019 8:37 am
		Title V 1.00	Title XIX 2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)	Y	Y	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	N	3.01
		Inpatient 1.00	Outpatient 2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	5.00
		Title V 1.00	Title XIX 2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)	Y	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)	Y	Y	7.00
RHC				
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00
FQHC				
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	9.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN:

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

Worksheet S-3
Part I
Date/Time Prepared:
6/12/2019 8:37 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Trips	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	161	58,765	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)		161	58,765	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	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)		173	63,145	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	11	4,015		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	32	11,680		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RHC 1	88.00				0	26.00
26.01 RHC 2	88.01				0	26.01
26.02 RHC 3	88.02				0	26.02
26.03 RHC 4	88.03				0	26.03
26.04 MEDICAL ASSOCIATES	88.04				0	26.04
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		216				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:

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

Worksheet S-3
Part I
Date/Time Prepared:
6/12/2019 8:37 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	8,438	972	24,287			1.00
2.00 HMO and other (see instructions)	3,930	5,799				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	8,438	972	24,287			7.00
8.00 INTENSIVE CARE UNIT	977	490	2,516			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		614	877			13.00
14.00 Total (see instructions)	9,415	2,076	27,680	9.38	1,150.42	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	945	0	1,367	0.00	17.15	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	4,450	0	8,189	0.00	38.10	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC						25.00
26.00 RHC 1	4,737	0	26,332	0.00	36.63	26.00
26.01 RHC 2	1,002	0	4,884	0.00	5.06	26.01
26.02 RHC 3	1,148	0	3,147	0.00	11.96	26.02
26.03 RHC 4	685	0	3,125	0.00	3.25	26.03
26.04 MEDICAL ASSOCIATES	80	0	356	0.00	0.48	26.04
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				9.38	1,263.05	27.00
28.00 Observation Bed Days		0	4,349			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			465			30.00
31.00 Employee discount days - IRF			96			31.00
32.00 Labor & delivery days (see instructions)	0	99	191			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:

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

Worksheet S-3
Part I
Date/Time Prepared:
6/12/2019 8:37 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,147	327	6,469	1.00
2.00 HMO and other (see instructions)			858	1,249		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	2,147	327	6,469	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	84	0	114	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RHC 1	0.00					26.00
26.01 RHC 2	0.00					26.01
26.02 RHC 3	0.00					26.02
26.03 RHC 4	0.00					26.03
26.04 MEDICAL ASSOCIATES	0.00					26.04
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:

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

Worksheet S-3
Part II
Date/Time Prepared:
6/12/2019 8:37 am

	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	78,401,617	0	78,401,617	2,627,126.40	29.84
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		11,543,197	0	11,543,197	57,625.82	200.31
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		3,254,028	-206,108	3,047,920	129,168.92	23.60
7.00	Interns & residents (in an approved program)	21.00	540,517	0	540,517	21,573.50	25.05
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		16,722,165	0	16,722,165	540,670.00	30.93
9.00	SNF	44.00	1,842,947	0	1,842,947	79,246.70	23.26
10.00	Excluded area salaries (see instructions)		1,402,811	206,108	1,608,919	58,693.00	27.41
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		0	0	0	0.00	0.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		343,347	0	343,347	2,465.00	139.29
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		13,799,821	0	13,799,821	445,900.00	30.95
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		17,909,319	0	17,909,319		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,083,123	0	1,083,123		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		452,486	0	452,486		
24.00	Wage-related costs (RHC/FQHC)		1,014,253	0	1,014,253		
25.00	Interns & residents (in an approved program)		169,398	0	169,398		
25.50	Home office wage-related (core)		4,414,094	0	4,414,094		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	623,735	0	623,735	22,233.65	28.05
27.00	Administrative & General	5.00	14,151,682	0	14,151,682	433,663.23	32.63

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:

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

Worksheet S-3
Part II
Date/Time Prepared:
6/12/2019 8:37 am

		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.)		633,852	0	633,852	2,706.00	234.24	28.00
29.00	Maintenance & Repairs	6.00	1,117,917	0	1,117,917	47,854.05	23.36	29.00
30.00	Operation of Plant	7.00	258	0	258	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	85,797	0	85,797	5,622.60	15.26	31.00
32.00	Housekeeping	9.00	1,416,523	0	1,416,523	110,224.20	12.85	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,552,448	0	1,552,448	105,963.80	14.65	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	448,517	0	448,517	12,146.30	36.93	38.00
39.00	Central Services and Supply	14.00	682,384	0	682,384	42,555.50	16.04	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	1,201,177	0	1,201,177	58,651.50	20.48	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:

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

Worksheet S-3
Part III
Date/Time Prepared:
6/12/2019 8:37 am

	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)	46,975,562	206,108	47,181,670	1,880,794.16	25.09	1.00
2.00	Excluded area salaries (see instructions)	3,245,758	206,108	3,451,866	137,939.70	25.02	2.00
3.00	Subtotal salaries (line 1 minus line 2)	43,729,804	0	43,729,804	1,742,854.46	25.09	3.00
4.00	Subtotal other wages & related costs (see inst.)	14,143,168	0	14,143,168	448,365.00	31.54	4.00
5.00	Subtotal wage-related costs (see inst.)	22,323,413	0	22,323,413	0.00	51.05	5.00
6.00	Total (sum of lines 3 thru 5)	80,196,385	0	80,196,385	2,191,219.46	36.60	6.00
7.00	Total overhead cost (see instructions)	21,914,290	0	21,914,290	841,620.83	26.04	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet S-3 Part IV Date/Time Prepared: 6/12/2019 8:37 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			2,586,253 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)			1,858,430 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			0 8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)			0 8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)			9,682,319 8.02
8.03	Health Insurance (Purchased)			0 8.03
9.00	Prescription Drug Plan			1,477,121 9.00
10.00	Dental, Hearing and Vision Plan			450,323 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			94,770 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			276,850 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			185,918 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			3,883,094 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			75,618 19.00
20.00	State or Federal Unemployment Taxes			0 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			57,883 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			20,628,579 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:	Period: From 07/01/2017 To 06/30/2018	Worksheet S-3 Part V Date/Time Prepared: 6/12/2019 8:37 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	20,628,579 1.00
2.00	Hospital		0	18,779,621 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	253,642 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		0	329,452 8.00
9.00	Hospital-Based NF			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice			0 13.00
14.00	Hospital-Based Health Clinic RHC		0	753,968 14.00
14.01	Hospital-Based Health Clinic RHC 1		0	95,128 14.01
14.02	Hospital-Based Health Clinic RHC 2		0	240,243 14.02
14.03	Hospital-Based Health Clinic RHC 3		0	61,242 14.03
14.04	Hospital-Based Health Clinic RHC 4		0	62,097 14.04
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC			0 16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	53,186 18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN:

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

Worksheet S-7
Date/Time Prepared:
6/12/2019 8:37 am

		1.00	2.00		
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N			1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N			2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	42	0	42 12.00
13.00		RUB	46	0	46 13.00
14.00		RUA	40	0	40 14.00
15.00		RVC	259	0	259 15.00
16.00		RVB	234	0	234 16.00
17.00		RVA	442	0	442 17.00
18.00		RHC	912	0	912 18.00
19.00		RHB	551	0	551 19.00
20.00		RHA	1,212	0	1,212 20.00
21.00		RMC	185	0	185 21.00
22.00		RMB	65	0	65 22.00
23.00		RMA	127	0	127 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	0	0	0 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	6	0	6 31.00
32.00		HD1	18	0	18 32.00
33.00		HC2	6	0	6 33.00
34.00		HC1	0	0	0 34.00
35.00		HB2	13	0	13 35.00
36.00		HB1	53	0	53 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	3	0	3 38.00
39.00		LD2	14	0	14 39.00
40.00		LD1	22	0	22 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	20	0	20 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	0	0	0 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	10	0	10 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	16	0	16 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	10	0	10 50.00
51.00		CB2	10	0	10 51.00
52.00		CB1	34	0	34 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	74	0	74 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	6	0	6 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA		Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet S-7 Date/Time Prepared: 6/12/2019 8:37 am	
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
69.00		PE2	0	0	0 69.00
70.00		PE1	0	0	0 70.00
71.00		PD2	0	0	0 71.00
72.00		PD1	0	0	0 72.00
73.00		PC2	0	0	0 73.00
74.00		PC1	5	0	5 74.00
75.00		PB2	0	0	0 75.00
76.00		PB1	1	0	1 76.00
77.00		PA2	0	0	0 77.00
78.00		PA1	2	0	2 78.00
199.00		AAA	12	0	12 199.00
200.00	TOTAL		4,450	0	4,450 200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)
				1.00	2.00
201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).		99939	99939 201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?
			1.00	2.00	3.00
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)					
202.00	Staffing		0	0.00	202.00
203.00	Recruitment		0	0.00	203.00
204.00	Retention of employees		0	0.00	204.00
205.00	Training		0	0.00	205.00
206.00	OTHER (SPECIFY)		0	0.00	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		6,934,389		207.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN:		Period:		Worksheet S-8	
		Component CCN:		From 07/01/2017 To 06/30/2018		Date/Time Prepared: 6/12/2019 8:37 am	
		RHC I		Cost			
				1.00			
1.00	Clinic Address and Identification Street	35 TERRACE AVE				1.00	
		City		State		ZIP Code	
		1.00		2.00		3.00	
2.00	City, State, ZIP Code, County	ANYWHERE				2.00	
				1.00			
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban			0		3.00	
		Grant Award		Date			
		1.00		2.00			
4.00	Source of Federal Funds Community Health Center (Section 330(d), PHS Act)					4.00	
5.00	Migrant Health Center (Section 329(d), PHS Act)					5.00	
6.00	Health Services for the Homeless (Section 340(d), PHS Act)					6.00	
7.00	Appalachian Regional Commission					7.00	
8.00	Look-Alikes					8.00	
9.00	OTHER (SPECIFY)					9.00	
				1.00		2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)	N		0		10.00	
		Sunday		Monday		Tuesday	
		from to		from to		from	
		1.00 2.00		3.00 4.00		5.00	
11.00	Facility hours of operations (1) CLINIC	08:00		05:00		08:00	
				1.00		2.00	
12.00	Have you received an approval for an exception to the productivity standard?			N		0 12.00	
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.					0 13.00	
		Provider name		CCN number			
		1.00		2.00			
14.00	RHC/FQHC name, CCN number					14.00	
		Y/N		V		Total Visits	
		1.00		2.00		3.00 4.00 5.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)					15.00	
		County		4.00			
2.00	City, State, ZIP Code, County					2.00	
		Tuesday		Wednesday		Thursday	
		to		from to		from to	
		6.00		7.00 8.00		9.00 10.00	
11.00	Facility hours of operations (1) CLINIC	05:00 08:00		05:00 08:00		05:00	

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN:		Period: From 07/01/2017 To 06/30/2018		Worksheet S-8	
		Component CCN:				Date/Time Prepared: 6/12/2019 8:37 am	
				RHC I		Cost	
		Friday		Saturday			
		from	to	from	to		
		11.00	12.00	13.00	14.00		
11.00	Facility hours of operations (1) CLINIC	08:00	05:00				11.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN:		Period:		Worksheet S-8	
		Component CCN:		From 07/01/2017		Date/Time Prepared:	
				To 06/30/2018		6/12/2019 8:37 am	
				RHC II		Cost	
				1.00			
1.00	Clinic Address and Identification	Street		408 RAILROAD ST		1.00	
		City		State		ZIP Code	
		1.00		2.00		3.00	
2.00	City, State, ZIP Code, County	CAMBRIDGE				2.00	
				1.00			
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban			0		3.00	
		Grant Award		Date			
		1.00		2.00			
4.00	Source of Federal Funds	Community Health Center (Section 330(d), PHS Act)				4.00	
5.00	Migrant Health Center (Section 329(d), PHS Act)					5.00	
6.00	Health Services for the Homeless (Section 340(d), PHS Act)					6.00	
7.00	Appalachian Regional Commission					7.00	
8.00	Look-Alikes					8.00	
9.00	OTHER (SPECIFY)					9.00	
				1.00		2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)	N		0		10.00	
		Sunday		Monday		Tuesday	
		from to		from to		from	
		1.00 2.00		3.00 4.00		5.00	
11.00	Facility hours of operations (1)	CLINIC		08:00 05:00		08:00	
				1.00		2.00	
12.00	Have you received an approval for an exception to the productivity standard?	N		0		12.00	
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.					13.00	
		Provider name		CCN number			
		1.00		2.00			
14.00	RHC/FQHC name, CCN number					14.00	
		Y/N		V		Total Visits	
		1.00		2.00		3.00 4.00 5.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)					15.00	
		County		4.00			
2.00	City, State, ZIP Code, County					2.00	
		Tuesday		Wednesday		Thursday	
		to		from to		from to	
		6.00		7.00 8.00		9.00 10.00	
11.00	Facility hours of operations (1)	CLINIC		05:00 08:00		05:00 08:00	
				05:00 08:00		05:00	

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN:		Period: From 07/01/2017 To 06/30/2018		Worksheet S-8	
		Component CCN:		RHC II		Date/Time Prepared: 6/12/2019 8:37 am	
		Friday		Saturday		Cost	
		from to		from to			
		11.00 12.00		13.00 14.00			
11.00	Facility hours of operations (1) CLINIC	08:00	05:00				11.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN:		Period:		Worksheet S-8	
		Component CCN:		From 07/01/2017		Date/Time Prepared:	
				To 06/30/2018		6/12/2019 8:37 am	
				RHC III		Cost	
				1.00			
1.00	1.00	Clinic Address and Identification		900 WASHINGTON ST		1.00	
		Street					
		City		State		ZIP Code	
		1.00		2.00		3.00	
2.00	2.00	City, State, ZIP Code, County		HOME		2.00	
						1.00	
3.00	3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban				0	
				Grant Award		Date	
				1.00		2.00	
4.00	4.00	Source of Federal Funds					
5.00	5.00	Community Health Center (Section 330(d), PHS Act)					
6.00	6.00	Migrant Health Center (Section 329(d), PHS Act)					
7.00	7.00	Health Services for the Homeless (Section 340(d), PHS Act)					
8.00	8.00	Appalachian Regional Commission					
9.00	9.00	Look-Alikes					
9.00	9.00	OTHER (SPECIFY)					
				1.00		2.00	
10.00	10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)		N		0	
				Sunday		Monday	
				Tuesday			
				from		to	
				from		to	
				1.00		2.00	
				3.00		4.00	
				5.00			
11.00	11.00	Facility hours of operations (1)		08:00		04:30	
11.00	11.00	CLINIC		08:00		08:00	
						1.00	
						2.00	
12.00	12.00	Have you received an approval for an exception to the productivity standard?		N		0	
13.00	13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.					
				Provider name		CCN number	
				1.00		2.00	
14.00	14.00	RHC/FQHC name, CCN number					
				Y/N		V	
				XVIII		XIX	
				Total Visits			
				1.00		2.00	
				3.00		4.00	
				5.00			
15.00	15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)					
				County			
				4.00			
2.00	2.00	City, State, ZIP Code, County					
				Tuesday		Wednesday	
				Thursday			
				to		from	
				to		to	
				6.00		7.00	
				8.00		9.00	
				10.00			
11.00	11.00	Facility hours of operations (1)		04:30		08:00	
11.00	11.00	CLINIC		04:30		08:00	

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN:		Period: From 07/01/2017 To 06/30/2018		Worksheet S-8	
		Component CCN:		RHC III		Date/Time Prepared: 6/12/2019 8:37 am	
		Friday		Saturday		Cost	
		from to		from to			
		11.00 12.00		13.00 14.00			
11.00	Facility hours of operations (1) CLINIC	08:00	04:30				11.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN:		Period:		Worksheet S-8	
		Component CCN:		From 07/01/2017		Date/Time Prepared:	
				To 06/30/2018		6/12/2019 8:37 am	
				RHC IV		Cost	
				1.00			
1.00	Clinic Address and Identification	Street		1 STATE HIGHWAY		1.00	
		City		State		ZIP Code	
		1.00		2.00		3.00	
2.00	City, State, ZIP Code, County	LAKE				2.00	
				1.00			
3.00	HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban			0		3.00	
		Grant Award		Date			
		1.00		2.00			
4.00		Source of Federal Funds				4.00	
5.00		Community Health Center (Section 330(d), PHS Act)				5.00	
6.00		Migrant Health Center (Section 329(d), PHS Act)				6.00	
7.00		Health Services for the Homeless (Section 340(d), PHS Act)				7.00	
8.00		Appalachian Regional Commission				8.00	
9.00		Look-Alikes				9.00	
9.00		OTHER (SPECIFY)				9.00	
				1.00		2.00	
10.00	Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)	N		0		10.00	
		Sunday		Monday		Tuesday	
		from to		from to		from	
		1.00 2.00		3.00 4.00		5.00	
11.00	Facility hours of operations (1)	CLINIC		08:00 16:30		08:00	
				1.00		2.00	
12.00	Have you received an approval for an exception to the productivity standard?	N		0		12.00	
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.					13.00	
		Provider name		CCN number			
		1.00		2.00			
14.00	RHC/FQHC name, CCN number					14.00	
		Y/N		V		Total Visits	
		1.00		2.00		3.00 4.00 5.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)					15.00	
		County		4.00			
2.00	City, State, ZIP Code, County					2.00	
		Tuesday		Wednesday		Thursday	
		to		from to		from to	
		6.00		7.00 8.00		9.00 10.00	
11.00	Facility hours of operations (1)	CLINIC		16:30 08:00 16:30 08:00 16:30		11.00	

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN:		Period: From 07/01/2017 To 06/30/2018		Worksheet S-8	
		Component CCN:		RHC IV		Date/Time Prepared: 6/12/2019 8:37 am	
		Friday		Saturday		Cost	
		from	to	from	to		
		11.00	12.00	13.00	14.00		
11.00	Facility hours of operations (1) CLINIC	08:00	16:30				11.00

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN: Component CCN:		Period: From 07/01/2017 To 06/30/2018		Worksheet S-8 Date/Time Prepared: 6/12/2019 8:37 am	
		RHC V		Cost			
				1.00			
1.00	1.00	Clinic Address and Identification Street		4 MAIN STREET		1.00	
		City		State		ZIP Code	
		1.00		2.00		3.00	
2.00	2.00		City, State, ZIP Code, County				2.00
				1.00			
3.00	3.00		HOSPITAL-BASED FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban		0		3.00
				Grant Award		Date	
				1.00		2.00	
		Source of Federal Funds					
4.00	4.00		Community Health Center (Section 330(d), PHS Act)				4.00
5.00	5.00		Migrant Health Center (Section 329(d), PHS Act)				5.00
6.00	6.00		Health Services for the Homeless (Section 340(d), PHS Act)				6.00
7.00	7.00		Appalachian Regional Commission				7.00
8.00	8.00		Look-Alikes				8.00
9.00	9.00		OTHER (SPECIFY)				9.00
				1.00		2.00	
10.00	10.00		Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)		N		0
				Sunday		Monday	
				Tuesday			
				from		to	
				1.00		2.00	
				3.00		4.00	
				5.00			
11.00	11.00		Facility hours of operations (1) CLINIC		08:00		18:00
				08:00			
				1.00		2.00	
12.00	12.00		Have you received an approval for an exception to the productivity standard?		N		0
13.00	13.00		Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.				
				Provider name		CCN number	
				1.00		2.00	
14.00	14.00		RHC/FQHC name, CCN number				
				Y/N		V	
				XVIII		XIX	
				Total Visits			
				1.00		2.00	
				3.00		4.00	
				5.00			
15.00	15.00		Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)				
				County			
				4.00			
2.00	2.00		City, State, ZIP Code, County		CRAWFORD		
				Tuesday		Wednesday	
				Thursday			
				to		from	
				6.00		7.00	
				8.00		9.00	
				10.00			
11.00	11.00		Facility hours of operations (1) CLINIC		16:30		08:00
				08:00		16:30	
				08:00		16:30	

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA		Provider CCN:		Period: From 07/01/2017 To 06/30/2018		Worksheet S-8	
		Component CCN:		RHC V		Date/Time Prepared: 6/12/2019 8:37 am	
		Friday		Saturday		Cost	
		from to		from to			
		11.00 12.00		13.00 14.00			
11.00	Facility hours of operations (1) CLINIC						11.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet S-10 Date/Time Prepared: 6/12/2019 8:37 am
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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)		0.223208	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		18,208,000	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	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		103,295,184	6.00	
7.00	Medicaid cost (line 1 times line 6)		23,056,311	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)		4,848,311	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		421,890	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		4,848,311	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)	2,218,068	2,783	2,220,851	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	495,091	2,783	497,874	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)	495,091	2,783	497,874	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)			14,892,027	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			695,892	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,070,602	27.01
28.00	Non-Medicare bad debt expense (see instructions)			13,821,425	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			3,459,763	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			3,957,637	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			8,805,948	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN:		Period: From 07/01/2017 To 06/30/2018		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		4,908,507	4,908,507	3,729,621	8,638,128	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		7,397,853	7,397,853	2,838,680	10,236,533	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	623,735	-266,199	357,536	13,642	371,178	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	14,151,682	19,053,229	33,204,911	-1,897,577	31,307,334	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,117,917	2,194,072	3,311,989	0	3,311,989	6.00
7.00	00700	OPERATION OF PLANT	258	2,237,119	2,237,377	0	2,237,377	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	85,797	723,961	809,758	32,697	842,455	8.00
9.00	00900	HOUSEKEEPING	1,416,523	1,057,093	2,473,616	0	2,473,616	9.00
10.00	01000	DIETARY	1,552,448	2,351,488	3,903,936	32,697	3,936,633	10.00
11.00	01100	CAFETERIA	0	276,253	276,253	32,697	308,950	11.00
13.00	01300	NURSING ADMINISTRATION	448,517	252,970	701,487	12,419	713,906	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	682,384	991,022	1,673,406	66,758	1,740,164	14.00
15.00	01500	PHARMACY	0	1,689,206	1,689,206	0	1,689,206	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,201,177	885,011	2,086,188	0	2,086,188	16.00
17.00	01700	SOCIAL SERVICE	0	143,144	143,144	0	143,144	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	540,517	0	540,517	45,069	585,586	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	334,916	334,916	0	334,916	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,442,458	4,761,519	16,203,977	-1,681,489	14,522,488	30.00
31.00	03100	INTENSIVE CARE UNIT	2,064,908	2,363,005	4,427,913	12,419	4,440,332	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	963,999	585,428	1,549,427	12,419	1,561,846	41.00
43.00	04300	NURSERY	0	0	0	494,038	494,038	43.00
44.00	04400	SKILLED NURSING FACILITY	1,842,947	812,175	2,655,122	-17,722	2,637,400	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,251,065	14,728,926	16,979,991	-14,835,756	2,144,235	50.00
50.01	05001	OPERATING ROOM - L	464,905	263,041	727,946	5,210,178	5,938,124	50.01
51.00	05100	RECOVERY ROOM	574,086	226,397	800,483	-71,923	728,560	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,263,260	1,263,260	52.00
53.00	05300	ANESTHESIOLOGY	409,213	379,500	788,713	116,404	905,117	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,906,147	1,153,249	3,059,396	27,284	3,086,680	54.00
54.01	03630	ULTRA SOUND	629,711	296,295	926,006	13,642	939,648	54.01
54.02	05401	PET SCAN	0	326,215	326,215	0	326,215	54.02
56.00	05600	RADIOISOTOPE	186,139	385,634	571,773	13,642	585,415	56.00
57.00	05700	CT SCAN	545,446	614,549	1,159,995	13,642	1,173,637	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	360,071	336,457	696,528	13,642	710,170	58.00
60.00	06000	LABORATORY	2,429,064	6,874,695	9,303,759	13,642	9,317,401	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	299,599	299,599	0	299,599	63.00
65.00	06500	RESPIRATORY THERAPY	1,072,306	1,044,612	2,116,918	57,121	2,174,039	65.00
66.00	06600	PHYSICAL THERAPY	2,034,497	841,899	2,876,396	28,561	2,904,957	66.00
67.00	06700	OCCUPATIONAL THERAPY	863,747	346,422	1,210,169	28,561	1,238,730	67.00
68.00	06800	SPEECH PATHOLOGY	365,730	130,672	496,402	28,561	524,963	68.00
68.01	03040	AUDIOLOGY	167,435	57,271	224,706	28,561	253,267	68.01
69.00	06900	ELECTROCARDIOLOGY	116,994	270,024	387,018	13,642	400,660	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	888,150	888,150	0	888,150	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,895,290	9,895,290	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,767,692	12,853,111	15,620,803	0	15,620,803	73.00
74.00	07400	RENAL DIALYSIS	40	228,386	228,426	0	228,426	74.00
76.00	03140	CARDIOLOGY	962,444	2,073,771	3,036,215	-305,181	2,731,034	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RHC 1	2,865,556	1,512,716	4,378,272	89,941	4,468,213	88.00
88.01	08801	RHC 2	361,546	254,744	616,290	22,485	638,775	88.01
88.02	08802	RHC 3	913,075	666,364	1,579,439	44,971	1,624,410	88.02
88.03	08803	RHC 4	232,760	188,527	421,287	22,485	443,772	88.03
88.04	08804	MEDICAL ASSOCIATES	236,006	196,010	432,016	-373,731	58,285	88.04
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OP MENTAL HEALTH CENTER	0	0	0	0	0	90.01
90.02	09002	PARTIAL HOSPITALIZATION	0	0	0	0	0	90.02
90.03	09003	MIND & BODY CENTER	556,379	282,517	838,896	28,561	867,457	90.03
90.04	09004	PAI N CLINIC/ASC	4,082,030	2,320,368	6,402,398	97,460	6,499,858	90.04
90.05	09005	CHEMO CLINIC	5,574,011	3,165,454	8,739,465	27,284	8,766,749	90.05
90.06	09006	OCCUPATIONAL MEDICINE	418,670	218,034	636,704	45,253	681,957	90.06
90.07	09007	WOUND RECOVERY	424,667	657,722	1,082,389	12,419	1,094,808	90.07
90.08	09008	DERMATOLOGY	1,600,071	524,441	2,124,512	45,253	2,169,765	90.08
90.09	09009	NEPHROLOGY	708,921	168,868	877,789	45,253	923,042	90.09
90.10	09010	NEUROLOGY	480,793	794,345	1,275,138	45,069	1,320,207	90.10
91.00	09100	EMERGENCY	2,806,607	2,725,568	5,532,175	12,419	5,544,594	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OP DRUG AND ALCOHOL	97,578	26,745	124,323	49,275	173,598	93.00
93.01	04951	SPORTS MEDICINE	362,136	241,955	604,091	28,561	632,652	93.01

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN:		Period: From 07/01/2017 To 06/30/2018		Worksheet A Date/Time Prepared: 6/12/2019 8:37 am	
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	
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		6,003,571	6,003,571	-6,003,571	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	77,962,805	117,318,596	195,281,401	-481,472	194,799,929	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	40,692	1,220,542	1,261,234	454,188	1,715,422	192.00
192.01	19201	WELLNESS CENTER	85	219,449	219,534	0	219,534	192.01
192.02	19202	COMMUNITY RELATIONS	161,364	363,749	525,113	0	525,113	192.02
192.03	19203	NW URGENT CARE/WATER ST. CLINICS	236,671	172,688	409,359	27,284	436,643	192.03
194.00	07951	HEARING CENTER /OTHER NONREIMB	0	178,345	178,345	0	178,345	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	78,401,617	119,473,369	197,874,986	0	197,874,986	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:

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

Worksheet A
Date/Time Prepared:
6/12/2019 8:37 am

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	-2,551,603	6,086,525	1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP	-2,253,385	7,983,148	2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	3,210,886	3,582,064	4.00
5.00	00500 ADMINISTRATIVE & GENERAL	-8,472,462	22,834,872	5.00
6.00	00600 MAINTENANCE & REPAIRS	-791,097	2,520,892	6.00
7.00	00700 OPERATION OF PLANT	0	2,237,377	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	-19,499	822,956	8.00
9.00	00900 HOUSEKEEPING	-321,793	2,151,823	9.00
10.00	01000 DIETARY	-821,273	3,115,360	10.00
11.00	01100 CAFETERIA	0	308,950	11.00
13.00	01300 NURSING ADMINISTRATION	-42,285	671,621	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	-264,927	1,475,237	14.00
15.00	01500 PHARMACY	-1,445,770	243,436	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	-397,753	1,688,435	16.00
17.00	01700 SOCIAL SERVICE	0	143,144	17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	-55,334	530,252	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	334,916	22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-3,258,603	11,263,885	30.00
31.00	03100 INTENSIVE CARE UNIT	-179,364	4,260,968	31.00
40.00	04000 SUBPROVIDER - I PF	0	0	40.00
41.00	04100 SUBPROVIDER - I RF	-300,092	1,261,754	41.00
43.00	04300 NURSERY	0	494,038	43.00
44.00	04400 SKILLED NURSING FACILITY	-234,221	2,403,179	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-634,963	1,509,272	50.00
50.01	05001 OPERATING ROOM - L	-66,385	5,871,739	50.01
51.00	05100 RECOVERY ROOM	-63,776	664,784	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,263,260	52.00
53.00	05300 ANESTHESIOLOGY	-191,005	714,112	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-216,045	2,870,635	54.00
54.01	03630 ULTRA SOUND	-59,874	879,774	54.01
54.02	05401 PET SCAN	0	326,215	54.02
56.00	05600 RADIOISOTOPE	-19,207	566,208	56.00
57.00	05700 CT SCAN	-64,983	1,108,654	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	-38,145	672,025	58.00
60.00	06000 LABORATORY	-368,313	8,949,088	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	299,599	63.00
65.00	06500 RESPIRATORY THERAPY	-547,817	1,626,222	65.00
66.00	06600 PHYSICAL THERAPY	-256,117	2,648,840	66.00
67.00	06700 OCCUPATIONAL THERAPY	-102,314	1,136,416	67.00
68.00	06800 SPEECH PATHOLOGY	-36,872	488,091	68.00
68.01	03040 AUDIOLOGY	-18,109	235,158	68.01
69.00	06900 ELECTROCARDIOLOGY	-207,444	193,216	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	-14,697	873,453	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	9,895,290	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	-592,278	15,028,525	73.00
74.00	07400 RENAL DIALYSIS	0	228,426	74.00
76.00	03140 RADIOLOGY	-897,781	1,833,253	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RHC 1	-272,347	4,195,866	88.00
88.01	08801 RHC 2	-33,538	605,237	88.01
88.02	08802 RHC 3	-97,126	1,527,284	88.02
88.03	08803 RHC 4	-30,744	413,028	88.03
88.04	08804 MEDICAL ASSOCIATES	-3,141	55,144	88.04
90.00	09000 CLINIC	0	0	90.00
90.01	09001 OP MENTAL HEALTH CENTER	0	0	90.01
90.02	09002 PARTIAL HOSPITALIZATION	0	0	90.02
90.03	09003 MIND & BODY CENTER	-225,598	641,859	90.03
90.04	09004 PAIN CLINIC/ASC	-2,697,875	3,801,983	90.04
90.05	09005 CHEMO CLINIC	-4,443,660	4,323,089	90.05
90.06	09006 OCCUPATIONAL MEDICINE	-291,499	390,458	90.06
90.07	09007 WOUND RECOVERY	-145,577	949,231	90.07
90.08	09008 DERMATOLOGY	-1,425,903	743,862	90.08
90.09	09009 NEPHROLOGY	-715,601	207,441	90.09
90.10	09010 NEUROLOGY	-885,583	434,624	90.10
91.00	09100 EMERGENCY	-1,437,296	4,107,298	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
93.00	04950 OP DRUG AND ALCOHOL	-7,418	166,180	93.00
93.01	04951 SPORTS MEDICINE	-52,678	579,974	93.01
OTHER REIMBURSABLE COST CENTERS				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:

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

Worksheet A
Date/Time Prepared:
6/12/2019 8:37 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
101.00	10100 HOME HEALTH AGENCY	6.00	7.00	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-35,360,284	159,439,645	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	-29,388	1,686,034	192.00
192.01	19201 WELLNESS CENTER	-7,500	212,034	192.01
192.02	19202 COMMUNITY RELATIONS	-534,137	-9,024	192.02
192.03	19203 NW URGENT CARE/WATER ST. CLINICS	-13,745	422,898	192.03
194.00	07951 HEARING CENTER /OTHER NONREIMB	0	178,345	194.00
200.00	TOTAL (SUM OF LINES 118 through 199)	-35,945,054	161,929,932	200.00

COST CENTERS USED IN COST REPORT

Provider CCN:

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

Worksheet Non-CMS W
Date/Time Prepared:
6/12/2019 8:37 am

Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
GENERAL SERVICE COST CENTERS			
1.00 CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00 CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00 EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00 ADMINISTRATIVE & GENERAL	00500		5.00
6.00 MAINTENANCE & REPAIRS	00600		6.00
7.00 OPERATION OF PLANT	00700		7.00
8.00 LAUNDRY & LINEN SERVICE	00800		8.00
9.00 HOUSEKEEPING	00900		9.00
10.00 DIETARY	01000		10.00
11.00 CAFETERIA	01100		11.00
13.00 NURSING ADMINISTRATION	01300		13.00
14.00 CENTRAL SERVICES & SUPPLY	01400		14.00
15.00 PHARMACY	01500		15.00
16.00 MEDICAL RECORDS & LIBRARY	01600		16.00
17.00 SOCIAL SERVICE	01700		17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	03000		30.00
31.00 INTENSIVE CARE UNIT	03100		31.00
40.00 SUBPROVIDER - IPF	04000		40.00
41.00 SUBPROVIDER - IRF	04100		41.00
43.00 NURSERY	04300		43.00
44.00 SKILLED NURSING FACILITY	04400		44.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	05000		50.00
50.01 OPERATING ROOM - L	05001		50.01
51.00 RECOVERY ROOM	05100		51.00
52.00 DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00 ANESTHESIOLOGY	05300		53.00
54.00 RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01 ULTRA SOUND	03630	ULTRA SOUND	54.01
54.02 PET SCAN	05401		54.02
56.00 RADIOISOTOPE	05600		56.00
57.00 CT SCAN	05700		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
60.00 LABORATORY	06000		60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	06300		63.00
65.00 RESPIRATORY THERAPY	06500		65.00
66.00 PHYSICAL THERAPY	06600		66.00
67.00 OCCUPATIONAL THERAPY	06700		67.00
68.00 SPEECH PATHOLOGY	06800		68.00
68.01 AUDIOLOGY	03040	AUDIOLOGY	68.01
69.00 ELECTROCARDIOLOGY	06900		69.00
70.00 ELECTROENCEPHALOGRAPHY	07000		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00 DRUGS CHARGED TO PATIENTS	07300		73.00
74.00 RENAL DIALYSIS	07400		74.00
76.00 RADIOLOGY	03140	CARDIOLOGY	76.00
OUTPATIENT SERVICE COST CENTERS			
88.00 RHC 1	08800		88.00
88.01 RHC 2	08801		88.01
88.02 RHC 3	08802		88.02
88.03 RHC 4	08803		88.03
88.04 MEDICAL ASSOCIATES	08804		88.04
90.00 CLINIC	09000		90.00
90.01 OP MENTAL HEALTH CENTER	09001		90.01
90.02 PARTIAL HOSPITALIZATION	09002		90.02
90.03 MIND & BODY CENTER	09003		90.03
90.04 PAIN CLINIC/ASC	09004		90.04
90.05 CHEMO CLINIC	09005		90.05
90.06 OCCUPATIONAL MEDICINE	09006		90.06
90.07 WOUND RECOVERY	09007		90.07
90.08 DERMATOLOGY	09008		90.08
90.09 NEPHROLOGY	09009		90.09
90.10 NEUROLOGY	09010		90.10
91.00 EMERGENCY	09100		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
93.00 OP DRUG AND ALCOHOL	04950		93.00
93.01 SPORTS MEDICINE	04951		93.01

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COST CENTERS USED IN COST REPORT		Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet Non-CMS W Date/Time Prepared: 6/12/2019 8:37 am
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
OTHER REIMBURSABLE COST CENTERS				
96.00	DURABLE MEDICAL EQUIP-RENTED	09600		96.00
101.00	HOME HEALTH AGENCY	10100		101.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	WELLNESS CENTER	19201		192.01
192.02	COMMUNITY RELATIONS	19202		192.02
192.03	NW URGENT CARE/WATER ST. CLINICS	19203		192.03
194.00	HEARING CENTER /OTHER NONREIMB	07951		194.00
200.00	TOTAL (SUM OF LINES 118 through 199)			200.00

RECLASSIFICATIONS

Provider CCN:

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

Worksheet A-6
Date/Time Prepared:
6/12/2019 8:37 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
B - RECLASS NEW LIFE UNIT						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	838,004	425,256	1.00	
2.00	NURSERY	43.00	327,728	166,310	2.00	
	0		1,165,732	591,566		
C - CAPITAL COSTS						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	316,644	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	248,086	2.00	
	0		0	564,730		
D - RECLASS INTEREST						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,412,977	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,590,594	2.00	
	0		0	6,003,571		
E - RECLASS IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	9,895,290	1.00	
2.00	0	0.00	0	0	2.00	
	0		0	9,895,290		
F - RECLASS OR- LIBERTY EXPENSE						
1.00	OPERATING ROOM - L	50.01	1,564,669	3,612,004	1.00	
	0		1,564,669	3,612,004		
G - RECLASS ADMIN SALARIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13,642	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	116,199	2.00	
3.00	LAUNDRY & LINEN SERVICE	8.00	0	32,697	3.00	
4.00	DIETARY	10.00	0	32,697	4.00	
5.00	CAFETERIA	11.00	0	32,697	5.00	
6.00	NURSING ADMINISTRATION	13.00	0	12,419	6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	66,758	7.00	
8.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	45,069	8.00	
9.00	ADULTS & PEDIATRICS	30.00	0	137,101	9.00	
10.00	INTENSIVE CARE UNIT	31.00	0	12,419	10.00	
11.00	ADULTS & PEDIATRICS	30.00	0	49,275	11.00	
12.00	SUBPROVIDER - IRF	41.00	0	12,419	12.00	
13.00	SKILLED NURSING FACILITY	44.00	0	72,703	13.00	
14.00	OPERATING ROOM	50.00	0	66,758	14.00	
15.00	OPERATING ROOM - L	50.01	0	33,505	15.00	
16.00	RECOVERY ROOM	51.00	0	33,505	16.00	
17.00	ANESTHESIOLOGY	53.00	0	116,404	17.00	
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	27,284	18.00	
19.00	ULTRASOUND	54.01	0	13,642	19.00	
20.00	RADIOISOTOPE	56.00	0	13,642	20.00	
21.00	CT SCAN	57.00	0	13,642	21.00	
22.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	13,642	22.00	
23.00	LABORATORY	60.00	0	13,642	23.00	
24.00	RESPIRATORY THERAPY	65.00	0	57,121	24.00	
25.00	PHYSICAL THERAPY	66.00	0	28,561	25.00	
26.00	OCCUPATIONAL THERAPY	67.00	0	28,561	26.00	
27.00	SPEECH PATHOLOGY	68.00	0	28,561	27.00	
28.00	AUDIOLOGY	68.01	0	28,561	28.00	
29.00	ELECTROCARDIOLOGY	69.00	0	13,642	29.00	
30.00	CARDIOLOGY	76.00	0	27,284	30.00	
31.00	RHC 1	88.00	0	89,941	31.00	
32.00	RHC 2	88.01	0	22,485	32.00	
33.00	RHC 3	88.02	0	44,971	33.00	
34.00	RHC 4	88.03	0	22,485	34.00	
35.00	MEDICAL ASSOCIATES	88.04	0	2,341	35.00	
36.00	MIND & BODY CENTER	90.03	0	28,561	36.00	
37.00	PAIN CLINIC/ASC	90.04	0	97,460	37.00	
38.00	CHEMO CLINIC	90.05	0	27,284	38.00	
39.00	OCCUPATIONAL MEDICINE	90.06	0	45,253	39.00	
40.00	WOUND RECOVERY	90.07	0	12,419	40.00	
41.00	DERMATOLOGY	90.08	0	45,253	41.00	
42.00	NEPHROLOGY	90.09	0	45,253	42.00	
43.00	NEUROLOGY	90.10	0	45,069	43.00	
44.00	EMERGENCY	91.00	0	12,419	44.00	
45.00	OP DRUG AND ALCOHOL	93.00	0	49,275	45.00	
46.00	SPORTS MEDICINE	93.01	0	28,561	46.00	
47.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	78,116	47.00	
48.00	NW URGENT CARE/WATER ST. CLINICS	192.03	0	27,284	48.00	
	0		0	1,918,482		

RECLASSIFICATIONS

Provider CCN:

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

Worksheet A-6
Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
H - RECLASS EXPENSES PRIOR TO CERT					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	206,108	169,964	1.00
TOTALS			206,108	169,964	
500.00	Grand Total: Increases		2,936,509	22,755,607	500.00

RECLASSIFICATIONS

Provider CCN:

Period:
From 07/01/2017
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Worksheet A-6
Date/Time Prepared:
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		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
B - RECLASS NEW LIFE UNIT						
1.00	ADULTS & PEDIATRICS	30.00	1,165,732	591,566	0	1.00
2.00		0.00	0	0	0	2.00
	O		1,165,732	591,566		
C - CAPITAL COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	564,730	14	1.00
2.00		0.00	0	0	14	2.00
	O		0	564,730		
D - RECLASS INTEREST						
1.00	INTEREST EXPENSE	113.00	0	6,003,571	11	1.00
2.00		0.00	0	0	11	2.00
	O		0	6,003,571		
E - RECLASS IMPLANTABLE DEVICES						
1.00	OPERATING ROOM	50.00	0	9,562,825	0	1.00
2.00	CARDIOLOGY	76.00	0	332,465	0	2.00
	O		0	9,895,290		
F - RECLASS OR- LIBERTY EXPENSE						
1.00	OPERATING ROOM	50.00	1,564,669	3,612,004	0	1.00
	O		1,564,669	3,612,004		
G - RECLASS ADMIN SALARIES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,449,046	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	110,567	0	2.00
3.00	SKILLED NURSING FACILITY	44.00	0	90,425	0	3.00
4.00	OPERATING ROOM	50.00	0	163,016	0	4.00
5.00	RECOVERY ROOM	51.00	0	105,428	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
32.00		0.00	0	0	0	32.00
33.00		0.00	0	0	0	33.00
34.00		0.00	0	0	0	34.00
35.00		0.00	0	0	0	35.00
36.00		0.00	0	0	0	36.00
37.00		0.00	0	0	0	37.00
38.00		0.00	0	0	0	38.00
39.00		0.00	0	0	0	39.00
40.00		0.00	0	0	0	40.00
41.00		0.00	0	0	0	41.00
42.00		0.00	0	0	0	42.00
43.00		0.00	0	0	0	43.00
44.00		0.00	0	0	0	44.00
45.00		0.00	0	0	0	45.00
46.00		0.00	0	0	0	46.00
47.00		0.00	0	0	0	47.00
48.00		0.00	0	0	0	48.00
	O		0	1,918,482		
H - RECLASS EXPENSES PRIOR TO CERT						
1.00	MEDICAL ASSOCIATES	88.04	206,108	169,964	0	1.00
	TOTALS		206,108	169,964		
500.00	Grand Total: Decreases		2,936,509	22,755,607		500.00

RECLASSIFICATIONS

Provider CCN:

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
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		Increases			Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
B - RECLASS NEW LIFE UNIT									
1.00	DELIVERY ROOM & LABOR ROOM	52.00	838,004	425,256	ADULTS & PEDIATRICS	30.00	1,165,732	591,566	1.00
2.00	NURSERY	43.00	327,728	166,310		0.00	0	0	2.00
	O		1,165,732	591,566			1,165,732	591,566	
C - CAPITAL COSTS									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	316,644	ADMINISTRATIVE & GENERAL	5.00	0	564,730	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	248,086		0.00	0	0	2.00
	O		0	564,730			0	564,730	
D - RECLASS INTEREST									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,412,977	INTEREST EXPENSE	113.00	0	6,003,571	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,590,594		0.00	0	0	2.00
	O		0	6,003,571			0	6,003,571	
E - RECLASS IMPLANTABLE DEVICES									
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	9,895,290	OPERATING ROOM	50.00	0	9,562,825	1.00
2.00		0.00	0	0	CARDIOLOGY	76.00	0	332,465	2.00
	O		0	9,895,290			0	9,895,290	
F - RECLASS OR- LIBERTY EXPENSE									
1.00	OPERATING ROOM - L	50.01	1,564,669	3,612,004	OPERATING ROOM	50.00	1,564,669	3,612,004	1.00
	O		1,564,669	3,612,004			1,564,669	3,612,004	
G - RECLASS ADMIN SALARIES									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13,642	ADMINISTRATIVE & GENERAL	5.00	0	1,449,046	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	116,199	ADULTS & PEDIATRICS	30.00	0	110,567	2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	32,697	SKILLED NURSING FACILITY	44.00	0	90,425	3.00
4.00	DIETARY	10.00	0	32,697	OPERATING ROOM	50.00	0	163,016	4.00
5.00	CAFETERIA	11.00	0	32,697	RECOVERY ROOM	51.00	0	105,428	5.00
6.00	NURSING	13.00	0	12,419		0.00	0	0	6.00
7.00	ADMINISTRATION								
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	66,758		0.00	0	0	7.00
8.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	45,069		0.00	0	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	137,101		0.00	0	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	0	12,419		0.00	0	0	10.00
11.00	ADULTS & PEDIATRICS	30.00	0	49,275		0.00	0	0	11.00
12.00	SUBPROVIDER - IRF	41.00	0	12,419		0.00	0	0	12.00
13.00	SKILLED NURSING FACILITY	44.00	0	72,703		0.00	0	0	13.00
14.00	OPERATING ROOM	50.00	0	66,758		0.00	0	0	14.00
15.00	OPERATING ROOM - L	50.01	0	33,505		0.00	0	0	15.00
16.00	RECOVERY ROOM	51.00	0	33,505		0.00	0	0	16.00
17.00	ANESTHESIOLOGY	53.00	0	116,404		0.00	0	0	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	27,284		0.00	0	0	18.00
19.00	ULTRA SOUND	54.01	0	13,642		0.00	0	0	19.00
20.00	RADIOISOTOPE	56.00	0	13,642		0.00	0	0	20.00
21.00	CT SCAN	57.00	0	13,642		0.00	0	0	21.00
22.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	13,642		0.00	0	0	22.00
23.00	LABORATORY	60.00	0	13,642		0.00	0	0	23.00
24.00	RESPIRATORY THERAPY	65.00	0	57,121		0.00	0	0	24.00
25.00	PHYSICAL THERAPY	66.00	0	28,561		0.00	0	0	25.00
26.00	OCCUPATIONAL THERAPY	67.00	0	28,561		0.00	0	0	26.00
27.00	SPEECH PATHOLOGY	68.00	0	28,561		0.00	0	0	27.00
28.00	AUDIOLOGY	68.01	0	28,561		0.00	0	0	28.00
29.00	ELECTROCARDIOLOGY	69.00	0	13,642		0.00	0	0	29.00
30.00	CARDIOLOGY	76.00	0	27,284		0.00	0	0	30.00
31.00	RHC 1	88.00	0	89,941		0.00	0	0	31.00
32.00	RHC 2	88.01	0	22,485		0.00	0	0	32.00
33.00	RHC 3	88.02	0	44,971		0.00	0	0	33.00
34.00	RHC 4	88.03	0	22,485		0.00	0	0	34.00
35.00	MEDICAL ASSOCIATES	88.04	0	2,341		0.00	0	0	35.00
36.00	MIND & BODY CENTER	90.03	0	28,561		0.00	0	0	36.00
37.00	PAIN CLINIC/ASC	90.04	0	97,460		0.00	0	0	37.00
38.00	CHEMO CLINIC	90.05	0	27,284		0.00	0	0	38.00
39.00	OCCUPATIONAL MEDICINE	90.06	0	45,253		0.00	0	0	39.00
40.00	WOUND RECOVERY	90.07	0	12,419		0.00	0	0	40.00
41.00	DERMATOLOGY	90.08	0	45,253		0.00	0	0	41.00

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RECLASSIFICATIONS

Provider CCN:

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

Worksheet A-6
Non-CMS Worksheet
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Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
42.00	NEPHROLOGY	90.09	0	45,253		0.00	0	0	42.00
43.00	NEUROLOGY	90.10	0	45,069		0.00	0	0	43.00
44.00	EMERGENCY	91.00	0	12,419		0.00	0	0	44.00
45.00	OP DRUG AND ALCOHOL	93.00	0	49,275		0.00	0	0	45.00
46.00	SPORTS MEDICINE	93.01	0	28,561		0.00	0	0	46.00
47.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	78,116		0.00	0	0	47.00
48.00	NW URGENT CARE/WATER ST. CLINICS	192.03	0	27,284		0.00	0	0	48.00
			0	1,918,482			0	1,918,482	
H - RECLASS EXPENSES PRIOR TO CERT									
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	206,108	169,964	MEDICAL ASSOCIATES	88.04	206,108	169,964	1.00
	TOTALS		206,108	169,964	TOTALS		206,108	169,964	
500.00	Grand Total: Increases		2,936,509	22,755,607	Grand Total: Decreases		2,936,509	22,755,607	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:

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

Worksheet A-7
Part I
Date/Time Prepared:
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	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
	1.00	2.00	3.00	4.00	5.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	7,331,882	14,045	0	14,045	9,506	1.00
2.00	Land Improvements	4,341,967	42,875	0	42,875	31,571	2.00
3.00	Buildings and Fixtures	100,776,712	2,816,556	0	2,816,556	178,318	3.00
4.00	Building Improvements	31,006,318	213,897	0	213,897	18,331	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	102,735,062	4,267,518	0	4,267,518	715,258	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	246,191,941	7,354,891	0	7,354,891	952,984	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	246,191,941	7,354,891	0	7,354,891	952,984	10.00
	Ending Balance		Fully Depreciated Assets				
	6.00		7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	7,336,421	0				1.00
2.00	Land Improvements	4,353,271	0				2.00
3.00	Buildings and Fixtures	103,414,950	0				3.00
4.00	Building Improvements	31,201,884	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	106,287,322	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	252,593,848	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	252,593,848	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:

Period:
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To 06/30/2018

Worksheet A-7
Part II
Date/Time Prepared:
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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	4,908,507	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	7,397,853	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	12,306,360	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	4,908,507				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	7,397,853				2.00
3.00	Total (sum of lines 1-2)	0	12,306,360				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:

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

Worksheet A-7
Part III
Date/Time Prepared:
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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	146,306,526	0	146,306,526	0.593473	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	100,219,450	0	100,219,450	0.406527	0	2.00
3.00	Total (sum of lines 1-2)	246,525,976	0	246,525,976	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	4,906,106	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,079,421	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	11,985,527	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	863,775	0	0	316,644	6,086,525	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	655,641	0	0	248,086	7,983,148	2.00
3.00	Total (sum of lines 1-2)	1,519,416	0	0	564,730	14,069,673	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN:

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

Worksheet A-8
Date/Time Prepared:
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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		
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-893,075	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-677,882	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-9,928	ADMINISTRATIVE & GENERAL	5.00	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)	B	-155	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-14,709,883			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	-7,610,496			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-548,822	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	B	-14,697	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-50,126	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		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)	B	0	ADMINISTRATIVE & GENERAL	5.00	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
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant	A	-138,343	ANESTHESIOLOGY	53.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 PREMIER REBATE	B	-93,462	ADMINISTRATIVE & GENERAL	5.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN:

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

Worksheet A-8

Date/Time Prepared:
6/12/2019 8:37 am

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	
33.01 LOBBYING EXPENSE AHA	A	-7,351	ADMINISTRATIVE & GENERAL		5.00	0 33.01
33.02 LOBBYING EXPENSE	A	-9,118	ADMINISTRATIVE & GENERAL		5.00	0 33.02
33.03 DEPRECIATION ON CAPITALIZED INTEREST	A	-149,144	ADMINISTRATIVE & GENERAL		5.00	0 33.03
33.04 EXCESS BORROWING INTEREST	A	-1,656,127	CAP REL COSTS-BLDG & FIXT		1.00	11 33.04
33.05 340B RETAIL DRUG INCOME	B	-351,611	DRUGS CHARGED TO PATIENTS		73.00	0 33.05
33.06 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.06
33.07 MISCELLANEOUS INCOME - WOMENS SERVICES	B	-1,760	ADMINISTRATIVE & GENERAL		5.00	0 33.07
33.08 EXCESS BORROWING INTEREST	A	-1,257,071	CAP REL COSTS-MVBLE EQUIP		2.00	11 33.08
33.09 MISCELLANEOUS INCOME	B	0	ADMINISTRATIVE & GENERAL		5.00	0 33.09
33.10 MISCELLANEOUS INCOME - EDUCATION	B	-1,050	ADMINISTRATIVE & GENERAL		5.00	0 33.10
33.11 MISCELLANEOUS INCOME - FINANCE CHARGES	B	0	ADMINISTRATIVE & GENERAL		5.00	0 33.11
33.12 MISCELLANEOUS INCOME - G & A	B	-45,678	ADMINISTRATIVE & GENERAL		5.00	0 33.12
33.13 NONALLOWABLE RECRUITING	A	-22,562	CHEMO CLINIC		90.05	0 33.13
33.14 NONALLOWABLE RECRUITING	A	-1,431,525	ADMINISTRATIVE & GENERAL		5.00	0 33.14
33.15 NONALLOWABLE RECRUITING	A	-500	RADIOLOGY-DIAGNOSTIC		54.00	0 33.15
33.16 NONALLOWABLE RECRUITING	A	-2,500	AUDIOLOGY		68.01	0 33.16
33.17 NONALLOWABLE RECRUITING	A	-266	RHC 1		88.00	0 33.17
33.18 NONALLOWABLE RECRUITING	A	-187	RHC 2		88.01	0 33.18
33.19 NONALLOWABLE RECRUITING	A	-187	RHC 3		88.02	0 33.19
33.20 NONALLOWABLE RECRUITING	A	-203	RHC 4		88.03	0 33.20
33.21 NONALLOWABLE RECRUITING	A	-266	MEDICAL ASSOCIATES		88.04	0 33.21
33.22 RENT INCOME - WELLNESS CENTER	B	-7,500	WELLNESS CENTER		192.01	0 33.22
33.23 MISCELLANEOUS INCOME TRAUMA	B	0	EMERGENCY		91.00	0 33.23
33.24 ADVERTISING - HR	A	-242	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.24
33.25 ADVERTISING - A&G	A	-97,477	ADMINISTRATIVE & GENERAL		5.00	0 33.25
33.26 ADVERTISING - MMC RESIDENCY PROG	A	-122	I&R SERVICES-SALARY & FRINGES APPRVD		21.00	0 33.26
33.27 ADVERTISING - MMC SURGERY SVC	A	-1,789	OPERATING ROOM		50.00	0 33.27
33.28 MARKETING PRINT - MMC MAMMOGRAPHY	A	-1,295	RADIOLOGY-DIAGNOSTIC		54.00	0 33.28
33.29 ADVERTISING - MMC PHYSICAL THER	A	-125	PHYSICAL THERAPY		66.00	0 33.29
33.30 ADVERTISING - MMC SPEECH THERAPY	A	-41	SPEECH PATHOLOGY		68.00	0 33.30
33.31 ADVERTISING - CATH LAB	A	0	CARDIOLOGY		76.00	0 33.31
33.32 ADVERTISING - MMC MEADVILLE CLINIC	A	-270	RHC 1		88.00	0 33.32
33.33 ADVERTISING - MMC CVHC - C. SPRINGS	A	-10	RHC 2		88.01	0 33.33
33.34 ADVERTISING - MMC CVHC - CONAUT LAK	A	-10	RHC 4		88.03	0 33.34
33.35 ADVERTISING - SPECIALTY PAIN	A	-957	PAIN CLINIC/ASC		90.04	0 33.35
33.36 ADVERTISING - CHEMO CLINIC	A	-14,638	CHEMO CLINIC		90.05	0 33.36
33.37 ADVERTISING - EMERGENCY SVC	A	-590	EMERGENCY		91.00	0 33.37
33.38 ADVERTISING - SPORTS MEDICINE	A	-1,719	SPORTS MEDICINE		93.01	0 33.38
33.39 PENSION ADJUSTMENT	A	3,509,200	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.39
33.40 MISCELLANEOUS INCOME - LAB	B	-20	LABORATORY		60.00	0 33.40
33.41 SELF-INSURED COST	A	-91,809	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.41
33.42 SELF-INSURED COST	A	-1,394,306	ADMINISTRATIVE & GENERAL		5.00	0 33.42
33.43 SELF-INSURED COST	A	-162,667	MAINTENANCE & REPAIRS		6.00	0 33.43
33.44 SELF-INSURED COST	A	0	OPERATION OF PLANT		7.00	0 33.44
33.45 SELF-INSURED COST	A	-19,499	LAUNDRY & LINEN SERVICE		8.00	0 33.45
33.46 SELF-INSURED COST	A	-274,086	HOUSEKEEPING		9.00	0 33.46
33.47 SELF-INSURED COST	A	-272,451	DIETARY		10.00	0 33.47
33.48 SELF-INSURED COST	A	0	CAFETERIA		11.00	0 33.48
33.49 SELF-INSURED COST	A	-42,285	NURSING ADMINISTRATION		13.00	0 33.49
33.50 SELF-INSURED COST	A	-138,562	CENTRAL SERVICES & SUPPLY		14.00	0 33.50
33.51 SELF-INSURED COST	A	-240,667	DRUGS CHARGED TO PATIENTS		73.00	0 33.51
33.52 SELF-INSURED COST	A	-208,001	MEDICAL RECORDS & LIBRARY		16.00	0 33.52
33.53 SELF-INSURED COST	A	-55,112	I&R SERVICES-SALARY & FRINGES APPRVD		21.00	0 33.53
33.54 SELF-INSURED COST	A	-1,110,362	ADULTS & PEDIATRICS		30.00	0 33.54
33.55 SELF-INSURED COST	A	-177,531	INTENSIVE CARE UNIT		31.00	0 33.55
33.56 SELF-INSURED COST	A	-99,452	SUBPROVIDER - IRF		41.00	0 33.56
33.57 SELF-INSURED COST	A	-234,221	SKILLED NURSING FACILITY		44.00	0 33.57
33.58 SELF-INSURED COST	A	-321,163	OPERATING ROOM		50.00	0 33.58
33.59 SELF-INSURED COST	A	-66,385	OPERATING ROOM - L		50.01	0 33.59

ADJUSTMENTS TO EXPENSES

Provider CCN:

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

Worksheet A-8

Date/Time Prepared:
6/12/2019 8:37 am

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	
33.60	SELF-INSURED COST	A	-63,776	RECOVERY ROOM	51.00	0 33.60
33.61	SELF-INSURED COST	A	-52,662	ANESTHESIOLOGY	53.00	0 33.61
33.62	SELF-INSURED COST	A	-205,625	RADIOLOGY-DIAGNOSTIC	54.00	0 33.62
33.63	SELF-INSURED COST	A	-59,874	ULTRASOUND	54.01	0 33.63
33.64	SELF-INSURED COST	A	-19,207	RADIOISOTOPE	56.00	0 33.64
33.65	SELF-INSURED COST	A	-64,983	CT SCAN	57.00	0 33.65
33.66	SELF-INSURED COST	A	-38,145	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0 33.66
33.67	SELF-INSURED COST	A	-332,293	LABORATORY	60.00	0 33.67
33.68	SELF-INSURED COST	A	-98,339	RESPIRATORY THERAPY	65.00	0 33.68
33.69	SELF-INSURED COST	A	-255,992	PHYSICAL THERAPY	66.00	0 33.69
33.70	SELF-INSURED COST	A	-102,314	OCCUPATIONAL THERAPY	67.00	0 33.70
33.71	SELF-INSURED COST	A	-36,831	SPEECH PATHOLOGY	68.00	0 33.71
33.72	SELF-INSURED COST	A	-15,609	AUDIOLOGY	68.01	0 33.72
33.73	SELF-INSURED COST	A	-34,490	ELECTROCARDIOLOGY	69.00	0 33.73
33.74	SELF-INSURED COST	A	-122,347	CARDIOLOGY	76.00	0 33.74
33.75	SELF-INSURED COST	A	-246,140	RHC 1	88.00	0 33.75
33.76	SELF-INSURED COST	A	-33,341	RHC 2	88.01	0 33.76
33.77	SELF-INSURED COST	A	-81,637	RHC 3	88.02	0 33.77
33.78	SELF-INSURED COST	A	-30,531	RHC 4	88.03	0 33.78
33.79	SELF-INSURED COST	A	-2,875	MEDICAL ASSOCIATES	88.04	0 33.79
33.80	SELF-INSURED COST	A	-78,016	MIND & BODY CENTER	90.03	0 33.80
33.81	SELF-INSURED COST	A	-371,731	PAIN CLINIC/ASC	90.04	0 33.81
33.82	SELF-INSURED COST	A	-336,357	CHEMO CLINIC	90.05	0 33.82
33.83	SELF-INSURED COST	A	-43,318	OCCUPATIONAL MEDICINE	90.06	0 33.83
33.84	SELF-INSURED COST	A	-103,905	WOUND RECOVERY	90.07	0 33.84
33.85	SELF-INSURED COST	A	-88,003	DERMATOLOGY	90.08	0 33.85
33.86	SELF-INSURED COST	A	-20,180	NEPHROLOGY	90.09	0 33.86
33.87	SELF-INSURED COST	A	-49,748	NEUROLOGY	90.10	0 33.87
33.88	SELF-INSURED COST	A	-319,409	EMERGENCY	91.00	0 33.88
33.89	SELF-INSURED COST	A	-7,418	OP DRUG AND ALCOHOL	93.00	0 33.89
33.90	SELF-INSURED COST	A	-50,959	SPORTS MEDICINE	93.01	0 33.90
33.91	SELF-INSURED COST	A	-29,388	PHYSICIANS' PRIVATE OFFICES	192.00	0 33.91
33.92	SELF-INSURED COST	A	-18,225	COMMUNITY RELATIONS	192.02	0 33.92
33.93	SELF-INSURED COST	A	-13,745	NW URGENT CARE/WATER ST. CLINICS	192.03	0 33.93
33.94	RHC HOSPITAL TIME	A		RHC 3	88.02	0 33.94
33.95	RHC LAB COST	A	-25,671	RHC 1	88.00	0 33.95
33.96	RHC LAB COST	A	-15,302	RHC 3	88.02	0 33.96
33.97	HOSPITALIST MIDDLELEVEL OFFSET	A	-399,900	ADULTS & PEDIATRICS	30.00	0 33.97
33.98	PAIN MANAGEMENT MIDDLELEVEL OFFSET	A	-382,515	PAIN CLINIC/ASC	90.04	0 33.98
33.99	CANCER CENTER MIDDLELEVEL OFFSET	A	-125,915	CHEMO CLINIC	90.05	0 33.99
34.00	DERMATOLOGY MIDDLELEVEL OFFSET	A	-104,478	DERMATOLOGY	90.08	0 34.00
34.01	NEPHROLOGY MIDDLELEVEL OFFSET	A	-146,398	NEPHROLOGY	90.09	0 34.01
34.02	ER MIDDLELEVEL OFFSET	A	-3,743	EMERGENCY	91.00	0 34.02
34.03	CONTRIBUTIONS	A	-103,480	ADMINISTRATIVE & GENERAL	5.00	0 34.03
34.04	CONTRIBUTIONS	A	-100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0 34.04
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-35,945,054			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:

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

Worksheet A-8-1

Date/Time Prepared:
6/12/2019 8:37 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE	6,021	8,422	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	797,530	1,115,962	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	1,386,113	1,592,376	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	13,325,611	17,505,201	3.01
3.02	6.00	MAINTENANCE & REPAIRS	HOME OFFICE	2,534,989	3,163,419	3.02
3.03	9.00	HOUSEKEEPING	HOME OFFICE	2,425,909	2,473,616	3.03
3.04	14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE	1,275,809	1,402,174	3.04
3.05	15.00	PHARMACY	HOME OFFICE	15,864,239	17,310,009	3.05
3.06	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	1,023,771	1,163,397	3.06
4.00	192.02	COMMUNITY RELATIONS	HOME OFFICE	0	515,912	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			38,639,992	46,250,488	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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

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

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

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

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

Provider CCN:

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

Worksheet A-8-1

Date/Time Prepared:
6/12/2019 8:37 am

	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	-2,401	9		1.00
2.00	-318,432	9		2.00
3.00	-206,263	0		3.00
3.01	-4,179,590	0		3.01
3.02	-628,430	0		3.02
3.03	-47,707	0		3.03
3.04	-126,365	0		3.04
3.05	-1,445,770	0		3.05
3.06	-139,626	0		3.06
4.00	-515,912	0		4.00
5.00	-7,610,496			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN:

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

Worksheet A-8-2

Date/Time Prepared:
6/12/2019 8:37 am

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	948,438	948,438	0	0	0
2.00	30.00 ADULTS & PEDIATRICS	1,748,341	1,748,341	0	0	0
3.00	31.00 INTENSIVE CARE UNIT	1,833	1,833	0	0	0
4.00	41.00 SUBPROVIDER - IRF	200,640	200,640	0	0	0
5.00	50.00 OPERATING ROOM	312,011	312,011	0	0	0
6.00	54.00 RADIOLOGY-DIAGNOSTIC	8,625	8,625	0	0	0
7.00	60.00 LABORATORY	36,000	36,000	0	0	0
8.00	65.00 RESPIRATORY THERAPY	449,478	449,478	0	0	0
9.00	69.00 ELECTROCARDIOLOGY	172,954	172,954	0	0	0
10.00	76.00 RADIOLOGY	775,434	775,434	0	0	0
11.00	90.03 MIND & BODY CENTER	147,582	147,582	0	0	0
12.00	90.04 PAIN CLINIC/ASC	1,942,672	1,942,672	0	0	0
13.00	90.05 CHEMO CLINIC	3,944,188	3,944,188	0	0	0
14.00	90.06 OCCUPATIONAL MEDICINE	248,181	248,181	0	0	0
15.00	90.07 WOUND RECOVERY	41,672	41,672	0	0	0
16.00	90.08 DERMATOLOGY	1,233,422	1,233,422	0	0	0
17.00	90.09 NEPHROLOGY	549,023	549,023	0	0	0
18.00	90.10 NEUROLOGY	835,835	835,835	0	0	0
19.00	93.00 OP DRUG AND ALCOHOL	0	0	0	0	0
20.00	93.01 SPORTS MEDICINE	0	0	0	0	0
21.00	91.00 EMERGENCY	1,113,554	1,113,554	0	0	0
200.00		14,709,883	14,709,883	0	0	0

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	0	0	0	0	0
2.00	30.00 ADULTS & PEDIATRICS	0	0	0	0	43,517
3.00	31.00 INTENSIVE CARE UNIT	0	0	0	0	0
4.00	41.00 SUBPROVIDER - IRF	0	0	0	0	0
5.00	50.00 OPERATING ROOM	0	0	0	0	0
6.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
7.00	60.00 LABORATORY	0	0	0	0	0
8.00	65.00 RESPIRATORY THERAPY	0	0	0	0	0
9.00	69.00 ELECTROCARDIOLOGY	0	0	0	0	0
10.00	76.00 RADIOLOGY	0	0	0	0	0
11.00	90.03 MIND & BODY CENTER	0	0	0	0	0
12.00	90.04 PAIN CLINIC/ASC	0	0	0	0	34,293
13.00	90.05 CHEMO CLINIC	0	0	0	0	80,951
14.00	90.06 OCCUPATIONAL MEDICINE	0	0	0	0	3,263
15.00	90.07 WOUND RECOVERY	0	0	0	0	785
16.00	90.08 DERMATOLOGY	0	0	0	0	15,714
17.00	90.09 NEPHROLOGY	0	0	0	0	9,281
18.00	90.10 NEUROLOGY	0	0	0	0	40,556
19.00	93.00 OP DRUG AND ALCOHOL	0	0	0	0	0
20.00	93.01 SPORTS MEDICINE	0	0	0	0	0
21.00	91.00 EMERGENCY	0	0	0	0	0
200.00		0	0	0	0	228,360

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	0	0	948,438
2.00	30.00 ADULTS & PEDIATRICS	0	0	0	1,748,341
3.00	31.00 INTENSIVE CARE UNIT	0	0	0	1,833
4.00	41.00 SUBPROVIDER - IRF	0	0	0	200,640
5.00	50.00 OPERATING ROOM	0	0	0	312,011
6.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	8,625
7.00	60.00 LABORATORY	0	0	0	36,000
8.00	65.00 RESPIRATORY THERAPY	0	0	0	449,478
9.00	69.00 ELECTROCARDIOLOGY	0	0	0	172,954
10.00	76.00 RADIOLOGY	0	0	0	775,434
11.00	90.03 MIND & BODY CENTER	0	0	0	147,582
12.00	90.04 PAIN CLINIC/ASC	0	0	0	1,942,672
13.00	90.05 CHEMO CLINIC	0	0	0	3,944,188
14.00	90.06 OCCUPATIONAL MEDICINE	0	0	0	248,181
15.00	90.07 WOUND RECOVERY	0	0	0	41,672
16.00	90.08 DERMATOLOGY	0	0	0	1,233,422
17.00	90.09 NEPHROLOGY	0	0	0	549,023
18.00	90.10 NEUROLOGY	0	0	0	835,835
19.00	93.00 OP DRUG AND ALCOHOL	0	0	0	0

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN:

Period:
From 07/01/2017
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	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		
20.00	93.01	SPORTS MEDICINE	0	0	0	0		20.00
21.00	91.00	EMERGENCY	0	0	0	1,113,554		21.00
200.00			0	0	0	14,709,883		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:

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

Worksheet B
Part I
Date/Time Prepared:
6/12/2019 8:37 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	6,086,525	6,086,525				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	7,983,148		7,983,148			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	3,582,064	59,566	5,399	3,647,029		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	22,834,872	1,072,173	3,672,537	744,172	28,323,754	5.00
6.00 00600 MAINTENANCE & REPAIRS	2,520,892	364,597	38,946	60,742	2,985,177	6.00
7.00 00700 OPERATION OF PLANT	2,237,377	33,513	71,019	14	2,341,923	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	822,956	9,992	2,172	4,662	839,782	8.00
9.00 00900 HOUSEKEEPING	2,151,823	64,449	8,868	76,967	2,302,107	9.00
10.00 01000 DIETARY	3,115,360	137,156	8,410	84,352	3,345,278	10.00
11.00 01100 CAFETERIA	308,950	21,148	6,260	0	336,358	11.00
13.00 01300 NURSING ADMINISTRATION	671,621	30,114	174,318	24,370	900,423	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,475,237	99,217	64,267	37,077	1,675,798	14.00
15.00 01500 PHARMACY	243,436	52,677	224,869	0	520,982	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,688,435	136,563	2,968	65,266	1,893,232	16.00
17.00 01700 SOCIAL SERVICE	143,144	4,004	0	0	147,148	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	530,252	33,719	0	29,369	593,340	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	334,916	0	0	0	334,916	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	11,263,885	682,539	146,189	462,476	12,555,089	30.00
31.00 03100 INTENSIVE CARE UNIT	4,260,968	77,475	104,212	112,197	4,554,852	31.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	1,261,754	78,399	50,970	52,379	1,443,502	41.00
43.00 04300 NURSERY	494,038	36,935	0	17,807	548,780	43.00
44.00 04400 SKILLED NURSING FACILITY	2,403,179	144,673	25,291	100,137	2,673,280	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,509,272	269,064	547,242	37,295	2,362,873	50.00
50.01 05001 OPERATING ROOM - L	5,871,739	61,437	13,480	110,277	6,056,933	50.01
51.00 05100 RECOVERY ROOM	664,784	37,677	19,720	31,193	753,374	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,263,260	14,452	0	45,533	1,323,245	52.00
53.00 05300 ANESTHESIOLOGY	714,112	38,943	90,074	16,210	859,339	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,870,635	222,775	723,882	103,570	3,920,862	54.00
54.01 03630 ULTRA SOUND	879,774	5,909	261,652	34,215	1,181,550	54.01
54.02 05401 PET SCAN	326,215	0	0	0	326,215	54.02
56.00 05600 RADIOISOTOPE	566,208	8,943	1,980	10,114	587,245	56.00
57.00 05700 CT SCAN	1,108,654	6,924	130,745	29,637	1,275,960	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	672,025	20,076	584,742	19,564	1,296,407	58.00
60.00 06000 LABORATORY	8,949,088	109,814	143,507	131,983	9,334,392	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	299,599	0	0	0	299,599	63.00
65.00 06500 RESPIRATORY THERAPY	1,626,222	46,848	72,913	58,264	1,804,247	65.00
66.00 06600 PHYSICAL THERAPY	2,648,840	173,966	9,028	110,544	2,942,378	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,136,416	123,148	3,146	46,932	1,309,642	67.00
68.00 06800 SPEECH PATHOLOGY	488,091	0	2,446	19,872	510,409	68.00
68.01 03040 AUDIOLOGY	235,158	12,981	8,735	9,098	265,972	68.01
69.00 06900 ELECTROCARDIOLOGY	193,216	0	29,898	6,357	229,471	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	873,453	0	0	0	873,453	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	9,895,290	0	0	0	9,895,290	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	15,028,525	0	0	150,383	15,178,908	73.00
74.00 07400 RENAL DIALYSIS	228,426	0	0	2	228,428	74.00
76.00 03140 RADIOLOGY	1,833,253	73,426	174,741	52,294	2,133,714	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RHC 1	4,195,866	149,715	8,530	155,700	4,509,811	88.00
88.01 08801 RHC 2	605,237	18,821	1,643	19,645	645,346	88.01
88.02 08802 RHC 3	1,527,284	101,293	3,303	49,612	1,681,492	88.02
88.03 08803 RHC 4	413,028	14,601	147	12,647	440,423	88.03
88.04 08804 MEDICAL ASSOCIATES	55,144	2,304	537	1,625	59,610	88.04
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OP MENTAL HEALTH CENTER	0	0	0	0	0	90.01
90.02 09002 PARTIAL HOSPITALIZATION	0	0	0	0	0	90.02
90.03 09003 MIND & BODY CENTER	641,859	48,034	2,089	22,503	714,485	90.03
90.04 09004 PAIN CLINIC/ASC	3,801,983	246,924	155,412	112,836	4,317,155	90.04
90.05 09005 CHEMO CLINIC	4,323,089	257,657	112,378	100,531	4,793,655	90.05
90.06 09006 OCCUPATIONAL MEDICINE	390,458	35,669	1,863	9,923	437,913	90.06
90.07 09007 WOUND RECOVERY	949,231	49,597	619	22,979	1,022,426	90.07
90.08 09008 DERMATOLOGY	743,862	104,646	36,236	18,677	903,421	90.08
90.09 09009 NEPHROLOGY	207,441	6,992	1,240	3,880	219,553	90.09
90.10 09010 NEUROLOGY	434,624	37,939	4,877	8,927	486,367	90.10
91.00 09100 EMERGENCY	4,107,298	82,426	59,365	152,198	4,401,287	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:

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	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
93.00 04950 OP DRUG AND ALCOHOL	166,180	31,928	0	5,302	203,410	93.00
93.01 04951 SPORTS MEDICINE	579,974	58,243	14,168	19,677	672,062	93.01
OTHER REIMBURSABLE COST CENTERS						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	159,439,645	5,612,081	7,827,033	3,611,986	158,774,043 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	23,829	190	0	24,019	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	1,686,034	226,927	129,702	13,410	2,056,073	192.00
192.01 19201 WELLNESS CENTER	212,034	216,730	3,587	5	432,356	192.01
192.02 19202 COMMUNITY RELATIONS	-9,024	6,958	0	8,768	6,702	192.02
192.03 19203 NW URGENT CARE/WATER ST. CLINICS	422,898	0	22,636	12,860	458,394	192.03
194.00 07951 HEARING CENTER /OTHER NONREIMB	178,345	0	0	0	178,345	194.00
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	161,929,932	6,086,525	7,983,148	3,647,029	161,929,932 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:

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

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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	28,323,754					5.00
6.00	00600	MAINTENANCE & REPAIRS	632,840	3,618,017				6.00
7.00	00700	OPERATION OF PLANT	496,474	22,285	2,860,682			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	178,029	6,645	7,223	1,031,679		8.00
9.00	00900	HOUSEKEEPING	488,033	42,857	46,589	0	2,879,586	9.00
10.00	01000	DIETARY	709,179	91,205	99,148	23,846	34,392	10.00
11.00	01100	CAFETERIA	71,306	14,063	15,288	0	10,447	11.00
13.00	01300	NURSING ADMINISTRATION	190,884	20,025	21,769	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	355,259	65,976	71,723	68,352	22,496	14.00
15.00	01500	PHARMACY	110,445	35,029	38,079	1,034	29,664	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	401,354	90,810	98,720	0	38,053	16.00
17.00	01700	SOCIAL SERVICE	31,194	2,662	2,894	0	13,726	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	125,785	22,422	24,375	2,207	24,479	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	71,000	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,661,604	453,870	493,399	345,091	938,666	30.00
31.00	03100	INTENSIVE CARE UNIT	965,601	51,519	56,006	67,973	162,659	31.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	306,014	52,133	56,674	20,218	117,438	41.00
43.00	04300	NURSERY	116,338	24,561	26,700	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	566,719	96,203	104,582	71,675	112,557	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	500,915	178,920	194,504	35,894	4,804	50.00
50.01	05001	OPERATING ROOM - L	1,284,033	40,854	44,412	95,700	3,508	50.01
51.00	05100	RECOVERY ROOM	159,711	25,054	27,236	7,058	14,184	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	280,520	9,610	10,448	0	0	52.00
53.00	05300	ANESTHESIOLOGY	182,175	25,896	28,151	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	831,199	148,140	161,042	7,242	129,944	54.00
54.01	03630	ULTRA SOUND	250,482	3,929	4,271	25,346	0	54.01
54.02	05401	PET SCAN	69,156	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	124,492	5,947	6,465	0	12,506	56.00
57.00	05700	CT SCAN	270,496	4,604	5,005	18,282	12,506	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	274,831	13,350	14,513	5,389	14,184	58.00
60.00	06000	LABORATORY	1,978,835	73,023	79,383	265	62,684	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63,513	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	382,490	31,153	33,866	4,768	52,694	65.00
66.00	06600	PHYSICAL THERAPY	623,766	115,682	125,758	7,387	12,430	66.00
67.00	06700	OCCUPATIONAL THERAPY	277,636	81,890	89,022	0	22,801	67.00
68.00	06800	SPEECH PATHOLOGY	108,204	0	0	0	0	68.00
68.01	03040	AUDIOLOGY	56,384	8,632	9,384	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	48,646	0	0	310	6,634	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	185,167	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,097,742	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,217,882	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	48,425	0	0	0	0	74.00
76.00	03140	CARDIOLOGY	452,335	48,826	53,079	19,086	59,253	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RHC 1	956,053	99,556	0	0	0	88.00
88.01	08801	RHC 2	136,809	12,516	0	0	0	88.01
88.02	08802	RHC 3	356,466	67,357	0	0	0	88.02
88.03	08803	RHC 4	93,367	9,709	0	0	0	88.03
88.04	08804	MEDICAL ASSOCIATES	12,637	1,532	0	0	0	88.04
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OP MENTAL HEALTH CENTER	0	0	0	0	0	90.01
90.02	09002	PARTIAL HOSPITALIZATION	0	0	0	0	0	90.02
90.03	09003	MIND & BODY CENTER	151,467	31,941	0	0	0	90.03
90.04	09004	PAIN CLINIC/ASC	915,211	164,197	178,498	60,070	261,489	90.04
90.05	09005	CHEMO CLINIC	1,016,226	171,335	0	0	301,982	90.05
90.06	09006	OCCUPATIONAL MEDICINE	92,835	23,719	25,785	0	0	90.06
90.07	09007	WOUND RECOVERY	216,748	32,981	35,853	15,199	31,800	90.07
90.08	09008	DERMATOLOGY	191,520	69,587	75,648	0	0	90.08
90.09	09009	NEPHROLOGY	46,544	4,650	5,055	0	0	90.09
90.10	09010	NEUROLOGY	103,107	25,228	27,426	0	0	90.10
91.00	09100	EMERGENCY	933,046	54,811	59,585	124,300	371,606	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OP DRUG AND ALCOHOL	43,122	21,231	23,080	0	0	93.00
93.01	04951	SPORTS MEDICINE	142,473	38,730	42,103	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
101.00	10100	HOME HEALTH AGENCY	5.00	6.00	7.00	8.00	9.00	
			0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	27,654,724	2,736,855	2,522,741	1,026,692	2,879,586	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,092	15,846	17,226	113		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	435,875	716,570	164,043	4,874		192.00
192.01	19201	WELLNESS CENTER	91,657	144,119	156,672	0		192.01
192.02	19202	COMMUNITY RELATIONS	1,421	4,627	0	0		192.02
192.03	19203	NW URGENT CARE/WATER ST. CLINICS	97,177	0	0	0		192.03
194.00	07951	HEARING CENTER /OTHER NONREIMB	37,808	0	0	0		194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	28,323,754	3,618,017	2,860,682	1,031,679	2,879,586	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	4,303,048					10.00
11.00	01100	2,581,418	3,028,880				11.00
13.00	01300	0	19,340	1,152,441			13.00
14.00	01400	0	67,782	0	2,327,386		14.00
15.00	01500	0	0	0	2,614	737,847	15.00
16.00	01600	0	93,432	0	172	0	16.00
17.00	01700	0	0	0	0	0	17.00
21.00	02100	0	34,360	0	1	0	21.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,194,578	543,627	465,495	90,495	202	30.00
31.00	03100	80,125	100,221	99,940	42,303	29	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	102,830	56,809	51,851	30,078	2	41.00
43.00	04300	0	12,139	60,786	0	0	43.00
44.00	04400	344,097	126,237	0	14,033	40	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	47,825	13,264	22,225	234	50.00
50.01	05001	0	134,787	75,162	116,681	496	50.01
51.00	05100	0	24,507	111,462	5,447	5	51.00
52.00	05200	0	38,292	0	0	0	52.00
53.00	05300	0	25,558	9,064	22,848	466	53.00
54.00	05400	0	123,699	0	7,366	15	54.00
54.01	03630	0	31,753	0	2,349	0	54.01
54.02	05401	0	0	0	0	0	54.02
56.00	05600	0	11,087	0	941	0	56.00
57.00	05700	0	33,217	0	12,979	0	57.00
58.00	05800	0	20,872	0	1,347	0	58.00
60.00	06000	0	176,759	0	29,151	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	65,244	0	3,464	298	65.00
66.00	06600	0	117,984	0	831	0	66.00
67.00	06700	0	48,442	0	342	0	67.00
68.00	06800	0	16,574	0	1	0	68.00
68.01	03040	0	9,030	0	8	0	68.01
69.00	06900	0	12,939	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	46,053	0	71.00
72.00	07200	0	0	0	1,690,580	0	72.00
73.00	07300	0	124,156	0	0	281,941	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03140	0	44,761	0	12,772	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	121,344	0	1,164	0	88.00
88.01	08801	0	16,757	0	282	0	88.01
88.02	08802	0	39,618	0	710	0	88.02
88.03	08803	0	10,790	0	0	0	88.03
88.04	08804	0	1,577	0	11	0	88.04
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	32,622	0	0	0	90.03
90.04	09004	0	156,893	76,491	52,239	369	90.04
90.05	09005	0	140,639	0	25,560	452,174	90.05
90.06	09006	0	15,271	0	430	0	90.06
90.07	09007	0	25,627	0	6,376	538	90.07
90.08	09008	0	39,800	0	1,552	31	90.08
90.09	09009	0	13,785	0	152	67	90.09
90.10	09010	0	19,020	19,559	215	0	90.10
91.00	09100	0	166,380	164,230	80,828	940	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	04950	0	7,407	5,137	0	0	93.00
93.01	04951	0	23,272	0	19	0	93.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:

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

Worksheet B
Part I
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6/12/2019 8:37 am

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,303,048	2,992,235	1,152,441	2,324,619	737,847	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	13,053	0	2,766	0	192.00
192.01	19201	WELLNESS CENTER	0	0	0	0	0	192.01
192.02	19202	COMMUNITY RELATIONS	0	8,847	0	0	0	192.02
192.03	19203	NW URGENT CARE/WATER ST. CLINICS	0	14,745	0	0	0	192.03
194.00	07951	HEARING CENTER /OTHER NONREIMB	0	0	0	1	0	194.00
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)	4,303,048	3,028,880	1,152,441	2,327,386	737,847	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:

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

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Part I
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,615,773					16.00
17.00 01700 SOCIAL SERVICE	0	197,624				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	826,969			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		405,916		22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	775,960	124,345	826,969	405,916	21,875,306	30.00
31.00 03100 INTENSIVE CARE UNIT	41,310	0	0	0	6,222,538	31.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	107,461	29,312	0	0	2,374,322	41.00
43.00 04300 NURSERY	69,534	0	0	0	858,838	43.00
44.00 04400 SKILLED NURSING FACILITY	80,457	43,967	0	0	4,233,847	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	338,963	0	0	0	3,700,421	50.00
50.01 05001 OPERATING ROOM - L	790,930	0	0	0	8,643,496	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	1,128,038	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	1,662,115	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	1,153,497	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	5,329,509	54.00
54.01 03630 ULTRA SOUND	0	0	0	0	1,499,680	54.01
54.02 05401 PET SCAN	0	0	0	0	395,371	54.02
56.00 05600 RADIOISOTOPE	0	0	0	0	748,683	56.00
57.00 05700 CT SCAN	0	0	0	0	1,633,049	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	1,640,893	58.00
60.00 06000 LABORATORY	0	0	0	0	11,734,492	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	363,112	63.00
65.00 06500 RESPIRATORY THERAPY	16,968	0	0	0	2,395,192	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	3,946,216	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	1,829,775	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	635,188	68.00
68.01 03040 AUDIOLOGY	0	0	0	0	349,410	68.01
69.00 06900 ELECTROCARDIOLOGY	111,065	0	0	0	409,065	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	1,104,673	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	13,683,612	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	18,802,887	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	276,853	74.00
76.00 03140 RADIOLOGY	117,109	0	0	0	2,940,935	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RHC 1	0	0	0	0	5,687,928	88.00
88.01 08801 RHC 2	0	0	0	0	811,710	88.01
88.02 08802 RHC 3	0	0	0	0	2,145,643	88.02
88.03 08803 RHC 4	0	0	0	0	554,289	88.03
88.04 08804 MEDICAL ASSOCIATES	0	0	0	0	75,367	88.04
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OP MENTAL HEALTH CENTER	0	0	0	0	0	90.01
90.02 09002 PARTIAL HOSPITALIZATION	0	0	0	0	0	90.02
90.03 09003 MIND & BODY CENTER	0	0	0	0	930,515	90.03
90.04 09004 PAIN CLINIC/ASC	66,817	0	0	0	6,249,429	90.04
90.05 09005 CHEMO CLINIC	99,199	0	0	0	7,000,770	90.05
90.06 09006 OCCUPATIONAL MEDICINE	0	0	0	0	595,953	90.06
90.07 09007 WOUND RECOVERY	0	0	0	0	1,387,548	90.07
90.08 09008 DERMATOLOGY	0	0	0	0	1,281,559	90.08
90.09 09009 NEPHROLOGY	0	0	0	0	289,806	90.09
90.10 09010 NEUROLOGY	0	0	0	0	680,922	90.10
91.00 09100 EMERGENCY	0	0	0	0	6,357,013	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04950 OP DRUG AND ALCOHOL	0	0	0	0	303,387	93.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:

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

Worksheet B
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
93.01 04951 SPORTS MEDICINE	16.00	17.00	21.00	22.00	24.00	93.01
OTHER REIMBURSABLE COST CENTERS						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	2,615,773	197,624	826,969	405,916	156,841,511	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	62,296	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	3,393,254	192.00
192.01 19201 WELLNESS CENTER	0	0	0	0	824,804	192.01
192.02 19202 COMMUNITY RELATIONS	0	0	0	0	21,597	192.02
192.03 19203 NW URGENT CARE/WATER ST. CLINICS	0	0	0	0	570,316	192.03
194.00 07951 HEARING CENTER /OTHER NONREIMB	0	0	0	0	216,154	194.00
200.00 Cross Foot Adjustments			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)	2,615,773	197,624	826,969	405,916	161,929,932	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:

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

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Part I
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-1,232,885	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
50.01	05001	OPERATING ROOM - L	0	50.01
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	03630	ULTRA SOUND	0	54.01
54.02	05401	PET SCAN	0	54.02
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
60.00	06000	LABORATORY	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
68.01	03040	AUDIOLOGY	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.00	03140	CARDIOLOGY	0	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RHC 1	0	88.00
88.01	08801	RHC 2	0	88.01
88.02	08802	RHC 3	0	88.02
88.03	08803	RHC 4	0	88.03
88.04	08804	MEDICAL ASSOCIATES	0	88.04
90.00	09000	CLINIC	0	90.00
90.01	09001	OP MENTAL HEALTH CENTER	0	90.01
90.02	09002	PARTIAL HOSPITALIZATION	0	90.02
90.03	09003	MIND & BODY CENTER	0	90.03
90.04	09004	PAIN CLINIC/ASC	0	90.04
90.05	09005	CHEMO CLINIC	0	90.05
90.06	09006	OCCUPATIONAL MEDICINE	0	90.06
90.07	09007	WOUND RECOVERY	0	90.07
90.08	09008	DERMATOLOGY	0	90.08
90.09	09009	NEPHROLOGY	0	90.09
90.10	09010	NEUROLOGY	0	90.10
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
93.00	04950	OP DRUG AND ALCOHOL	0	93.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:

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

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Part I
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
93.01	04951	SPORTS MEDICINE	0	918,659	93.01
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-1,232,885	155,608,626	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	62,296	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,393,254	192.00
192.01	19201	WELLNESS CENTER	0	824,804	192.01
192.02	19202	COMMUNITY RELATIONS	0	21,597	192.02
192.03	19203	NW URGENT CARE/WATER ST. CLINICS	0	570,316	192.03
194.00	07951	HEARING CENTER /OTHER NONREIMB	0	216,154	194.00
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	-1,232,885	160,697,047	202.00

COST ALLOCATION STATISTICS

Provider CCN:

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

Worksheet Non-CMS W
Date/Time Prepared:
6/12/2019 8:37 am

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-5	ACCUM. COST	5.00
6.00	MAINTENANCE & REPAIRS	3	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	6	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	9	HOURS OF SERVICE	9.00
10.00	DIETARY	10	MEALS SERVED	10.00
11.00	CAFETERIA	11	MEALS SERVED	11.00
13.00	NURSING ADMINISTRATION	13	DIRECT NURS. HRS.	13.00
14.00	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	14.00
15.00	PHARMACY	15	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	16	TIME SPENT	16.00
17.00	SOCIAL SERVICE	17	TIME SPENT	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	21	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED TIME	22.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:

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

Worksheet B
Part II
Date/Time Prepared:
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	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
			BLDG & FIXT	MVBLE EQUIP				
			0	1.00				2.00
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	59,566	5,399	64,965	64,965	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	1,072,173	3,672,537	4,744,710	13,251	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	364,597	38,946	403,543	1,082	6.00
7.00	00700	OPERATION OF PLANT	0	33,513	71,019	104,532	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	9,992	2,172	12,164	83	8.00
9.00	00900	HOUSEKEEPING	0	64,449	8,868	73,317	1,371	9.00
10.00	01000	DIETARY	0	137,156	8,410	145,566	1,503	10.00
11.00	01100	CAFETERIA	0	21,148	6,260	27,408	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	30,114	174,318	204,432	434	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	99,217	64,267	163,484	661	14.00
15.00	01500	PHARMACY	0	52,677	224,869	277,546	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	136,563	2,968	139,531	1,163	16.00
17.00	01700	SOCIAL SERVICE	0	4,004	0	4,004	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	33,719	0	33,719	523	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	682,539	146,189	828,728	8,239	30.00
31.00	03100	INTENSIVE CARE UNIT	0	77,475	104,212	181,687	1,999	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	78,399	50,970	129,369	933	41.00
43.00	04300	NURSERY	0	36,935	0	36,935	317	43.00
44.00	04400	SKILLED NURSING FACILITY	0	144,673	25,291	169,964	1,784	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	269,064	547,242	816,306	664	50.00
50.01	05001	OPERATING ROOM - L	0	61,437	13,480	74,917	1,965	50.01
51.00	05100	RECOVERY ROOM	0	37,677	19,720	57,397	556	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	14,452	0	14,452	811	52.00
53.00	05300	ANESTHESIOLOGY	0	38,943	90,074	129,017	289	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	222,775	723,882	946,657	1,845	54.00
54.01	03630	ULTRA SOUND	0	5,909	261,652	267,561	610	54.01
54.02	05401	PET SCAN	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	8,943	1,980	10,923	180	56.00
57.00	05700	CT SCAN	0	6,924	130,745	137,669	528	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	20,076	584,742	604,818	349	58.00
60.00	06000	LABORATORY	0	109,814	143,507	253,321	2,351	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	46,848	72,913	119,761	1,038	65.00
66.00	06600	PHYSICAL THERAPY	0	173,966	9,028	182,994	1,969	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	123,148	3,146	126,294	836	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	2,446	2,446	354	68.00
68.01	03040	AUDIOLOGY	0	12,981	8,735	21,716	162	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	29,898	29,898	113	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	2,679	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03140	CARDIOLOGY	0	73,426	174,741	248,167	932	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RHC 1	0	149,715	8,530	158,245	2,774	88.00
88.01	08801	RHC 2	0	18,821	1,643	20,464	350	88.01
88.02	08802	RHC 3	0	101,293	3,303	104,596	884	88.02
88.03	08803	RHC 4	0	14,601	147	14,748	225	88.03
88.04	08804	MEDICAL ASSOCIATES	0	2,304	537	2,841	29	88.04
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OP MENTAL HEALTH CENTER	0	0	0	0	0	90.01
90.02	09002	PARTIAL HOSPITALIZATION	0	0	0	0	0	90.02
90.03	09003	MIND & BODY CENTER	0	48,034	2,089	50,123	401	90.03
90.04	09004	PAIN CLINIC/ASC	0	246,924	155,412	402,336	2,010	90.04
90.05	09005	CHEMO CLINIC	0	257,657	112,378	370,035	1,791	90.05
90.06	09006	OCCUPATIONAL MEDICINE	0	35,669	1,863	37,532	177	90.06
90.07	09007	WOUND RECOVERY	0	49,597	619	50,216	409	90.07
90.08	09008	DERMATOLOGY	0	104,646	36,236	140,882	333	90.08
90.09	09009	NEPHROLOGY	0	6,992	1,240	8,232	69	90.09
90.10	09010	NEUROLOGY	0	37,939	4,877	42,816	159	90.10
91.00	09100	EMERGENCY	0	82,426	59,365	141,791	2,711	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:

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

Worksheet B
Part II
Date/Time Prepared:
6/12/2019 8:37 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
93.00 04950 OP DRUG AND ALCOHOL	0	31,928	0	31,928	94	93.00
93.01 04951 SPORTS MEDICINE	0	58,243	14,168	72,411	351	93.01
OTHER REIMBURSABLE COST CENTERS						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00						
SUBTOTALS (SUM OF LINES 1 through 117)						
	0	5,612,081	7,827,033	13,439,114	64,341	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	23,829	190	24,019	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	226,927	129,702	356,629	239	192.00
192.01 19201 WELLNESS CENTER	0	216,730	3,587	220,317	0	192.01
192.02 19202 COMMUNITY RELATIONS	0	6,958	0	6,958	156	192.02
192.03 19203 NW URGENT CARE/WATER ST. CLINICS	0	0	22,636	22,636	229	192.03
194.00 07951 HEARING CENTER /OTHER NONREIMB	0	0	0	0	0	194.00
200.00						
Cross Foot Adjustments						
						200.00
201.00						
Negative Cost Centers						
		0	0	0	0	201.00
202.00						
TOTAL (sum lines 118 through 201)						
	0	6,086,525	7,983,148	14,069,673	64,965	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 6/12/2019 8:37 am		
Cost Center Description				ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
				5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	4,757,961					5.00
6.00	00600	MAINTENANCE & REPAIRS	106,308	510,933				6.00
7.00	00700	OPERATION OF PLANT	83,401	3,147	191,080			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	29,906	938	482	43,573		8.00
9.00	00900	HOUSEKEEPING	81,983	6,052	3,112	0	165,835	9.00
10.00	01000	DIETARY	119,132	12,880	6,623	1,007	1,981	10.00
11.00	01100	CAFETERIA	11,978	1,986	1,021	0	602	11.00
13.00	01300	NURSING ADMINISTRATION	32,066	2,828	1,454	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	59,679	9,317	4,791	2,887	1,296	14.00
15.00	01500	PHARMACY	18,553	4,947	2,544	44	1,708	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	67,422	12,824	6,594	0	2,191	16.00
17.00	01700	SOCIAL SERVICE	5,240	376	193	0	791	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21,130	3,166	1,628	93	1,410	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	11,927	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	447,112	64,095	32,957	14,575	54,058	30.00
31.00	03100	INTENSIVE CARE UNIT	162,207	7,275	3,741	2,871	9,367	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	51,406	7,362	3,786	854	6,763	41.00
43.00	04300	NURSERY	19,543	3,468	1,783	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	95,201	13,586	6,986	3,027	6,482	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	84,147	25,267	12,992	1,516	277	50.00
50.01	05001	OPERATING ROOM - L	215,699	5,769	2,967	4,042	202	50.01
51.00	05100	RECOVERY ROOM	26,829	3,538	1,819	298	817	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	47,123	1,357	698	0	0	52.00
53.00	05300	ANESTHESIOLOGY	30,603	3,657	1,880	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	139,630	20,920	10,757	306	7,483	54.00
54.01	03630	ULTRA SOUND	42,077	555	285	1,070	0	54.01
54.02	05401	PET SCAN	11,617	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	20,913	840	432	0	720	56.00
57.00	05700	CT SCAN	45,439	650	334	772	720	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	46,168	1,885	969	228	817	58.00
60.00	06000	LABORATORY	332,416	10,312	5,302	11	3,610	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,669	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	64,253	4,399	2,262	201	3,035	65.00
66.00	06600	PHYSICAL THERAPY	104,784	16,337	8,400	312	716	66.00
67.00	06700	OCCUPATIONAL THERAPY	46,639	11,564	5,946	0	1,313	67.00
68.00	06800	SPEECH PATHOLOGY	18,177	0	0	0	0	68.00
68.01	03040	AUDIOLOGY	9,472	1,219	627	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	8,172	0	0	13	382	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	31,105	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	352,391	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	540,529	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	8,135	0	0	0	0	74.00
76.00	03140	CARDIOLOGY	75,986	6,895	3,545	806	3,412	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RHC 1	160,603	14,059	0	0	0	88.00
88.01	08801	RHC 2	22,982	1,767	0	0	0	88.01
88.02	08802	RHC 3	59,881	9,512	0	0	0	88.02
88.03	08803	RHC 4	15,684	1,371	0	0	0	88.03
88.04	08804	MEDICAL ASSOCIATES	2,123	216	0	0	0	88.04
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OP MENTAL HEALTH CENTER	0	0	0	0	0	90.01
90.02	09002	PARTIAL HOSPITALIZATION	0	0	0	0	0	90.02
90.03	09003	MIND & BODY CENTER	25,444	4,511	0	0	0	90.03
90.04	09004	PAIN CLINIC/ASC	153,743	23,188	11,923	2,537	15,059	90.04
90.05	09005	CHEMO CLINIC	170,712	24,196	0	0	17,391	90.05
90.06	09006	OCCUPATIONAL MEDICINE	15,595	3,350	1,722	0	0	90.06
90.07	09007	WOUND RECOVERY	36,411	4,657	2,395	642	1,831	90.07
90.08	09008	DERMATOLOGY	32,173	9,827	5,053	0	0	90.08
90.09	09009	NEPHROLOGY	7,819	657	338	0	0	90.09
90.10	09010	NEUROLOGY	17,321	3,563	1,832	0	0	90.10
91.00	09100	EMERGENCY	156,739	7,740	3,980	5,250	21,401	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OP DRUG AND ALCOHOL	7,244	2,998	1,542	0	0	93.00
93.01	04951	SPORTS MEDICINE	23,933	5,469	2,812	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:

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

Worksheet B
Part II
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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
101.00	10100 HOME HEALTH AGENCY	5.00	6.00	7.00	8.00	9.00	0
	SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE						0
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	4,645,574	386,492	168,507	43,362	165,835	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	855	2,238	1,151	5		0
192.00	19200 PHYSICIANS' PRIVATE OFFICES	73,221	101,198	10,957	206		0
192.01	19201 WELLNESS CENTER	15,397	20,352	10,465	0		0
192.02	19202 COMMUNITY RELATIONS	239	653	0	0		0
192.03	19203 NW URGENT CARE/WATER ST. CLINICS	16,324	0	0	0		0
194.00	07951 HEARING CENTER /OTHER NONREIMB	6,351	0	0	0		0
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0		0
202.00	TOTAL (sum lines 118 through 201)	4,757,961	510,933	191,080	43,573	165,835	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:

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

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Part II
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	288,692					10.00
11.00	01100	173,188	216,183				11.00
13.00	01300	0	1,380	242,594			13.00
14.00	01400	0	4,838	0	246,953		14.00
15.00	01500	0	0	0	277	305,619	15.00
16.00	01600	0	6,669	0	18	0	16.00
17.00	01700	0	0	0	0	0	17.00
21.00	02100	0	2,452	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	80,144	38,800	97,989	9,602	84	30.00
31.00	03100	5,376	7,153	21,038	4,489	12	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	6,899	4,055	10,915	3,191	1	41.00
43.00	04300	0	866	12,796	0	0	43.00
44.00	04400	23,085	9,010	0	1,489	17	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	3,413	2,792	2,358	97	50.00
50.01	05001	0	9,620	15,822	12,381	206	50.01
51.00	05100	0	1,749	23,463	578	2	51.00
52.00	05200	0	2,733	0	0	0	52.00
53.00	05300	0	1,824	1,908	2,424	193	53.00
54.00	05400	0	8,829	0	782	6	54.00
54.01	03630	0	2,266	0	249	0	54.01
54.02	05401	0	0	0	0	0	54.02
56.00	05600	0	791	0	100	0	56.00
57.00	05700	0	2,371	0	1,377	0	57.00
58.00	05800	0	1,490	0	143	0	58.00
60.00	06000	0	12,616	0	3,093	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	4,657	0	368	123	65.00
66.00	06600	0	8,421	0	88	0	66.00
67.00	06700	0	3,457	0	36	0	67.00
68.00	06800	0	1,183	0	0	0	68.00
68.01	03040	0	645	0	1	0	68.01
69.00	06900	0	924	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	4,886	0	71.00
72.00	07200	0	0	0	179,384	0	72.00
73.00	07300	0	8,862	0	0	116,783	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03140	0	3,195	0	1,355	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	8,661	0	124	0	88.00
88.01	08801	0	1,196	0	30	0	88.01
88.02	08802	0	2,828	0	75	0	88.02
88.03	08803	0	770	0	0	0	88.03
88.04	08804	0	113	0	1	0	88.04
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	2,328	0	0	0	90.03
90.04	09004	0	11,198	16,102	5,543	153	90.04
90.05	09005	0	10,038	0	2,712	187,288	90.05
90.06	09006	0	1,090	0	46	0	90.06
90.07	09007	0	1,829	0	677	223	90.07
90.08	09008	0	2,841	0	165	13	90.08
90.09	09009	0	984	0	16	28	90.09
90.10	09010	0	1,358	4,117	23	0	90.10
91.00	09100	0	11,875	34,571	8,576	390	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	04950	0	529	1,081	0	0	93.00
93.01	04951	0	1,661	0	2	0	93.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			DI ETARY	CAFETERI A	NURSI NG ADMI NI STRATI ON	CENTRAL SERVI CES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	288,692	213,568	242,594	246,659	305,619	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	932	0	294	0	192.00
192.01	19201	WELLNESS CENTER	0	0	0	0	0	192.01
192.02	19202	COMMUNITY RELATIONS	0	631	0	0	0	192.02
192.03	19203	NW URGENT CARE/WATER ST. CLINICS	0	1,052	0	0	0	192.03
194.00	07951	HEARING CENTER /OTHER NONREIMB	0	0	0	0	0	194.00
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)	288,692	216,183	242,594	246,953	305,619	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:

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

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
			16.00	17.00	
GENERAL SERVICE COST CENTERS					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500 ADMINISTRATIVE & GENERAL					5.00
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	236,412				16.00
17.00 01700 SOCIAL SERVICE	0	10,604			17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	64,121		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		11,927	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	70,131	6,672			30.00
31.00 03100 INTENSIVE CARE UNIT	3,734	0			31.00
40.00 04000 SUBPROVIDER - IPF	0	0			40.00
41.00 04100 SUBPROVIDER - IRF	9,712	1,573			41.00
43.00 04300 NURSERY	6,284	0			43.00
44.00 04400 SKILLED NURSING FACILITY	7,272	2,359			44.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	30,635	0			50.00
50.01 05001 OPERATING ROOM - L	71,483	0			50.01
51.00 05100 RECOVERY ROOM	0	0			51.00
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 03630 ULTRA SOUND	0	0			54.01
54.02 05401 PET SCAN	0	0			54.02
56.00 05600 RADIOISOTOPE	0	0			56.00
57.00 05700 CT SCAN	0	0			57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
60.00 06000 LABORATORY	0	0			60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
65.00 06500 RESPIRATORY THERAPY	1,534	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
68.01 03040 AUDIOLOGY	0	0			68.01
69.00 06900 ELECTROCARDIOLOGY	10,038	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	0			73.00
74.00 07400 RENAL DIALYSIS	0	0			74.00
76.00 03140 RADIOLOGY	10,584	0			76.00
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RHC 1	0	0			88.00
88.01 08801 RHC 2	0	0			88.01
88.02 08802 RHC 3	0	0			88.02
88.03 08803 RHC 4	0	0			88.03
88.04 08804 MEDICAL ASSOCIATES	0	0			88.04
90.00 09000 CLINIC	0	0			90.00
90.01 09001 OP MENTAL HEALTH CENTER	0	0			90.01
90.02 09002 PARTIAL HOSPITALIZATION	0	0			90.02
90.03 09003 MIND & BODY CENTER	0	0			90.03
90.04 09004 PAIN CLINIC/ASC	6,039	0			90.04
90.05 09005 CHEMO CLINIC	8,966	0			90.05
90.06 09006 OCCUPATIONAL MEDICINE	0	0			90.06
90.07 09007 WOUND RECOVERY	0	0			90.07
90.08 09008 DERMATOLOGY	0	0			90.08
90.09 09009 NEPHROLOGY	0	0			90.09
90.10 09010 NEUROLOGY	0	0			90.10
91.00 09100 EMERGENCY	0	0			91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
93.00 04950 OP DRUG AND ALCOHOL	0	0			93.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:

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

Worksheet B
Part II
Date/Time Prepared:
6/12/2019 8:37 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
93.01 04951 SPORTS MEDICINE	16.00	17.00	21.00	22.00	24.00	93.01
OTHER REIMBURSABLE COST CENTERS						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0			0	96.00
101.00 10100 HOME HEALTH AGENCY	0	0			0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	236,412	10,604	0	0	13,099,921	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			28,268	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0			543,676	192.00
192.01 19201 WELLNESS CENTER	0	0			266,531	192.01
192.02 19202 COMMUNITY RELATIONS	0	0			8,637	192.02
192.03 19203 NW URGENT CARE/WATER ST. CLINICS	0	0			40,241	192.03
194.00 07951 HEARING CENTER /OTHER NONREIMB	0	0			6,351	194.00
200.00 Cross Foot Adjustments			64,121	11,927	76,048	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	236,412	10,604	64,121	11,927	14,069,673	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:

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

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
50.01	05001	OPERATING ROOM - L	0	50.01
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	03630	ULTRA SOUND	0	54.01
54.02	05401	PET SCAN	0	54.02
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
60.00	06000	LABORATORY	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
68.01	03040	AUDIOLOGY	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.00	03140	CARDIOLOGY	0	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RHC 1	0	88.00
88.01	08801	RHC 2	0	88.01
88.02	08802	RHC 3	0	88.02
88.03	08803	RHC 4	0	88.03
88.04	08804	MEDICAL ASSOCIATES	0	88.04
90.00	09000	CLINIC	0	90.00
90.01	09001	OP MENTAL HEALTH CENTER	0	90.01
90.02	09002	PARTIAL HOSPITALIZATION	0	90.02
90.03	09003	MIND & BODY CENTER	0	90.03
90.04	09004	PAIN CLINIC/ASC	0	90.04
90.05	09005	CHEMO CLINIC	0	90.05
90.06	09006	OCCUPATIONAL MEDICINE	0	90.06
90.07	09007	WOUND RECOVERY	0	90.07
90.08	09008	DERMATOLOGY	0	90.08
90.09	09009	NEPHROLOGY	0	90.09
90.10	09010	NEUROLOGY	0	90.10
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
93.00	04950	OP DRUG AND ALCOHOL	0	93.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
93.01	04951	SPORTS MEDICINE	25.00	26.00	
			0	106,639	93.01
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	13,099,921	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	28,268	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	543,676	192.00
192.01	19201	WELLNESS CENTER	0	266,531	192.01
192.02	19202	COMMUNITY RELATIONS	0	8,637	192.02
192.03	19203	NW URGENT CARE/WATER ST. CLINICS	0	40,241	192.03
194.00	07951	HEARING CENTER /OTHER NONREIMB	0	6,351	194.00
200.00		Cross Foot Adjustments	0	76,048	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	14,069,673	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	533,586				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		7,397,853			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	5,222	5,003	67,120,834		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	93,994	3,403,278	13,695,677	-28,323,754	5.00
6.00 00600	MAINTENANCE & REPAIRS	31,963	36,091	1,117,917	0	6.00
7.00 00700	OPERATION OF PLANT	2,938	65,812	258	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	876	2,013	85,797	0	8.00
9.00 00900	HOUSEKEEPING	5,650	8,218	1,416,523	0	9.00
10.00 01000	DIETARY	12,024	7,793	1,552,448	0	10.00
11.00 01100	CAFETERIA	1,854	5,801	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	2,640	161,538	448,517	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	8,698	59,555	682,384	0	14.00
15.00 01500	PHARMACY	4,618	208,382	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	11,972	2,750	1,201,177	0	16.00
17.00 01700	SOCIAL SERVICE	351	0	0	0	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,956	0	540,517	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	59,836	135,471	8,511,570	0	30.00
31.00 03100	INTENSIVE CARE UNIT	6,792	96,572	2,064,908	0	31.00
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I/RF	6,873	47,233	963,999	0	41.00
43.00 04300	NURSERY	3,238	0	327,728	0	43.00
44.00 04400	SKILLED NURSING FACILITY	12,683	23,437	1,842,947	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	23,588	507,120	686,396	0	50.00
50.01 05001	OPERATING ROOM - L	5,386	12,492	2,029,574	0	50.01
51.00 05100	RECOVERY ROOM	3,303	18,274	574,086	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,267	0	838,004	0	52.00
53.00 05300	ANESTHESIOLOGY	3,414	83,470	298,342	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	19,530	670,810	1,906,147	0	54.00
54.01 03630	ULTRA SOUND	518	242,469	629,711	0	54.01
54.02 05401	PET SCAN	0	0	0	0	54.02
56.00 05600	RADIOISOTOPE	784	1,835	186,139	0	56.00
57.00 05700	CT SCAN	607	121,159	545,446	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,760	541,871	360,071	0	58.00
60.00 06000	LABORATORY	9,627	132,986	2,429,064	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	4,107	67,567	1,072,306	0	65.00
66.00 06600	PHYSICAL THERAPY	15,251	8,366	2,034,497	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	10,796	2,915	863,747	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	2,267	365,730	0	68.00
68.01 03040	AUDIOLOGY	1,138	8,095	167,435	0	68.01
69.00 06900	ELECTROCARDIOLOGY	0	27,706	116,994	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	2,767,692	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	40	0	74.00
76.00 03140	CARDIOLOGY	6,437	161,930	962,444	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RHC 1	13,125	7,905	2,865,556	0	88.00
88.01 08801	RHC 2	1,650	1,523	361,546	0	88.01
88.02 08802	RHC 3	8,880	3,061	913,075	0	88.02
88.03 08803	RHC 4	1,280	136	232,760	0	88.03
88.04 08804	MEDICAL ASSOCIATES	202	498	29,898	0	88.04
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	OP MENTAL HEALTH CENTER	0	0	0	0	90.01
90.02 09002	PARTIAL HOSPITALIZATION	0	0	0	0	90.02
90.03 09003	MIND & BODY CENTER	4,211	1,936	414,145	0	90.03
90.04 09004	PAIN CLINIC/ASC	21,647	144,018	2,076,668	0	90.04
90.05 09005	CHEMO CLINIC	22,588	104,139	1,850,212	0	90.05
90.06 09006	OCCUPATIONAL MEDICINE	3,127	1,726	182,627	0	90.06
90.07 09007	WOUND RECOVERY	4,348	574	422,921	0	90.07
90.08 09008	DERMATOLOGY	9,174	33,579	343,742	0	90.08
90.09 09009	NEPHROLOGY	613	1,149	71,412	0	90.09
90.10 09010	NEUROLOGY	3,326	4,519	164,299	0	90.10
91.00 09100	EMERGENCY	7,226	55,013	2,801,107	0	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:

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

Worksheet B-1
Date/Time Prepared:
6/12/2019 8:37 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
93.00 04950 OP DRUG AND ALCOHOL	2,799	0	97,578	0	203,410		93.00
93.01 04951 SPORTS MEDICINE	5,106	13,129	362,136	0	672,062		93.01
OTHER REIMBURSABLE COST CENTERS							
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0		96.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE							113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	491,993	7,253,184	66,475,914	-28,323,754	130,450,289		118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,089	176	0	0	24,019		190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	19,894	120,193	246,800	0	2,056,073		192.00
192.01 19201 WELLNESS CENTER	19,000	3,324	85	0	432,356		192.01
192.02 19202 COMMUNITY RELATIONS	610	0	161,364	0	6,702		192.02
192.03 19203 NW URGENT CARE/WATER ST. CLINICS	0	20,976	236,671	0	458,394		192.03
194.00 07951 HEARING CENTER /OTHER NONREIMB	0	0	0	0	178,345		194.00
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers							201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	6,086,525	7,983,148	3,647,029		28,323,754		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	11.406830	1.079117	0.054335		0.211994		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			64,965		4,757,961		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000968		0.035612		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:

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
	6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS	476,982					6.00
7.00 00700 OPERATION OF PLANT	2,938	346,923				7.00
8.00 00800 LAUNDRY & LINEN SERVICE	876	876	998,058			8.00
9.00 00900 HOUSEKEEPING	5,650	5,650	0	37,761		9.00
10.00 01000 DIETARY	12,024	12,024	23,069	451	304,180	10.00
11.00 01100 CAFETERIA	1,854	1,854	0	137	182,479	11.00
13.00 01300 NURSING ADMINISTRATION	2,640	2,640	0	0	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	8,698	8,698	66,125	295	0	14.00
15.00 01500 PHARMACY	4,618	4,618	1,000	389	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	11,972	11,972	0	499	0	16.00
17.00 01700 SOCIAL SERVICE	351	351	0	180	0	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	2,956	2,956	2,135	321	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	59,836	59,836	333,847	12,309	84,444	30.00
31.00 03100 INTENSIVE CARE UNIT	6,792	6,792	65,758	2,133	5,664	31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	6,873	6,873	19,559	1,540	7,269	41.00
43.00 04300 NURSERY	3,238	3,238	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	12,683	12,683	69,339	1,476	24,324	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	23,588	23,588	34,724	63	0	50.00
50.01 05001 OPERATING ROOM - L	5,386	5,386	92,581	46	0	50.01
51.00 05100 RECOVERY ROOM	3,303	3,303	6,828	186	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,267	1,267	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	3,414	3,414	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	19,530	19,530	7,006	1,704	0	54.00
54.01 03630 ULTRA SOUND	518	518	24,520	0	0	54.01
54.02 05401 PET SCAN	0	0	0	0	0	54.02
56.00 05600 RADIOISOTOPE	784	784	0	164	0	56.00
57.00 05700 CT SCAN	607	607	17,686	164	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1,760	1,760	5,213	186	0	58.00
60.00 06000 LABORATORY	9,627	9,627	256	822	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	4,107	4,107	4,613	691	0	65.00
66.00 06600 PHYSICAL THERAPY	15,251	15,251	7,146	163	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	10,796	10,796	0	299	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01 03040 AUDIOLOGY	1,138	1,138	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	300	87	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	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03140 RADIOLOGY	6,437	6,437	18,464	777	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RHC 1	13,125	0	0	0	0	88.00
88.01 08801 RHC 2	1,650	0	0	0	0	88.01
88.02 08802 RHC 3	8,880	0	0	0	0	88.02
88.03 08803 RHC 4	1,280	0	0	0	0	88.03
88.04 08804 MEDICAL ASSOCIATES	202	0	0	0	0	88.04
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OP MENTAL HEALTH CENTER	0	0	0	0	0	90.01
90.02 09002 PARTIAL HOSPITALIZATION	0	0	0	0	0	90.02
90.03 09003 MIND & BODY CENTER	4,211	0	0	0	0	90.03
90.04 09004 PAIN CLINIC/ASC	21,647	21,647	58,112	3,429	0	90.04
90.05 09005 CHEMO CLINIC	22,588	0	0	3,960	0	90.05
90.06 09006 OCCUPATIONAL MEDICINE	3,127	3,127	0	0	0	90.06
90.07 09007 WOUND RECOVERY	4,348	4,348	14,704	417	0	90.07
90.08 09008 DERMATOLOGY	9,174	9,174	0	0	0	90.08
90.09 09009 NEPHROLOGY	613	613	0	0	0	90.09
90.10 09010 NEUROLOGY	3,326	3,326	0	0	0	90.10
91.00 09100 EMERGENCY	7,226	7,226	120,249	4,873	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 04950 OP DRUG AND ALCOHOL	2,799	2,799	0	0	0	93.00
93.01 04951 SPORTS MEDICINE	5,106	5,106	0	0	0	93.01

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN:

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

Worksheet B-1

Date/Time Prepared:
6/12/2019 8:37 am

Cost Center Description		MAINTENANCE & REPAIRS (SQ. FEET)	OPERATION OF PLANT (SQ. FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	360,814	305,940	993,234	37,761	304,180
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,089	2,089	109	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	94,469	19,894	4,715	0	192.00
192.01	19201	WELLNESS CENTER	19,000	19,000	0	0	192.01
192.02	19202	COMMUNITY RELATIONS	610	0	0	0	192.02
192.03	19203	NW URGENT CARE/WATER ST. CLINICS	0	0	0	0	192.03
194.00	07951	HEARING CENTER /OTHER NONREIMB	0	0	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,618,017	2,860,682	1,031,679	2,879,586	4,303,048
203.00		Unit cost multiplier (Wkst. B, Part I)	7.585228	8.245870	1.033686	76.258203	14.146387
204.00		Cost to be allocated (per Wkst. B, Part II)	510,933	191,080	43,573	165,835	288,692
205.00		Unit cost multiplier (Wkst. B, Part II)	1.071179	0.550785	0.043658	4.391700	0.949083
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:

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

Worksheet B-1
Date/Time Prepared:
6/12/2019 8:37 am

Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	132,493					11.00
13.00	01300	846	1,306,473				13.00
14.00	01400	2,965	0	13,123,055			14.00
15.00	01500	0	0	14,737	14,551,388		15.00
16.00	01600	4,087	0	972	0	47,174	16.00
17.00	01700	0	0	0	0	0	17.00
21.00	02100	1,503	0	7	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	23,780	527,711	510,259	3,986	13,994	30.00
31.00	03100	4,384	113,298	238,525	567	745	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	2,485	58,781	169,596	30	1,938	41.00
43.00	04300	531	68,910	0	0	1,254	43.00
44.00	04400	5,522	0	79,125	797	1,451	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,092	15,037	125,316	4,607	6,113	50.00
50.01	05001	5,896	85,208	657,910	9,790	14,264	50.01
51.00	05100	1,072	126,360	30,715	97	0	51.00
52.00	05200	1,675	0	0	0	0	52.00
53.00	05300	1,118	10,275	128,832	9,196	0	53.00
54.00	05400	5,411	0	41,531	299	0	54.00
54.01	03630	1,389	0	13,246	0	0	54.01
54.02	05401	0	0	0	0	0	54.02
56.00	05600	485	0	5,306	0	0	56.00
57.00	05700	1,453	0	73,185	0	0	57.00
58.00	05800	913	0	7,596	0	0	58.00
60.00	06000	7,732	0	164,368	0	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	2,854	0	19,530	5,869	306	65.00
66.00	06600	5,161	0	4,684	0	0	66.00
67.00	06700	2,119	0	1,930	0	0	67.00
68.00	06800	725	0	8	0	0	68.00
68.01	03040	395	0	44	0	0	68.01
69.00	06900	566	0	0	0	2,003	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	259,671	0	0	71.00
72.00	07200	0	0	9,532,393	0	0	72.00
73.00	07300	5,431	0	0	5,560,310	0	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03140	1,958	0	72,016	0	2,112	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	5,308	0	6,564	0	0	88.00
88.01	08801	733	0	1,588	0	0	88.01
88.02	08802	1,733	0	4,003	0	0	88.02
88.03	08803	472	0	0	0	0	88.03
88.04	08804	69	0	64	0	0	88.04
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	1,427	0	2	0	0	90.03
90.04	09004	6,863	86,715	294,551	7,273	1,205	90.04
90.05	09005	6,152	0	144,122	8,917,468	1,789	90.05
90.06	09006	668	0	2,424	0	0	90.06
90.07	09007	1,121	0	35,950	10,618	0	90.07
90.08	09008	1,741	0	8,752	619	0	90.08
90.09	09009	603	0	855	1,316	0	90.09
90.10	09010	832	22,173	1,212	0	0	90.10
91.00	09100	7,278	186,181	455,751	18,546	0	91.00
92.00	09200						92.00
93.00	04950	324	5,824	0	0	0	93.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN:

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

Worksheet B-1

Date/Time Prepared:
6/12/2019 8:37 am

Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
93.01	04951 SPORTS MEDICINE	1,018	0	109	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	130,890	1,306,473	13,107,449	14,551,388	47,174	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	571	0	15,599	0	0	192.00
192.01	19201 WELLNESS CENTER	0	0	0	0	0	192.01
192.02	19202 COMMUNITY RELATIONS	387	0	0	0	0	192.02
192.03	19203 NW URGENT CARE/WATER ST. CLINICS	645	0	0	0	0	192.03
194.00	07951 HEARING CENTER /OTHER NONREIMB	0	0	7	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,028,880	1,152,441	2,327,386	737,847	2,615,773	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	22.860679	0.882101	0.177351	0.050706	55.449464	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	216,183	242,594	246,953	305,619	236,412	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.631656	0.185686	0.018818	0.021003	5.011489	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:

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

Worksheet B-1
Date/Time Prepared:
6/12/2019 8:37 am

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS			
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
		17.00	21.00		
GENERAL SERVICE COST CENTERS					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500 ADMINISTRATIVE & GENERAL					5.00
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE	11,219				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	1,000			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0		1,000		22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	7,059	1,000	1,000		30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0		31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0		40.00
41.00 04100 SUBPROVIDER - IRF	1,664	0	0		41.00
43.00 04300 NURSERY	0	0	0		43.00
44.00 04400 SKILLED NURSING FACILITY	2,496	0	0		44.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	0		50.00
50.01 05001 OPERATING ROOM - L	0	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01 03630 ULTRA SOUND	0	0	0		54.01
54.02 05401 PET SCAN	0	0	0		54.02
56.00 05600 RADIOISOTOPE	0	0	0		56.00
57.00 05700 CT SCAN	0	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
60.00 06000 LABORATORY	0	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0		68.00
68.01 03040 AUDIOLOGY	0	0	0		68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0	0		74.00
76.00 03140 RADIOLOGY	0	0	0		76.00
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RHC 1	0	0	0		88.00
88.01 08801 RHC 2	0	0	0		88.01
88.02 08802 RHC 3	0	0	0		88.02
88.03 08803 RHC 4	0	0	0		88.03
88.04 08804 MEDICAL ASSOCIATES	0	0	0		88.04
90.00 09000 CLINIC	0	0	0		90.00
90.01 09001 OP MENTAL HEALTH CENTER	0	0	0		90.01
90.02 09002 PARTIAL HOSPITALIZATION	0	0	0		90.02
90.03 09003 MIND & BODY CENTER	0	0	0		90.03
90.04 09004 PAIN CLINIC/ASC	0	0	0		90.04
90.05 09005 CHEMO CLINIC	0	0	0		90.05
90.06 09006 OCCUPATIONAL MEDICINE	0	0	0		90.06
90.07 09007 WOUND RECOVERY	0	0	0		90.07
90.08 09008 DERMATOLOGY	0	0	0		90.08
90.09 09009 NEPHROLOGY	0	0	0		90.09
90.10 09010 NEUROLOGY	0	0	0		90.10
91.00 09100 EMERGENCY	0	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN:

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

Worksheet B-1
Date/Time Prepared:
6/12/2019 8:37 am

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS				
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		17.00	21.00			22.00
93.00 04950 OP DRUG AND ALCOHOL	0	0	0		93.00	
93.01 04951 SPORTS MEDICINE	0	0	0		93.01	
OTHER REIMBURSABLE COST CENTERS						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00	
101.00 10100 HOME HEALTH AGENCY	0	0	0		101.00	
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE					113.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		11,219	1,000	1,000	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00	
192.01 19201 WELLNESS CENTER	0	0	0		192.01	
192.02 19202 COMMUNITY RELATIONS	0	0	0		192.02	
192.03 19203 NW URGENT CARE/WATER ST. CLINICS	0	0	0		192.03	
194.00 07951 HEARING CENTER /OTHER NONREIMB	0	0	0		194.00	
200.00	Cross Foot Adjustments				200.00	
201.00	Negative Cost Centers				201.00	
202.00	197,624	826,969	405,916		202.00	
203.00	Cost to be allocated (per Wkst. B, Part I)					
203.00	17.615117	826.969000	405.916000		203.00	
204.00	Cost to be allocated (per Wkst. B, Part II)					
204.00	10,604	64,121	11,927		204.00	
205.00	Unit cost multiplier (Wkst. B, Part II)					
205.00	0.945182	64.121000	11.927000		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	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:

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

Worksheet C
Part I
Date/Time Prepared:
6/12/2019 8:37 am

		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	20,642,421		20,642,421	0	20,642,421	30.00
31.00	03100 INTENSIVE CARE UNIT	6,222,538		6,222,538	0	6,222,538	31.00
40.00	04000 SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	2,374,322		2,374,322	0	2,374,322	41.00
43.00	04300 NURSERY	858,838		858,838	0	858,838	43.00
44.00	04400 SKILLED NURSING FACILITY	4,233,847		4,233,847	0	4,233,847	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,700,421		3,700,421	0	3,700,421	50.00
50.01	05001 OPERATING ROOM - L	8,643,496		8,643,496	0	8,643,496	50.01
51.00	05100 RECOVERY ROOM	1,128,038		1,128,038	0	1,128,038	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,662,115		1,662,115	0	1,662,115	52.00
53.00	05300 ANESTHESIOLOGY	1,153,497		1,153,497	0	1,153,497	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,329,509		5,329,509	0	5,329,509	54.00
54.01	03630 ULTRA SOUND	1,499,680		1,499,680	0	1,499,680	54.01
54.02	05401 PET SCAN	395,371		395,371	0	395,371	54.02
56.00	05600 RADIOISOTOPE	748,683		748,683	0	748,683	56.00
57.00	05700 CT SCAN	1,633,049		1,633,049	0	1,633,049	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,640,893		1,640,893	0	1,640,893	58.00
60.00	06000 LABORATORY	11,734,492		11,734,492	0	11,734,492	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	363,112		363,112	0	363,112	63.00
65.00	06500 RESPIRATORY THERAPY	2,395,192	0	2,395,192	0	2,395,192	65.00
66.00	06600 PHYSICAL THERAPY	3,946,216	0	3,946,216	0	3,946,216	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,829,775	0	1,829,775	0	1,829,775	67.00
68.00	06800 SPEECH PATHOLOGY	635,188	0	635,188	0	635,188	68.00
68.01	03040 AUDIOLOGY	349,410	0	349,410	0	349,410	68.01
69.00	06900 ELECTROCARDIOLOGY	409,065		409,065	0	409,065	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,104,673		1,104,673	0	1,104,673	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	13,683,612		13,683,612	0	13,683,612	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	18,802,887		18,802,887	0	18,802,887	73.00
74.00	07400 RENAL DIALYSIS	276,853		276,853	0	276,853	74.00
76.00	03140 RADIOLOGY	2,940,935		2,940,935	0	2,940,935	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RHC 1	5,687,928		5,687,928	0	5,687,928	88.00
88.01	08801 RHC 2	811,710		811,710	0	811,710	88.01
88.02	08802 RHC 3	2,145,643		2,145,643	0	2,145,643	88.02
88.03	08803 RHC 4	554,289		554,289	0	554,289	88.03
88.04	08804 MEDICAL ASSOCIATES	75,367		75,367	0	75,367	88.04
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 OP MENTAL HEALTH CENTER	0		0	0	0	90.01
90.02	09002 PARTIAL HOSPITALIZATION	0		0	0	0	90.02
90.03	09003 MIND & BODY CENTER	930,515		930,515	0	930,515	90.03
90.04	09004 PAIN CLINIC/ASC	6,249,429		6,249,429	0	6,249,429	90.04
90.05	09005 CHEMO CLINIC	7,000,770		7,000,770	0	7,000,770	90.05
90.06	09006 OCCUPATIONAL MEDICINE	595,953		595,953	0	595,953	90.06
90.07	09007 WOUND RECOVERY	1,387,548		1,387,548	0	1,387,548	90.07
90.08	09008 DERMATOLOGY	1,281,559		1,281,559	0	1,281,559	90.08
90.09	09009 NEPHROLOGY	289,806		289,806	0	289,806	90.09
90.10	09010 NEUROLOGY	680,922		680,922	0	680,922	90.10
91.00	09100 EMERGENCY	6,357,013		6,357,013	0	6,357,013	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,135,020		3,135,020	0	3,135,020	92.00
93.00	04950 OP DRUG AND ALCOHOL	303,387		303,387	0	303,387	93.00
93.01	04951 SPORTS MEDICINE	918,659		918,659	0	918,659	93.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	158,743,646	0	158,743,646	0	158,743,646	200.00
201.00	Less Observation Beds	3,135,020		3,135,020		3,135,020	201.00
202.00	Total (see instructions)	155,608,626	0	155,608,626	0	155,608,626	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 6/12/2019 8:37 am	
				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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	37,642,363		37,642,363		30.00
31.00	03100	INTENSIVE CARE UNIT	5,822,739		5,822,739		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	1,382,352		1,382,352		41.00
43.00	04300	NURSERY	766,014		766,014		43.00
44.00	04400	SKILLED NURSING FACILITY	6,934,389		6,934,389		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,453,374	10,222,613	15,675,987	0.236057	50.00
50.01	05001	OPERATING ROOM - L	12,775,462	25,071,565	37,847,027	0.228380	50.01
51.00	05100	RECOVERY ROOM	719,572	1,385,271	2,104,843	0.535925	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,500,477	1,043,903	2,544,380	0.653250	52.00
53.00	05300	ANESTHESIOLOGY	896,224	1,454,564	2,350,788	0.490685	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,850,148	15,175,824	17,025,972	0.313022	54.00
54.01	03630	ULTRA SOUND	793,743	8,320,943	9,114,686	0.164534	54.01
54.02	05401	PET SCAN	10,062	4,331,593	4,341,655	0.091065	54.02
56.00	05600	RADIOISOTOPE	627,748	8,914,188	9,541,936	0.078462	56.00
57.00	05700	CT SCAN	3,744,743	43,510,609	47,255,352	0.034558	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,674,830	18,244,031	19,918,861	0.082379	58.00
60.00	06000	LABORATORY	19,327,401	56,310,016	75,637,417	0.155141	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,086,991	1,900,992	3,987,983	0.091052	63.00
65.00	06500	RESPIRATORY THERAPY	19,976,745	9,081,895	29,058,640	0.084226	65.00
66.00	06600	PHYSICAL THERAPY	4,474,951	11,842,010	16,316,961	0.281847	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,682,374	1,845,157	5,527,531	0.331029	67.00
68.00	06800	SPEECH PATHOLOGY	1,063,788	1,275,611	2,339,399	0.271518	68.00
68.01	03040	AUDIOLOGY	0	1,203,048	1,203,048	0.290437	68.01
69.00	06900	ELECTROCARDIOLOGY	526,630	3,740,371	4,267,001	0.095867	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,904,490	3,728,914	6,633,404	0.166532	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,892,518	11,737,384	27,629,902	0.495246	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,914,273	125,617,529	148,531,802	0.126592	73.00
74.00	07400	RENAL DIALYSIS	318,704	27,601	346,305	0.799448	74.00
76.00	03140	CARDIOLOGY	7,980,471	10,533,876	18,514,347	0.158846	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RHC 1	0	5,106,886	5,106,886		88.00
88.01	08801	RHC 2	0	650,392	650,392		88.01
88.02	08802	RHC 3	0	1,692,899	1,692,899		88.02
88.03	08803	RHC 4	0	396,344	396,344		88.03
88.04	08804	MEDICAL ASSOCIATES	0	33,352	33,352		88.04
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	OP MENTAL HEALTH CENTER	0	0	0	0.000000	90.01
90.02	09002	PARTIAL HOSPITALIZATION	0	0	0	0.000000	90.02
90.03	09003	MIND & BODY CENTER	5,901	1,797,616	1,803,517	0.515945	90.03
90.04	09004	PAIN CLINIC/ASC	935,610	26,244,240	27,179,850	0.229929	90.04
90.05	09005	CHEMO CLINIC	14,307	26,229,778	26,244,085	0.266756	90.05
90.06	09006	OCCUPATIONAL MEDICINE	0	445,745	445,745	1.336982	90.06
90.07	09007	WOUND RECOVERY	9,627	6,994,104	7,003,731	0.198116	90.07
90.08	09008	DERMATOLOGY	0	8,005,360	8,005,360	0.160088	90.08
90.09	09009	NEPHROLOGY	197	927,010	927,207	0.312558	90.09
90.10	09010	NEUROLOGY	16	1,353,272	1,353,288	0.503161	90.10
91.00	09100	EMERGENCY	3,468,695	34,537,464	38,006,159	0.167263	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	699,280	15,999,100	16,698,380	0.187744	92.00
93.00	04950	OP DRUG AND ALCOHOL	0	1,245,087	1,245,087	0.243667	93.00
93.01	04951	SPORTS MEDICINE	0	91,687	91,687	10.019512	93.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	188,877,209	508,269,844	697,147,053		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	188,877,209	508,269,844	697,147,053		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 6/12/2019 8:37 am
			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
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.236057		50.00
50.01	05001	OPERATING ROOM - L	0.228380		50.01
51.00	05100	RECOVERY ROOM	0.535925		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.653250		52.00
53.00	05300	ANESTHESIOLOGY	0.490685		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.313022		54.00
54.01	03630	ULTRA SOUND	0.164534		54.01
54.02	05401	PET SCAN	0.091065		54.02
56.00	05600	RADIOISOTOPE	0.078462		56.00
57.00	05700	CT SCAN	0.034558		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.082379		58.00
60.00	06000	LABORATORY	0.155141		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.091052		63.00
65.00	06500	RESPIRATORY THERAPY	0.082426		65.00
66.00	06600	PHYSICAL THERAPY	0.241847		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.331029		67.00
68.00	06800	SPEECH PATHOLOGY	0.271518		68.00
68.01	03040	AUDIOLOGY	0.290437		68.01
69.00	06900	ELECTROCARDIOLOGY	0.095867		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.166532		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.495246		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.126592		73.00
74.00	07400	RENAL DIALYSIS	0.799448		74.00
76.00	03140	CARDIOLOGY	0.158846		76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RHC 1			88.00
88.01	08801	RHC 2			88.01
88.02	08802	RHC 3			88.02
88.03	08803	RHC 4			88.03
88.04	08804	MEDICAL ASSOCIATES			88.04
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	OP MENTAL HEALTH CENTER	0.000000		90.01
90.02	09002	PARTIAL HOSPITALIZATION	0.000000		90.02
90.03	09003	MIND & BODY CENTER	0.515945		90.03
90.04	09004	PAIN CLINIC/ASC	0.229929		90.04
90.05	09005	CHEMO CLINIC	0.266756		90.05
90.06	09006	OCCUPATIONAL MEDICINE	1.336982		90.06
90.07	09007	WOUND RECOVERY	0.198116		90.07
90.08	09008	DERMATOLOGY	0.160088		90.08
90.09	09009	NEPHROLOGY	0.312558		90.09
90.10	09010	NEUROLOGY	0.503161		90.10
91.00	09100	EMERGENCY	0.167263		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.187744		92.00
93.00	04950	OP DRUG AND ALCOHOL	0.243667		93.00
93.01	04951	SPORTS MEDICINE	10.019512		93.01
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
101.00	10100	HOME HEALTH AGENCY			101.00
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:	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part I Date/Time Prepared: 6/12/2019 8:37 am
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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	1,753,186	0	1,753,186	28,636	61.22	30.00
31.00	INTENSIVE CARE UNIT	410,949		410,949	2,516	163.33	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	236,819	0	236,819	1,367	173.24	41.00
43.00	NURSERY	81,992		81,992	877	93.49	43.00
44.00	SKILLED NURSING FACILITY	340,262		340,262	8,189	41.55	44.00
200.00	Total (lines 30 through 199)	2,823,208		2,823,208	41,585		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	8,438	516,574				
31.00	INTENSIVE CARE UNIT	977	159,573				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	945	163,712				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	4,450	184,898				
200.00	Total (lines 30 through 199)	14,810	1,024,757				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part II Date/Time Prepared: 6/12/2019 8:37 am		
Title XVIII				Hospital		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	980,464	15,675,987	0.062546	2,270,269	141,996	50.00
50.01	05001	OPERATING ROOM - L	415,073	37,847,027	0.010967	4,315,172	47,324	50.01
51.00	05100	RECOVERY ROOM	117,046	2,104,843	0.055608	249,902	13,897	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	67,174	2,544,380	0.026401	47,503	1,254	52.00
53.00	05300	ANESTHESIOLOGY	171,795	2,350,788	0.073080	321,499	23,495	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,137,215	17,025,972	0.066793	1,081,920	72,265	54.00
54.01	03630	ULTRASOUND	314,673	9,114,686	0.034524	350,915	12,115	54.01
54.02	05401	PET SCAN	11,617	4,341,655	0.002676	9,642	26	54.02
56.00	05600	RADIOISOTOPE	34,899	9,541,936	0.003657	372,484	1,362	56.00
57.00	05700	CT SCAN	189,860	47,255,352	0.004018	3,642,678	14,636	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	656,867	19,918,861	0.032977	825,160	27,211	58.00
60.00	06000	LABORATORY	623,032	75,637,417	0.008237	7,365,991	60,674	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,669	3,987,983	0.002675	1,068,241	2,858	63.00
65.00	06500	RESPIRATORY THERAPY	201,631	29,058,640	0.006939	8,127,659	56,398	65.00
66.00	06600	PHYSICAL THERAPY	324,021	16,316,961	0.019858	900,643	17,885	66.00
67.00	06700	OCCUPATIONAL THERAPY	196,085	5,527,531	0.035474	462,883	16,420	67.00
68.00	06800	SPEECH PATHOLOGY	22,160	2,339,399	0.009473	200,800	1,902	68.00
68.01	03040	AUDIOLOGY	33,842	1,203,048	0.028130	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	49,540	4,267,001	0.011610	493,559	5,730	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	35,991	6,633,404	0.005426	1,728,089	9,377	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	531,775	27,629,902	0.019246	5,877,480	113,118	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	668,853	148,531,802	0.004503	8,101,302	36,480	73.00
74.00	07400	RENAL DIALYSIS	8,135	346,305	0.023491	185,657	4,361	74.00
76.00	03140	CARDIOLOGY	354,877	18,514,347	0.019168	3,210,570	61,540	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RHC 1	344,466	5,106,886	0.067451	0	0	88.00
88.01	08801	RHC 2	46,789	650,392	0.071940	0	0	88.01
88.02	08802	RHC 3	177,776	1,692,899	0.105013	0	0	88.02
88.03	08803	RHC 4	32,798	396,344	0.082751	0	0	88.03
88.04	08804	MEDICAL ASSOCIATES	5,323	33,352	0.159601	0	0	88.04
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	OP MENTAL HEALTH CENTER	0	0	0.000000	0	0	90.01
90.02	09002	PARTIAL HOSPITALIZATION	0	0	0.000000	0	0	90.02
90.03	09003	MIND & BODY CENTER	82,807	1,803,517	0.045914	4,153	191	90.03
90.04	09004	PAIN CLINIC/ASC	649,831	27,179,850	0.023909	284,614	6,805	90.04
90.05	09005	CHEMO CLINIC	793,129	26,244,085	0.030221	13,763	416	90.05
90.06	09006	OCCUPATIONAL MEDICINE	59,512	445,745	0.133511	0	0	90.06
90.07	09007	WOUND RECOVERY	99,290	7,003,731	0.014177	3,526	50	90.07
90.08	09008	DERMATOLOGY	191,287	8,005,360	0.023895	0	0	90.08
90.09	09009	NEPHROLOGY	18,143	927,207	0.019567	11	0	90.09
90.10	09010	NEUROLOGY	71,189	1,353,288	0.052604	0	0	90.10
91.00	09100	EMERGENCY	395,024	38,006,159	0.010394	3,395,609	35,294	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	266,260	16,698,380	0.015945	695,575	11,091	92.00
93.00	04950	OP DRUG AND ALCOHOL	45,416	1,245,087	0.036476	0	0	93.00
93.01	04951	SPORTS MEDICINE	106,639	91,687	1.163077	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
200.00		Total (lines 50 through 199)	10,542,973	644,599,196		55,607,269	796,171	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN:		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part III Date/Time Prepared: 6/12/2019 8:37 am	
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of 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	28,636	0.00	8,438	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	2,516	0.00	977	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	1,367	0.00	945	41.00
43.00	04300	NURSERY	0	0	877	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	8,189	0.00	4,450	44.00
200.00		Total (lines 30 through 199)	0	0	41,585	0.00	14,810	200.00
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost				
			9.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0	0				31.00
40.00	04000	SUBPROVIDER - IPF	0	0				40.00
41.00	04100	SUBPROVIDER - IRF	0	0				41.00
43.00	04300	NURSERY	0	0				43.00
44.00	04400	SKILLED NURSING FACILITY	0	0				44.00
200.00		Total (lines 30 through 199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 6/12/2019 8:37 am
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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	0	0	50.00
50.01 05001 OPERATING ROOM - L	0	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01 03630 ULTRASOUND	0	0	0	0	0	0	54.01
54.02 05401 PET SCAN	0	0	0	0	0	0	54.02
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
68.01 03040 AUDIOLOGY	0	0	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00 03140 RADIOLOGY	0	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RHC 1	0	0	0	0	0	0	88.00
88.01 08801 RHC 2	0	0	0	0	0	0	88.01
88.02 08802 RHC 3	0	0	0	0	0	0	88.02
88.03 08803 RHC 4	0	0	0	0	0	0	88.03
88.04 08804 MEDICAL ASSOCIATES	0	0	0	0	0	0	88.04
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 OP MENTAL HEALTH CENTER	0	0	0	0	0	0	90.01
90.02 09002 PARTIAL HOSPITALIZATION	0	0	0	0	0	0	90.02
90.03 09003 MIND & BODY CENTER	0	0	0	0	0	0	90.03
90.04 09004 PAIN CLINIC/ASC	0	0	0	0	0	0	90.04
90.05 09005 CHEMO CLINIC	0	0	0	0	0	0	90.05
90.06 09006 OCCUPATIONAL MEDICINE	0	0	0	0	0	0	90.06
90.07 09007 WOUND RECOVERY	0	0	0	0	0	0	90.07
90.08 09008 DERMATOLOGY	0	0	0	0	0	0	90.08
90.09 09009 NEPHROLOGY	0	0	0	0	0	0	90.09
90.10 09010 NEUROLOGY	0	0	0	0	0	0	90.10
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
93.00 04950 OP DRUG AND ALCOHOL	0	0	0	0	0	0	93.00
93.01 04951 SPORTS MEDICINE	0	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 6/12/2019 8:37 am
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Cost Center Description	Title XVIII			Hospital	PPS	
	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	15,675,987	0.000000	50.00
50.01 05001 OPERATING ROOM - L	0	0	0	37,847,027	0.000000	50.01
51.00 05100 RECOVERY ROOM	0	0	0	2,104,843	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	2,544,380	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	2,350,788	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	17,025,972	0.000000	54.00
54.01 03630 ULTRA SOUND	0	0	0	9,114,686	0.000000	54.01
54.02 05401 PET SCAN	0	0	0	4,341,655	0.000000	54.02
56.00 05600 RADIOISOTOPE	0	0	0	9,541,936	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	47,255,352	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	19,918,861	0.000000	58.00
60.00 06000 LABORATORY	0	0	0	75,637,417	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	3,987,983	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	29,058,640	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	16,316,961	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	5,527,531	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	2,339,399	0.000000	68.00
68.01 03040 AUDIOLOGY	0	0	0	1,203,048	0.000000	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	4,267,001	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	6,633,404	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	27,629,902	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	148,531,802	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	346,305	0.000000	74.00
76.00 03140 RADIOLOGY	0	0	0	18,514,347	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RHC 1	0	0	0	5,106,886	0.000000	88.00
88.01 08801 RHC 2	0	0	0	650,392	0.000000	88.01
88.02 08802 RHC 3	0	0	0	1,692,899	0.000000	88.02
88.03 08803 RHC 4	0	0	0	396,344	0.000000	88.03
88.04 08804 MEDICAL ASSOCIATES	0	0	0	33,352	0.000000	88.04
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 09001 OP MENTAL HEALTH CENTER	0	0	0	0	0.000000	90.01
90.02 09002 PARTIAL HOSPITALIZATION	0	0	0	0	0.000000	90.02
90.03 09003 MIND & BODY CENTER	0	0	0	1,803,517	0.000000	90.03
90.04 09004 PAIN CLINIC/ASC	0	0	0	27,179,850	0.000000	90.04
90.05 09005 CHEMO CLINIC	0	0	0	26,244,085	0.000000	90.05
90.06 09006 OCCUPATIONAL MEDICINE	0	0	0	445,745	0.000000	90.06
90.07 09007 WOUND RECOVERY	0	0	0	7,003,731	0.000000	90.07
90.08 09008 DERMATOLOGY	0	0	0	8,005,360	0.000000	90.08
90.09 09009 NEPHROLOGY	0	0	0	927,207	0.000000	90.09
90.10 09010 NEUROLOGY	0	0	0	1,353,288	0.000000	90.10
91.00 09100 EMERGENCY	0	0	0	38,006,159	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	16,698,380	0.000000	92.00
93.00 04950 OP DRUG AND ALCOHOL	0	0	0	1,245,087	0.000000	93.00
93.01 04951 SPORTS MEDICINE	0	0	0	91,687	0.000000	93.01
OTHER REIMBURSABLE COST CENTERS						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
200.00 Total (lines 50 through 199)	0	0	0	644,599,196		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 6/12/2019 8:37 am
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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	2,270,269	0	3,141,394	0	50.00	
50.01	05001 OPERATING ROOM - L	0.000000	4,315,172	0	6,810,677	0	50.01	
51.00	05100 RECOVERY ROOM	0.000000	249,902	0	391,721	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	47,503	0	290,338	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	321,499	0	384,850	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	1,081,920	0	2,842,149	0	54.00	
54.01	03630 ULTRA SOUND	0.000000	350,915	0	1,673,051	0	54.01	
54.02	05401 PET SCAN	0.000000	9,642	0	1,716,952	0	54.02	
56.00	05600 RADIOISOTOPE	0.000000	372,484	0	3,209,423	0	56.00	
57.00	05700 CT SCAN	0.000000	3,642,678	0	10,612,773	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	825,160	0	5,014,220	0	58.00	
60.00	06000 LABORATORY	0.000000	7,365,991	0	8,133,227	0	60.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	1,068,241	0	521,199	0	63.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	8,127,659	0	2,010,644	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	900,643	0	151,653	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	462,883	0	81,540	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	200,800	0	5,451	0	68.00	
68.01	03040 AUDIOLOGY	0.000000	0	0	194,797	0	68.01	
69.00	06900 ELECTROCARDIOLOGY	0.000000	493,559	0	929,545	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	1,728,089	0	798,092	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	5,877,480	0	4,522,777	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	8,101,302	0	52,491,671	0	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	185,657	0	5,276	0	74.00	
76.00	03140 RADIOLOGY	0.000000	3,210,570	0	3,897,305	0	76.00	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800 RHC 1	0.000000	0	0	0	0	88.00	
88.01	08801 RHC 2	0.000000	0	0	0	0	88.01	
88.02	08802 RHC 3	0.000000	0	0	0	0	88.02	
88.03	08803 RHC 4	0.000000	0	0	0	0	88.03	
88.04	08804 MEDICAL ASSOCIATES	0.000000	0	0	0	0	88.04	
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00	
90.01	09001 OP MENTAL HEALTH CENTER	0.000000	0	0	0	0	90.01	
90.02	09002 PARTIAL HOSPITALIZATION	0.000000	0	0	0	0	90.02	
90.03	09003 MIND & BODY CENTER	0.000000	4,153	0	319,455	0	90.03	
90.04	09004 PAIN CLINIC/ASC	0.000000	284,614	0	8,644,094	0	90.04	
90.05	09005 CHEMO CLINIC	0.000000	13,763	0	10,719,038	0	90.05	
90.06	09006 OCCUPATIONAL MEDICINE	0.000000	0	0	182,490	0	90.06	
90.07	09007 WOUND RECOVERY	0.000000	3,526	0	1,879,831	0	90.07	
90.08	09008 DERMATOLOGY	0.000000	0	0	2,773,457	0	90.08	
90.09	09009 NEPHROLOGY	0.000000	11	0	384,618	0	90.09	
90.10	09010 NEUROLOGY	0.000000	0	0	327,062	0	90.10	
91.00	09100 EMERGENCY	0.000000	3,395,609	0	5,942,399	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	695,575	0	3,580,846	0	92.00	
93.00	04950 OP DRUG AND ALCOHOL	0.000000	0	0	168,402	0	93.00	
93.01	04951 SPORTS MEDICINE	0.000000	0	0	0	0	93.01	
OTHER REIMBURSABLE COST CENTERS								
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00	
200.00	Total (lines 50 through 199)		55,607,269	0	144,752,417	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 6/12/2019 8:37 am
Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	
		21.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
50.01	05001 OPERATING ROOM - L	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	51.00
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	03630 ULTRA SOUND	0	0	54.01
54.02	05401 PET SCAN	0	0	54.02
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
60.00	06000 LABORATORY	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
68.01	03040 AUDIOLOGY	0	0	68.01
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	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03140 RADIOLOGY	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RHC 1	0	0	88.00
88.01	08801 RHC 2	0	0	88.01
88.02	08802 RHC 3	0	0	88.02
88.03	08803 RHC 4	0	0	88.03
88.04	08804 MEDICAL ASSOCIATES	0	0	88.04
90.00	09000 CLINIC	0	0	90.00
90.01	09001 OP MENTAL HEALTH CENTER	0	0	90.01
90.02	09002 PARTIAL HOSPITALIZATION	0	0	90.02
90.03	09003 MIND & BODY CENTER	0	0	90.03
90.04	09004 PAIN CLINIC/ASC	0	0	90.04
90.05	09005 CHEMO CLINIC	0	0	90.05
90.06	09006 OCCUPATIONAL MEDICINE	0	0	90.06
90.07	09007 WOUND RECOVERY	0	0	90.07
90.08	09008 DERMATOLOGY	0	0	90.08
90.09	09009 NEPHROLOGY	0	0	90.09
90.10	09010 NEUROLOGY	0	0	90.10
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04950 OP DRUG AND ALCOHOL	0	0	93.00
93.01	04951 SPORTS MEDICINE	0	0	93.01
OTHER REIMBURSABLE COST CENTERS				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
200.00	Total (lines 50 through 199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 6/12/2019 8:37 am
		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	0.236057	3,141,394	0	0	741,548
50.01 05001 OPERATING ROOM - L	0.228380	6,810,677	0	0	1,555,422
51.00 05100 RECOVERY ROOM	0.535925	391,721	0	0	209,933
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.653250	290,338	0	0	189,663
53.00 05300 ANESTHESIOLOGY	0.490685	384,850	0	0	188,840
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.313022	2,842,149	0	0	889,655
54.01 03630 ULTRA SOUND	0.164534	1,673,051	0	0	275,274
54.02 05401 PET SCAN	0.091065	1,716,952	0	0	156,354
56.00 05600 RADIOISOTOPE	0.078462	3,209,423	0	0	251,818
57.00 05700 CT SCAN	0.034558	10,612,773	0	0	366,756
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.082379	5,014,220	0	0	413,066
60.00 06000 LABORATORY	0.155141	8,133,227	0	34	1,261,797
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.091052	521,199	0	0	47,456
65.00 06500 RESPIRATORY THERAPY	0.082426	2,010,644	0	0	165,729
66.00 06600 PHYSICAL THERAPY	0.241847	151,653	0	0	36,677
67.00 06700 OCCUPATIONAL THERAPY	0.331029	81,540	0	0	26,992
68.00 06800 SPEECH PATHOLOGY	0.271518	5,451	0	0	1,480
68.01 03040 AUDIOLOGY	0.290437	194,797	0	0	56,576
69.00 06900 ELECTROCARDIOLOGY	0.095867	929,545	0	0	89,113
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.166532	798,092	0	0	132,908
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.495246	4,522,777	0	0	2,239,887
73.00 07300 DRUGS CHARGED TO PATIENTS	0.126592	52,491,671	0	28,013	6,645,026
74.00 07400 RENAL DIALYSIS	0.799448	5,276	0	0	4,218
76.00 03140 RADIOLOGY	0.158846	3,897,305	0	0	619,071
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RHC 1	0.000000				0
88.01 08801 RHC 2	0.000000				0
88.02 08802 RHC 3	0.000000				0
88.03 08803 RHC 4	0.000000				0
88.04 08804 MEDICAL ASSOCIATES	0.000000				0
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 09001 OP MENTAL HEALTH CENTER	0.000000	0	0	0	0
90.02 09002 PARTIAL HOSPITALIZATION	0.000000	0	0	0	0
90.03 09003 MIND & BODY CENTER	0.515945	319,455	0	0	164,821
90.04 09004 PAIN CLINIC/ASC	0.229929	8,644,094	0	0	1,987,528
90.05 09005 CHEMO CLINIC	0.266756	10,719,038	0	0	2,859,368
90.06 09006 OCCUPATIONAL MEDICINE	1.336982	182,490	0	5	243,986
90.07 09007 WOUND RECOVERY	0.198116	1,879,831	0	73	372,425
90.08 09008 DERMATOLOGY	0.160088	2,773,457	0	5	443,997
90.09 09009 NEPHROLOGY	0.312558	384,618	0	1	120,215
90.10 09010 NEUROLOGY	0.503161	327,062	0	0	164,565
91.00 09100 EMERGENCY	0.167263	5,942,399	0	0	993,943
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.187744	3,580,846	0	0	672,282
93.00 04950 OP DRUG AND ALCOHOL	0.243667	168,402	0	0	41,034
93.01 04951 SPORTS MEDICINE	10.019512	0	0	0	0
OTHER REIMBURSABLE COST CENTERS					
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0
200.00	Subtotal (see instructions)		144,752,417	0	28,131
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0
202.00	Net Charges (line 200 - line 201)		144,752,417	0	28,131

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 6/12/2019 8:37 am	
		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
50.01	05001	OPERATING ROOM - L	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
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	03630	ULTRA SOUND	0	0	54.01
54.02	05401	PET SCAN	0	0	54.02
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
60.00	06000	LABORATORY	0	5	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
68.01	03040	AUDIOLOGY	0	0	68.01
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	3,546	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03140	CARDIOLOGY	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RHC 1	0	0	88.00
88.01	08801	RHC 2	0	0	88.01
88.02	08802	RHC 3	0	0	88.02
88.03	08803	RHC 4	0	0	88.03
88.04	08804	MEDICAL ASSOCIATES	0	0	88.04
90.00	09000	CLINIC	0	0	90.00
90.01	09001	OP MENTAL HEALTH CENTER	0	0	90.01
90.02	09002	PARTIAL HOSPITALIZATION	0	0	90.02
90.03	09003	MIND & BODY CENTER	0	0	90.03
90.04	09004	PAIN CLINIC/ASC	0	0	90.04
90.05	09005	CHEMO CLINIC	0	0	90.05
90.06	09006	OCCUPATIONAL MEDICINE	0	7	90.06
90.07	09007	WOUND RECOVERY	0	14	90.07
90.08	09008	DERMATOLOGY	0	1	90.08
90.09	09009	NEPHROLOGY	0	0	90.09
90.10	09010	NEUROLOGY	0	0	90.10
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04950	OP DRUG AND ALCOHOL	0	0	93.00
93.01	04951	SPORTS MEDICINE	0	0	93.01
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
200.00		Subtotal (see instructions)	0	3,573	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	3,573	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: Component CCN:		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part II Date/Time Prepared: 6/12/2019 8:37 am	
			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	980,464	15,675,987	0.062546	7,447	466	50.00
50.01	05001	OPERATING ROOM - L	415,073	37,847,027	0.010967	1	0	50.01
51.00	05100	RECOVERY ROOM	117,046	2,104,843	0.055608	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	67,174	2,544,380	0.026401	1	0	52.00
53.00	05300	ANESTHESIOLOGY	171,795	2,350,788	0.073080	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,137,215	17,025,972	0.066793	6,388	427	54.00
54.01	03630	ULTRA SOUND	314,673	9,114,686	0.034524	969	33	54.01
54.02	05401	PET SCAN	11,617	4,341,655	0.002676	0	0	54.02
56.00	05600	RADIOISOTOPE	34,899	9,541,936	0.003657	0	0	56.00
57.00	05700	CT SCAN	189,860	47,255,352	0.004018	8,434	34	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	656,867	19,918,861	0.032977	2,745	91	58.00
60.00	06000	LABORATORY	623,032	75,637,417	0.008237	114,854	946	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,669	3,987,983	0.002675	11,148	30	63.00
65.00	06500	RESPIRATORY THERAPY	201,631	29,058,640	0.006939	206,707	1,434	65.00
66.00	06600	PHYSICAL THERAPY	324,021	16,316,961	0.019858	488,147	9,694	66.00
67.00	06700	OCCUPATIONAL THERAPY	196,085	5,527,531	0.035474	532,002	18,872	67.00
68.00	06800	SPEECH PATHOLOGY	22,160	2,339,399	0.009473	193,593	1,834	68.00
68.01	03040	AUDIOLOGY	33,842	1,203,048	0.028130	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	49,540	4,267,001	0.011610	1,242	14	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	35,991	6,633,404	0.005426	30,259	164	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	531,775	27,629,902	0.019246	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	668,853	148,531,802	0.004503	129,881	585	73.00
74.00	07400	RENAL DIALYSIS	8,135	346,305	0.023491	0	0	74.00
76.00	03140	CARDIOLOGY	354,877	18,514,347	0.019168	1,161	22	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RHC 1	344,466	5,106,886	0.067451	0	0	88.00
88.01	08801	RHC 2	46,789	650,392	0.071940	0	0	88.01
88.02	08802	RHC 3	177,776	1,692,899	0.105013	0	0	88.02
88.03	08803	RHC 4	32,798	396,344	0.082751	0	0	88.03
88.04	08804	MEDICAL ASSOCIATES	5,323	33,352	0.159601	0	0	88.04
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	OP MENTAL HEALTH CENTER	0	0	0.000000	0	0	90.01
90.02	09002	PARTIAL HOSPITALIZATION	0	0	0.000000	0	0	90.02
90.03	09003	MIND & BODY CENTER	82,807	1,803,517	0.045914	0	0	90.03
90.04	09004	PAIN CLINIC/ASC	649,831	27,179,850	0.023909	102	2	90.04
90.05	09005	CHEMO CLINIC	793,129	26,244,085	0.030221	0	0	90.05
90.06	09006	OCCUPATIONAL MEDICINE	59,512	445,745	0.133511	0	0	90.06
90.07	09007	WOUND RECOVERY	99,290	7,003,731	0.014177	0	0	90.07
90.08	09008	DERMATOLOGY	191,287	8,005,360	0.023895	0	0	90.08
90.09	09009	NEPHROLOGY	18,143	927,207	0.019567	1	0	90.09
90.10	09010	NEUROLOGY	71,189	1,353,288	0.052604	0	0	90.10
91.00	09100	EMERGENCY	395,024	38,006,159	0.010394	1,269	13	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	16,698,380	0.000000	0	0	92.00
93.00	04950	OP DRUG AND ALCOHOL	45,416	1,245,087	0.036476	0	0	93.00
93.01	04951	SPORTS MEDICINE	106,639	91,687	1.163077	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
200.00		Total (lines 50 through 199)	10,276,713	644,599,196		1,736,351	34,661	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN:	Period:	Worksheet D			
		Component CCN:	From 07/01/2017 To 06/30/2018	Part IV Date/Time Prepared: 6/12/2019 8:37 am			
		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	50.00
50.01	05001	OPERATING ROOM - L	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
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	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	54.01
54.02	05401	PET SCAN	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
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
68.01	03040	AUDIOLOGY	0	0	0	0	68.01
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	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RHC 1	0	0	0	0	88.00
88.01	08801	RHC 2	0	0	0	0	88.01
88.02	08802	RHC 3	0	0	0	0	88.02
88.03	08803	RHC 4	0	0	0	0	88.03
88.04	08804	MEDICAL ASSOCIATES	0	0	0	0	88.04
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OP MENTAL HEALTH CENTER	0	0	0	0	90.01
90.02	09002	PARTIAL HOSPITALIZATION	0	0	0	0	90.02
90.03	09003	MIND & BODY CENTER	0	0	0	0	90.03
90.04	09004	PAIN CLINIC/ASC	0	0	0	0	90.04
90.05	09005	CHEMO CLINIC	0	0	0	0	90.05
90.06	09006	OCCUPATIONAL MEDICINE	0	0	0	0	90.06
90.07	09007	WOUND RECOVERY	0	0	0	0	90.07
90.08	09008	DERMATOLOGY	0	0	0	0	90.08
90.09	09009	NEPHROLOGY	0	0	0	0	90.09
90.10	09010	NEUROLOGY	0	0	0	0	90.10
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04950	OP DRUG AND ALCOHOL	0	0	0	0	93.00
93.01	04951	SPORTS MEDICINE	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN:	Period:	Worksheet D				
		Component CCN:	From 07/01/2017 To 06/30/2018	Part IV Date/Time Prepared: 6/12/2019 8:37 am				
		Title XVIII		Subprovider - IRF				
				PPS				
Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. s. 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	15,675,987	0.000000	50.00
50.01	05001	OPERATING ROOM - L	0	0	0	37,847,027	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	2,104,843	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,544,380	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	2,350,788	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	17,025,972	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	9,114,686	0.000000	54.01
54.02	05401	PET SCAN	0	0	0	4,341,655	0.000000	54.02
56.00	05600	RADIOISOTOPE	0	0	0	9,541,936	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	47,255,352	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	19,918,861	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	75,637,417	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	3,987,983	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	29,058,640	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	16,316,961	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,527,531	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,339,399	0.000000	68.00
68.01	03040	AUDIOLOGY	0	0	0	1,203,048	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	4,267,001	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	6,633,404	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	27,629,902	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	148,531,802	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	346,305	0.000000	74.00
76.00	03140	CARDIOLOGY	0	0	0	18,514,347	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RHC 1	0	0	0	5,106,886	0.000000	88.00
88.01	08801	RHC 2	0	0	0	650,392	0.000000	88.01
88.02	08802	RHC 3	0	0	0	1,692,899	0.000000	88.02
88.03	08803	RHC 4	0	0	0	396,344	0.000000	88.03
88.04	08804	MEDICAL ASSOCIATES	0	0	0	33,352	0.000000	88.04
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	OP MENTAL HEALTH CENTER	0	0	0	0	0.000000	90.01
90.02	09002	PARTIAL HOSPITALIZATION	0	0	0	0	0.000000	90.02
90.03	09003	MIND & BODY CENTER	0	0	0	1,803,517	0.000000	90.03
90.04	09004	PAIN CLINIC/ASC	0	0	0	27,179,850	0.000000	90.04
90.05	09005	CHEMO CLINIC	0	0	0	26,244,085	0.000000	90.05
90.06	09006	OCCUPATIONAL MEDICINE	0	0	0	445,745	0.000000	90.06
90.07	09007	WOUND RECOVERY	0	0	0	7,003,731	0.000000	90.07
90.08	09008	DERMATOLOGY	0	0	0	8,005,360	0.000000	90.08
90.09	09009	NEPHROLOGY	0	0	0	927,207	0.000000	90.09
90.10	09010	NEUROLOGY	0	0	0	1,353,288	0.000000	90.10
91.00	09100	EMERGENCY	0	0	0	38,006,159	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	16,698,380	0.000000	92.00
93.00	04950	OP DRUG AND ALCOHOL	0	0	0	1,245,087	0.000000	93.00
93.01	04951	SPORTS MEDICINE	0	0	0	91,687	0.000000	93.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
200.00		Total (lines 50 through 199)	0	0	0	644,599,196		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN:	Period:	Worksheet D			
		Component CCN:	From 07/01/2017 To 06/30/2018	Part IV Date/Time Prepared: 6/12/2019 8:37 am			
		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	7,447	0	0	50.00
50.01	05001	OPERATING ROOM - L	0.000000	1	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	1	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	6,388	0	0	54.00
54.01	03630	ULTRA SOUND	0.000000	969	0	0	54.01
54.02	05401	PET SCAN	0.000000	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	8,434	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	2,745	0	0	58.00
60.00	06000	LABORATORY	0.000000	114,854	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	11,148	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	206,707	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	488,147	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	532,002	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	193,593	0	0	68.00
68.01	03040	AUDIOLOGY	0.000000	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.000000	1,242	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	30,259	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	129,881	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	74.00
76.00	03140	CARDIOLOGY	0.000000	1,161	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RHC 1	0.000000	0	0	0	88.00
88.01	08801	RHC 2	0.000000	0	0	0	88.01
88.02	08802	RHC 3	0.000000	0	0	0	88.02
88.03	08803	RHC 4	0.000000	0	0	0	88.03
88.04	08804	MEDICAL ASSOCIATES	0.000000	0	0	0	88.04
90.00	09000	CLINIC	0.000000	0	0	0	90.00
90.01	09001	OP MENTAL HEALTH CENTER	0.000000	0	0	0	90.01
90.02	09002	PARTIAL HOSPITALIZATION	0.000000	0	0	0	90.02
90.03	09003	MIND & BODY CENTER	0.000000	0	0	0	90.03
90.04	09004	PAIN CLINIC/ASC	0.000000	102	0	0	90.04
90.05	09005	CHEMO CLINIC	0.000000	0	0	0	90.05
90.06	09006	OCCUPATIONAL MEDICINE	0.000000	0	0	0	90.06
90.07	09007	WOUND RECOVERY	0.000000	0	0	0	90.07
90.08	09008	DERMATOLOGY	0.000000	0	0	0	90.08
90.09	09009	NEPHROLOGY	0.000000	1	0	0	90.09
90.10	09010	NEUROLOGY	0.000000	0	0	0	90.10
91.00	09100	EMERGENCY	0.000000	1,269	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	92.00
93.00	04950	OP DRUG AND ALCOHOL	0.000000	0	0	0	93.00
93.01	04951	SPORTS MEDICINE	0.000000	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
200.00		Total (lines 50 through 199)		1,736,351	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: Component CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 6/12/2019 8:37 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	
		21.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
50.01	05001 OPERATING ROOM - L	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	51.00
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	03630 ULTRA SOUND	0	0	54.01
54.02	05401 PET SCAN	0	0	54.02
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
60.00	06000 LABORATORY	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
68.01	03040 AUDIOLOGY	0	0	68.01
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	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03140 CARDIOLOGY	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RHC 1	0	0	88.00
88.01	08801 RHC 2	0	0	88.01
88.02	08802 RHC 3	0	0	88.02
88.03	08803 RHC 4	0	0	88.03
88.04	08804 MEDICAL ASSOCIATES	0	0	88.04
90.00	09000 CLINIC	0	0	90.00
90.01	09001 OP MENTAL HEALTH CENTER	0	0	90.01
90.02	09002 PARTIAL HOSPITALIZATION	0	0	90.02
90.03	09003 MIND & BODY CENTER	0	0	90.03
90.04	09004 PAIN CLINIC/ASC	0	0	90.04
90.05	09005 CHEMO CLINIC	0	0	90.05
90.06	09006 OCCUPATIONAL MEDICINE	0	0	90.06
90.07	09007 WOUND RECOVERY	0	0	90.07
90.08	09008 DERMATOLOGY	0	0	90.08
90.09	09009 NEPHROLOGY	0	0	90.09
90.10	09010 NEUROLOGY	0	0	90.10
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04950 OP DRUG AND ALCOHOL	0	0	93.00
93.01	04951 SPORTS MEDICINE	0	0	93.01
OTHER REIMBURSABLE COST CENTERS				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
200.00	Total (lines 50 through 199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN:	Period:	Worksheet D			
		Component CCN:	From 07/01/2017 To 06/30/2018	Part IV Date/Time Prepared: 6/12/2019 8:37 am			
		Title XVIII		Skilled Nursing Facility			
				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	50.00
50.01	05001	OPERATING ROOM - L	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
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	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	54.01
54.02	05401	PET SCAN	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
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
68.01	03040	AUDIOLOGY	0	0	0	0	68.01
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	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03140	CARDIOLOGY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RHC 1	0	0	0	0	88.00
88.01	08801	RHC 2	0	0	0	0	88.01
88.02	08802	RHC 3	0	0	0	0	88.02
88.03	08803	RHC 4	0	0	0	0	88.03
88.04	08804	MEDICAL ASSOCIATES	0	0	0	0	88.04
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OP MENTAL HEALTH CENTER	0	0	0	0	90.01
90.02	09002	PARTIAL HOSPITALIZATION	0	0	0	0	90.02
90.03	09003	MIND & BODY CENTER	0	0	0	0	90.03
90.04	09004	PAIN CLINIC/ASC	0	0	0	0	90.04
90.05	09005	CHEMO CLINIC	0	0	0	0	90.05
90.06	09006	OCCUPATIONAL MEDICINE	0	0	0	0	90.06
90.07	09007	WOUND RECOVERY	0	0	0	0	90.07
90.08	09008	DERMATOLOGY	0	0	0	0	90.08
90.09	09009	NEPHROLOGY	0	0	0	0	90.09
90.10	09010	NEUROLOGY	0	0	0	0	90.10
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04950	OP DRUG AND ALCOHOL	0	0	0	0	93.00
93.01	04951	SPORTS MEDICINE	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: Component CCN:		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 6/12/2019 8:37 am		
				Title XVIII		Skilled Nursing Facility	PPS	
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col.s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col.s. 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	15,675,987	0.000000	50.00
50.01	05001	OPERATING ROOM - L	0	0	0	37,847,027	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	2,104,843	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,544,380	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	2,350,788	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	17,025,972	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	9,114,686	0.000000	54.01
54.02	05401	PET SCAN	0	0	0	4,341,655	0.000000	54.02
56.00	05600	RADIOISOTOPE	0	0	0	9,541,936	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	47,255,352	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	19,918,861	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	75,637,417	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	3,987,983	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	29,058,640	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	16,316,961	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,527,531	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,339,399	0.000000	68.00
68.01	03040	AUDIOLOGY	0	0	0	1,203,048	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	4,267,001	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	6,633,404	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	27,629,902	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	148,531,802	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	346,305	0.000000	74.00
76.00	03140	CARDIOLOGY	0	0	0	18,514,347	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RHC 1	0	0	0	5,106,886	0.000000	88.00
88.01	08801	RHC 2	0	0	0	650,392	0.000000	88.01
88.02	08802	RHC 3	0	0	0	1,692,899	0.000000	88.02
88.03	08803	RHC 4	0	0	0	396,344	0.000000	88.03
88.04	08804	MEDICAL ASSOCIATES	0	0	0	33,352	0.000000	88.04
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	OP MENTAL HEALTH CENTER	0	0	0	0	0.000000	90.01
90.02	09002	PARTIAL HOSPITALIZATION	0	0	0	0	0.000000	90.02
90.03	09003	MIND & BODY CENTER	0	0	0	1,803,517	0.000000	90.03
90.04	09004	PAIN CLINIC/ASC	0	0	0	27,179,850	0.000000	90.04
90.05	09005	CHEMO CLINIC	0	0	0	26,244,085	0.000000	90.05
90.06	09006	OCCUPATIONAL MEDICINE	0	0	0	445,745	0.000000	90.06
90.07	09007	WOUND RECOVERY	0	0	0	7,003,731	0.000000	90.07
90.08	09008	DERMATOLOGY	0	0	0	8,005,360	0.000000	90.08
90.09	09009	NEPHROLOGY	0	0	0	927,207	0.000000	90.09
90.10	09010	NEUROLOGY	0	0	0	1,353,288	0.000000	90.10
91.00	09100	EMERGENCY	0	0	0	38,006,159	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	16,698,380	0.000000	92.00
93.00	04950	OP DRUG AND ALCOHOL	0	0	0	1,245,087	0.000000	93.00
93.01	04951	SPORTS MEDICINE	0	0	0	91,687	0.000000	93.01
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
200.00		Total (lines 50 through 199)	0	0	0	644,599,196		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN:	Period:	Worksheet D			
		Component CCN:	From 07/01/2017 To 06/30/2018	Part IV Date/Time Prepared: 6/12/2019 8:37 am			
		Title XVIII		Skilled Nursing Facility			
				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	28,034	0	0	50.00
50.01	05001	OPERATING ROOM - L	0.000000	2	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	303	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	32,895	0	0	54.00
54.01	03630	ULTRA SOUND	0.000000	6,535	0	0	54.01
54.02	05401	PET SCAN	0.000000	9	0	0	54.02
56.00	05600	RADIOISOTOPE	0.000000	3,230	0	0	56.00
57.00	05700	CT SCAN	0.000000	7,156	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
60.00	06000	LABORATORY	0.000000	523,299	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	70,295	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	2,015,693	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	992,583	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	997,172	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	208,697	0	0	68.00
68.01	03040	AUDIOLOGY	0.000000	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.000000	3,519	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	66,399	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	878,500	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	74.00
76.00	03140	CARDIOLOGY	0.000000	9,684	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RHC 1	0.000000	0	0	0	88.00
88.01	08801	RHC 2	0.000000	0	0	0	88.01
88.02	08802	RHC 3	0.000000	0	0	0	88.02
88.03	08803	RHC 4	0.000000	0	0	0	88.03
88.04	08804	MEDICAL ASSOCIATES	0.000000	0	0	0	88.04
90.00	09000	CLINIC	0.000000	0	0	0	90.00
90.01	09001	OP MENTAL HEALTH CENTER	0.000000	0	0	0	90.01
90.02	09002	PARTIAL HOSPITALIZATION	0.000000	0	0	0	90.02
90.03	09003	MIND & BODY CENTER	0.000000	0	0	0	90.03
90.04	09004	PAIN CLINIC/ASC	0.000000	286	0	0	90.04
90.05	09005	CHEMO CLINIC	0.000000	0	0	0	90.05
90.06	09006	OCCUPATIONAL MEDICINE	0.000000	0	0	0	90.06
90.07	09007	WOUND RECOVERY	0.000000	0	0	0	90.07
90.08	09008	DERMATOLOGY	0.000000	0	0	0	90.08
90.09	09009	NEPHROLOGY	0.000000	2	0	0	90.09
90.10	09010	NEUROLOGY	0.000000	0	0	0	90.10
91.00	09100	EMERGENCY	0.000000	2,384	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	92.00
93.00	04950	OP DRUG AND ALCOHOL	0.000000	0	0	0	93.00
93.01	04951	SPORTS MEDICINE	0.000000	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
200.00		Total (lines 50 through 199)		5,846,677	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: Component CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 6/12/2019 8:37 am
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	
		21.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
50.01	05001 OPERATING ROOM - L	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	51.00
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	03630 ULTRA SOUND	0	0	54.01
54.02	05401 PET SCAN	0	0	54.02
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
60.00	06000 LABORATORY	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
68.01	03040 AUDIOLOGY	0	0	68.01
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	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03140 RADIOLOGY	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RHC 1	0	0	88.00
88.01	08801 RHC 2	0	0	88.01
88.02	08802 RHC 3	0	0	88.02
88.03	08803 RHC 4	0	0	88.03
88.04	08804 MEDICAL ASSOCIATES	0	0	88.04
90.00	09000 CLINIC	0	0	90.00
90.01	09001 OP MENTAL HEALTH CENTER	0	0	90.01
90.02	09002 PARTIAL HOSPITALIZATION	0	0	90.02
90.03	09003 MIND & BODY CENTER	0	0	90.03
90.04	09004 PAIN CLINIC/ASC	0	0	90.04
90.05	09005 CHEMO CLINIC	0	0	90.05
90.06	09006 OCCUPATIONAL MEDICINE	0	0	90.06
90.07	09007 WOUND RECOVERY	0	0	90.07
90.08	09008 DERMATOLOGY	0	0	90.08
90.09	09009 NEPHROLOGY	0	0	90.09
90.10	09010 NEUROLOGY	0	0	90.10
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04950 OP DRUG AND ALCOHOL	0	0	93.00
93.01	04951 SPORTS MEDICINE	0	0	93.01
OTHER REIMBURSABLE COST CENTERS				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
200.00	Total (lines 50 through 199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 6/12/2019 8:37 am
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)		28,636	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		28,636	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		24,287	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)		8,438	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)		20,642,421	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)		20,642,421	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)		20,642,421	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)		720.86	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,082,617	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)		6,082,617	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 6/12/2019 8:37 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,222,538	2,516	2,473.19	977	2,416,307	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)					10,500,394	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					18,999,318	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)					676,147	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					796,171	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,472,318	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					17,527,000	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)					4,349	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					720.86	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,135,020	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 6/12/2019 8:37 am	
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	1,753,186	20,642,421	0.084931	3,135,020	266,260	90.00
91.00	Nursing School cost	0	20,642,421	0.000000	3,135,020	0	91.00
92.00	Allied health cost	0	20,642,421	0.000000	3,135,020	0	92.00
93.00	All other Medical Education	0	20,642,421	0.000000	3,135,020	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:	Period:	Worksheet D-1
		Component CCN:	From 07/01/2017 To 06/30/2018	Date/Time Prepared: 6/12/2019 8:37 am
		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)		1,367	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,367	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,367	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)		945	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)		2,374,322	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)		2,374,322	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)		2,374,322	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)		1,736.89	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,641,361	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)		1,641,361	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN:	Period:	Worksheet D-1
				Component CCN:	From 07/01/2017 To 06/30/2018	Date/Time Prepared: 6/12/2019 8:37 am
				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	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	0	0	0.00	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)					409,055	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,050,416	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)					163,712	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					34,661	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					198,373	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,852,043	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:		Period:		Worksheet D-1	
		Component CCN:		From 07/01/2017		Date/Time Prepared:	
		Title XVIII		To 06/30/2018		6/12/2019 8:37 am	
				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	236,819	2,374,322	0.099742	0	0	90.00
91.00	Nursing School cost	0	2,374,322	0.000000	0	0	91.00
92.00	Allied health cost	0	2,374,322	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,374,322	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:	Period:	Worksheet D-1
		Component CCN:	From 07/01/2017 To 06/30/2018	Date/Time Prepared: 6/12/2019 8:37 am
		Title XVIII	Skilled Nursing Facility	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)		8,189	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,189	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)		8,189	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)		4,450	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)		4,233,847	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)		4,233,847	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)		4,233,847	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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:		Period:		Worksheet D-1	
		Component CCN:		From 07/01/2017 To 06/30/2018		Date/Time Prepared: 6/12/2019 8:37 am	
		Title XVIII		Skilled Nursing Facility		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)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						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)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						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)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
	TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						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						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						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)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						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)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						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)						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)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						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)					4,233,847	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					517.02	71.00
72.00	Program routine service cost (line 9 x line 71)					2,300,739	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					2,300,739	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					2,300,739	83.00
84.00	Program inpatient ancillary services (see instructions)					1,023,842	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					3,324,581	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:		Period:		Worksheet D-1	
		Component CCN:		From 07/01/2017		Date/Time Prepared:	
		Title XVIII		To 06/30/2018		6/12/2019 8:37 am	
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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 6/12/2019 8:37 am	
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		10,842,424		30.00
31.00	03100 INTENSIVE CARE UNIT		2,432,616		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.236057	2,270,269	535,913	50.00
50.01	05001 OPERATING ROOM - L	0.228380	4,315,172	985,499	50.01
51.00	05100 RECOVERY ROOM	0.535925	249,902	133,929	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.653250	47,503	31,031	52.00
53.00	05300 ANESTHESIOLOGY	0.490685	321,499	157,755	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.313022	1,081,920	338,665	54.00
54.01	03630 ULTRA SOUND	0.164534	350,915	57,737	54.01
54.02	05401 PET SCAN	0.091065	9,642	878	54.02
56.00	05600 RADIOISOTOPE	0.078462	372,484	29,226	56.00
57.00	05700 CT SCAN	0.034558	3,642,678	125,884	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.082379	825,160	67,976	58.00
60.00	06000 LABORATORY	0.155141	7,365,991	1,142,767	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.091052	1,068,241	97,265	63.00
65.00	06500 RESPIRATORY THERAPY	0.082426	8,127,659	669,930	65.00
66.00	06600 PHYSICAL THERAPY	0.241847	900,643	217,818	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.331029	462,883	153,228	67.00
68.00	06800 SPEECH PATHOLOGY	0.271518	200,800	54,521	68.00
68.01	03040 AUDIOLOGY	0.290437	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.095867	493,559	47,316	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.166532	1,728,089	287,782	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.495246	5,877,480	2,910,798	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.126592	8,101,302	1,025,560	73.00
74.00	07400 RENAL DIALYSIS	0.799448	185,657	148,423	74.00
76.00	03140 RADIOLOGY	0.158846	3,210,570	509,986	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RHC 1	0.000000		0	88.00
88.01	08801 RHC 2	0.000000		0	88.01
88.02	08802 RHC 3	0.000000		0	88.02
88.03	08803 RHC 4	0.000000		0	88.03
88.04	08804 MEDICAL ASSOCIATES	0.000000		0	88.04
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 OP MENTAL HEALTH CENTER	0.000000	0	0	90.01
90.02	09002 PARTIAL HOSPITALIZATION	0.000000	0	0	90.02
90.03	09003 MIND & BODY CENTER	0.515945	4,153	2,143	90.03
90.04	09004 PAIN CLINIC/ASC	0.229929	284,614	65,441	90.04
90.05	09005 CHEMO CLINIC	0.266756	13,763	3,671	90.05
90.06	09006 OCCUPATIONAL MEDICINE	1.336982	0	0	90.06
90.07	09007 WOUND RECOVERY	0.198116	3,526	699	90.07
90.08	09008 DERMATOLOGY	0.160088	0	0	90.08
90.09	09009 NEPHROLOGY	0.312558	11	3	90.09
90.10	09010 NEUROLOGY	0.503161	0	0	90.10
91.00	09100 EMERGENCY	0.167263	3,395,609	567,960	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.187744	695,575	130,590	92.00
93.00	04950 OP DRUG AND ALCOHOL	0.243667	0	0	93.00
93.01	04951 SPORTS MEDICINE	10.019512	0	0	93.01
OTHER REIMBURSABLE COST CENTERS					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		55,607,269	10,500,394	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)		55,607,269		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN:	Period:	Worksheet D-3
		Component CCN:	From 07/01/2017 To 06/30/2018	Date/Time Prepared: 6/12/2019 8:37 am
		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
40.00	04000 SUBPROVIDER - IPF		0	40.00
41.00	04100 SUBPROVIDER - IRF		976,151	41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.236057	7,447	1,758 50.00
50.01	05001 OPERATING ROOM - L	0.228380	1	0 50.01
51.00	05100 RECOVERY ROOM	0.535925	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.653250	1	1 52.00
53.00	05300 ANESTHESIOLOGY	0.490685	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.313022	6,388	2,000 54.00
54.01	03630 ULTRA SOUND	0.164534	969	159 54.01
54.02	05401 PET SCAN	0.091065	0	0 54.02
56.00	05600 RADIOISOTOPE	0.078462	0	0 56.00
57.00	05700 CT SCAN	0.034558	8,434	291 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.082379	2,745	226 58.00
60.00	06000 LABORATORY	0.155141	114,854	17,819 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.091052	11,148	1,015 63.00
65.00	06500 RESPIRATORY THERAPY	0.082426	206,707	17,038 65.00
66.00	06600 PHYSICAL THERAPY	0.241847	488,147	118,057 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.331029	532,002	176,108 67.00
68.00	06800 SPEECH PATHOLOGY	0.271518	193,593	52,564 68.00
68.01	03040 AUDIOLOGY	0.290437	0	0 68.01
69.00	06900 ELECTROCARDIOLOGY	0.095867	1,242	119 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.166532	30,259	5,039 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.495246	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.126592	129,881	16,442 73.00
74.00	07400 RENAL DIALYSIS	0.799448	0	0 74.00
76.00	03140 RADIOLOGY	0.158846	1,161	184 76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RHC 1	0.000000		0 88.00
88.01	08801 RHC 2	0.000000		0 88.01
88.02	08802 RHC 3	0.000000		0 88.02
88.03	08803 RHC 4	0.000000		0 88.03
88.04	08804 MEDICAL ASSOCIATES	0.000000		0 88.04
90.00	09000 CLINIC	0.000000	0	0 90.00
90.01	09001 OP MENTAL HEALTH CENTER	0.000000	0	0 90.01
90.02	09002 PARTIAL HOSPITALIZATION	0.000000	0	0 90.02
90.03	09003 MIND & BODY CENTER	0.515945	0	0 90.03
90.04	09004 PAIN CLINIC/ASC	0.229929	102	23 90.04
90.05	09005 CHEMO CLINIC	0.266756	0	0 90.05
90.06	09006 OCCUPATIONAL MEDICINE	1.336982	0	0 90.06
90.07	09007 WOUND RECOVERY	0.198116	0	0 90.07
90.08	09008 DERMATOLOGY	0.160088	0	0 90.08
90.09	09009 NEPHROLOGY	0.312558	1	0 90.09
90.10	09010 NEUROLOGY	0.503161	0	0 90.10
91.00	09100 EMERGENCY	0.167263	1,269	212 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.187744	0	0 92.00
93.00	04950 OP DRUG AND ALCOHOL	0.243667	0	0 93.00
93.01	04951 SPORTS MEDICINE	10.019512	0	0 93.01
OTHER REIMBURSABLE COST CENTERS				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,736,351	409,055 200.00
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)		1,736,351	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN:	Period:	Worksheet D-3
		Component CCN:	From 07/01/2017 To 06/30/2018	Date/Time Prepared: 6/12/2019 8:37 am
		Title XVIII	Skilled Nursing Facility	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
40.00	04000 SUBPROVIDER - IPF		0	40.00
41.00	04100 SUBPROVIDER - IRF		0	41.00
43.00	04300 NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.236057	28,034	6,618 50.00
50.01	05001 OPERATING ROOM - L	0.228380	2	0 50.01
51.00	05100 RECOVERY ROOM	0.535925	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.653250	303	198 52.00
53.00	05300 ANESTHESIOLOGY	0.490685	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.313022	32,895	10,297 54.00
54.01	03630 ULTRA SOUND	0.164534	6,535	1,075 54.01
54.02	05401 PET SCAN	0.091065	9	1 54.02
56.00	05600 RADIOISOTOPE	0.078462	3,230	253 56.00
57.00	05700 CT SCAN	0.034558	7,156	247 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.082379	0	0 58.00
60.00	06000 LABORATORY	0.155141	523,299	81,185 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.091052	70,295	6,401 63.00
65.00	06500 RESPIRATORY THERAPY	0.082426	2,015,693	166,146 65.00
66.00	06600 PHYSICAL THERAPY	0.241847	992,583	240,053 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.331029	997,172	330,093 67.00
68.00	06800 SPEECH PATHOLOGY	0.271518	208,697	56,665 68.00
68.01	03040 AUDIOLOGY	0.290437	0	0 68.01
69.00	06900 ELECTROCARDIOLOGY	0.095867	3,519	337 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.166532	66,399	11,058 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.495246	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.126592	878,500	111,211 73.00
74.00	07400 RENAL DIALYSIS	0.799448	0	0 74.00
76.00	03140 RADIOLOGY	0.158846	9,684	1,538 76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RHC 1	0.000000		0 88.00
88.01	08801 RHC 2	0.000000		0 88.01
88.02	08802 RHC 3	0.000000		0 88.02
88.03	08803 RHC 4	0.000000		0 88.03
88.04	08804 MEDICAL ASSOCIATES	0.000000		0 88.04
90.00	09000 CLINIC	0.000000	0	0 90.00
90.01	09001 OP MENTAL HEALTH CENTER	0.000000	0	0 90.01
90.02	09002 PARTIAL HOSPITALIZATION	0.000000	0	0 90.02
90.03	09003 MIND & BODY CENTER	0.515945	0	0 90.03
90.04	09004 PAIN CLINIC/ASC	0.229929	286	66 90.04
90.05	09005 CHEMO CLINIC	0.266756	0	0 90.05
90.06	09006 OCCUPATIONAL MEDICINE	1.336982	0	0 90.06
90.07	09007 WOUND RECOVERY	0.198116	0	0 90.07
90.08	09008 DERMATOLOGY	0.160088	0	0 90.08
90.09	09009 NEPHROLOGY	0.312558	2	1 90.09
90.10	09010 NEUROLOGY	0.503161	0	0 90.10
91.00	09100 EMERGENCY	0.167263	2,384	399 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.187744	0	0 92.00
93.00	04950 OP DRUG AND ALCOHOL	0.243667	0	0 93.00
93.01	04951 SPORTS MEDICINE	10.019512	0	0 93.01
OTHER REIMBURSABLE COST CENTERS				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		5,846,677	1,023,842 200.00
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)		5,846,677	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 6/12/2019 8:37 am
		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)		3,996,431	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		11,036,400	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)		647,615	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		6,351,698	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		161.08	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)		12.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		12.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		9.38	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)		9.38	12.00
13.00	Total allowable FTE count for the prior year.		9.97	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.		11.92	14.00
15.00	Sum of lines 12 through 14 divided by 3.		10.42	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		10.42	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.064688	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.068146	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.064688	21.00
22.00	IME payment adjustment (see instructions)		521,790	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		220,467	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)		-2.62	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)		521,790	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		220,467	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		7.88	30.00
31.00	Percentage of Medicaid patient days (see instructions)		28.14	31.00
32.00	Sum of lines 30 and 31		36.02	32.00
33.00	Allowable disproportionate share percentage (see instructions)		18.93	33.00
34.00	Disproportionate share adjustment (see instructions)		711,429	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 6/12/2019 8:37 am
		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)	0.000198427	0.000176827	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,186,094	1,196,534	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	298,961	894,942	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,193,903		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)	18,107,568		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	19,038,166		48.00
		Amount		
		1.00		
49.00	Total payment for inpatient operating costs (see instructions)		19,258,633	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,312,039	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).		343,748	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		20,914,420	59.00
60.00	Primary payer payments		10,693	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		20,903,727	61.00
62.00	Deductibles billed to program beneficiaries		2,105,401	62.00
63.00	Coinurance billed to program beneficiaries		41,682	63.00
64.00	Allowable bad debts (see instructions)		316,321	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		205,609	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		232,505	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		18,962,253	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		90,688	70.93
70.94	HRR adjustment amount (see instructions)		-87,342	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 6/12/2019 8:37 am	
		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)			150,923	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			18,814,676	71.00
71.01	Sequestration adjustment (see instructions)			376,294	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			18,915,516	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)			-477,134	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			274,654	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	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	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

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN:		Period: From 07/01/2017 To 06/30/2018		Worksheet DSH Date/Time Prepared: 6/12/2019 8:37 am	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	7.88	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	28.14	0.00			28.14	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	36.02	0.00			28.14	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	RRC				RRC	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	161.08	0.00			161.08	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	18.93	0.00			12.43	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	No				No	9.00
10.00	S-2, Line 45	No				No	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.52	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	856	0			856	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	428	0			428	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	24	0			24	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	15	0			15	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	6,651	0			6,651	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	7,974	0			7,974	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	27,680	0			27,680	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	191	0			191	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	465	0			465	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	28,336	0			28,336	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	28.14	0.00			28.14	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN:		Period: From 07/01/2017 To 06/30/2018		Worksheet DSH Date/Time Prepared: 6/12/2019 8:37 am	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	18.93		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		18.93		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		18.93		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	True				True	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	True				True	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Rural				Rural	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet DSH Date/Time Prepared: 6/12/2019 8:37 am
		Title XVIII	Hospital	PPS

		Revised		
		Percentage		
		6.00		
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE				
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	12.43		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00		29.00
30.00	Line 28 or 29 as applicable	12.43		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	12.43		31.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5			Provider CCN:		Period: From 07/01/2017 To 06/30/2018		Worksheet E Part A Exhibit 5 Date/Time Prepared: 6/12/2019 8:37 am	
			Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)			
	0	1.00	2.00	3.00	4.00			
1.00	DRG amounts other than outlier payments	1.00						1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	3,996,431	3,996,431			3,996,431	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	11,036,400		11,036,400		11,036,400	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	647,615	266,363	381,252		647,615	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	6,351,698	1,642,125	4,709,573		6,351,698	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.064688	0.064688	0.064688			5.00
6.00	IME payment adjustment (see instructions)	22.00	521,790	138,716	383,074		521,790	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	220,467	56,998	163,469		220,467	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	521,790	138,716	383,074		521,790	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	220,467	56,998	163,469		220,467	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1893	0.1893	0.1893			10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	711,429	189,131	522,298		711,429	11.00
11.01	Uncompensated care payments	36.00	1,193,903	298,961	894,942		1,193,903	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0		0	12.00
13.00	Subtotal (see instructions)	47.00	18,107,568	4,889,602	13,217,966		18,107,568	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	19,038,166	5,059,347	13,978,819		19,038,166	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	19,258,633	5,116,345	14,142,288		19,258,633	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,312,039	360,945	951,094		1,312,039	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			5,477,290	15,093,382		20,570,672	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN:

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
6/12/2019 8:37 am

		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	1,205,477	324,488	880,989	1,205,477	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	58,463	23,510	34,953	58,463	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	0.0399	0.0399	0.0399		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	48,099	12,947	35,152	48,099	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	1,312,039	360,945	951,094	1,312,039	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	90,688	15,612	75,076	90,688	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	-87,342	-11,190	-76,152	-87,342	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	150,923	150,923	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 6/12/2019 8:37 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		3,573	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		24,629,423	2.00
3.00	OPPS payments		23,513,538	3.00
4.00	Outlier payment (see instructions)		71,376	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		3,573	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		28,131	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)		28,131	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)		28,131	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		24,558	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)		3,573	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)		23,584,914	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		4,526,290	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)		19,062,197	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		347,798	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)		19,409,995	30.00
31.00	Primary payer payments		1,879	31.00
32.00	Subtotal (line 30 minus line 31)		19,408,116	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)		729,067	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		473,894	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		680,643	36.00
37.00	Subtotal (see instructions)		19,882,010	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-63	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)		19,882,073	40.00
40.01	Sequestration adjustment (see instructions)		397,641	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		19,414,078	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		70,354	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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 6/12/2019 8:37 am
Title XVIII		Hospital	PPS
WORKSHEET OVERRIDE VALUES			Overrides
			1.00
112.00 Override of Ancillary service charges (line 12)			0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN:		Period: From 07/01/2017 To 06/30/2018		Worksheet E-1 Part I Date/Time Prepared: 6/12/2019 8:37 am	
		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		19,046,914		19,414,078	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	03/01/2018	38,136		0	3.50	
3.51		05/16/2018	93,262		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)		-131,398		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)		18,915,516		19,414,078	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		70,354	6.01	
6.02	SETTLEMENT TO PROGRAM		477,134		0	6.02	
7.00	Total Medicare program liability (see instructions)		18,438,382		19,484,432	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:

Component CCN:

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

Worksheet E-1
Part I
Date/Time Prepared:
6/12/2019 8:37 am

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					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		1,435,096		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)		1,435,096		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		5,950		0	6.02
7.00	Total Medicare program liability (see instructions)		1,429,146		0	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:

Component CCN:

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

Worksheet E-1
Part I
Date/Time Prepared:
6/12/2019 8:37 am

Title XVIII

Skilled Nursing
Facility

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					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		1,481,742		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)		1,481,742		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		14,387		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,496,129		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet E-1 Part II Date/Time Prepared: 6/12/2019 8:37 am
		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
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:	Period:	Worksheet E-3
		Component CCN:	From 07/01/2017 To 06/30/2018	Part III Date/Time Prepared: 6/12/2019 8:37 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		1,361,131	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0052	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		2,178	3.00
4.00	Outlier Payments		111,887	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)		3.745205	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)		1,475,196	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)		1,475,196	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		1,475,196	19.00
20.00	Deductibles		18,592	20.00
21.00	Subtotal (line 19 minus line 20)		1,456,604	21.00
22.00	Coinsurance		0	22.00
23.00	Subtotal (line 21 minus line 22)		1,456,604	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		2,628	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		1,708	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,340	26.00
27.00	Subtotal (sum of lines 23 and 25)		1,458,312	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)		0	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)		1,458,312	32.00
32.01	Sequestration adjustment (see instructions)		29,166	32.01
32.02	Demonstration payment adjustment amount after sequestration		0	32.02
33.00	Interim payments		1,435,096	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)		-5,950	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4		111,887	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:	Period:	Worksheet E-3
		Component CCN:	From 07/01/2017 To 06/30/2018	Part VI Date/Time Prepared: 6/12/2019 8:37 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		1,630,858	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		1,630,858	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		118,877	7.00
8.00	Allowable bad debts (see instructions)		22,586	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		14,681	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		1,526,662	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Demonstration payment adjustment amount before sequestration		0	14.99
15.00	Subtotal (see instructions)		1,526,662	15.00
15.01	Sequestration adjustment (see instructions)		30,533	15.01
15.02	Demonstration payment adjustment amount after sequestration		0	15.02
16.00	Interim payments		1,481,742	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 16, and 17)		14,387	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 6/12/2019 8:37 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			12.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			12.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			9.38	6.00
7.00	Enter the lesser of line 5 or line 6			9.38	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	1.80	7.58	9.38	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	1.80	7.58	9.38	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	1.80	7.58		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	6.00	3.97		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	5.82	5.63		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	4.54	5.73		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	4.54	5.73		17.00
18.00	Per resident amount	139,044.33	139,044.33		18.00
19.00	Approved amount for resident costs	631,261	796,724	1,427,985	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,427,985	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	10,360	3,930		26.00
27.00	Total Inpatient Days (see instructions)	28,361	28,361		27.00
28.00	Ratio of inpatient days to total inpatient days	0.365290	0.138571		28.00
29.00	Program direct GME amount	521,629	197,877		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		27,960		30.00
31.00	Net Program direct GME amount			691,546	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 6/12/2019 8:37 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		346,305	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		24,981,331	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		10,693	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		24,970,638	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		25,266,760	42.00
43.00	Primary payer payments (see instructions)		1,928	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		25,264,832	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		50,235,470	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.497072	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.502928	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		691,546	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		343,748	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		347,798	50.00

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

Provider CCN:

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

Worksheet G

Date/Time Prepared:
6/12/2019 8:37 am

		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	31,365,831	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	19,014,777	0	0	0	4.00
5.00	Other receivable	1,620,042	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	3,793,037	0	0	0	7.00
8.00	Prepaid expenses	2,320,889	0	0	0	8.00
9.00	Other current assets	1,388,403	0	0	0	9.00
10.00	Due from other funds	35,481,898	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	94,984,877	0	0	0	11.00
FIXED ASSETS						
12.00	Land	7,336,421	0	0	0	12.00
13.00	Land improvements	4,353,271	0	0	0	13.00
14.00	Accumulated depreciation	-3,937,826	0	0	0	14.00
15.00	Buildings	103,414,950	0	0	0	15.00
16.00	Accumulated depreciation	-54,330,428	0	0	0	16.00
17.00	Leasehold improvements	31,201,884	0	0	0	17.00
18.00	Accumulated depreciation	-25,461,293	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	106,287,322	0	0	0	23.00
24.00	Accumulated depreciation	-87,178,380	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	1,043,430	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	82,729,351	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	21,570,658	8,432,236	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	4,875,608	0	0	0	33.00
34.00	Other assets	7,440,792	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	33,887,058	8,432,236	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	211,601,286	8,432,236	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	33,277,644	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	840,730	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	5,049,035	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	39,167,409	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	91,534,399	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	45,328,436	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	136,862,835	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	176,030,244	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	35,571,042				52.00
53.00	Specific purpose fund		8,432,236			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	35,571,042	8,432,236	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	211,601,286	8,432,236	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN:

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

Worksheet G-1
Date/Time Prepared:
6/12/2019 8:37 am

		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		36,191,091		8,077,368		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		2,157,100				2.00
3.00	Total (sum of line 1 and line 2)		38,348,191		8,077,368		3.00
4.00	CHANGE IN DEFINED BENEFIT PENSION PL	3,456,648		0		0	4.00
5.00	INVESTMENT RETURN - CHANGE IN UNREAL	57,098		0		0	5.00
6.00	CHANGE IN INTEREST IN TITUSVILLE ARE	0		137,855		0	6.00
7.00	CHANGE IN BENEFICIAL INTEREST IN PER	0		173,962		0	7.00
8.00	TRANSFER	0		43,051		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		3,513,746		354,868		10.00
11.00	Subtotal (line 3 plus line 10)		41,861,937		8,432,236		11.00
12.00	TRANSFERS TO AFFILIATES	6,247,844		0		0	12.00
13.00	TRANSFER	43,051		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		6,290,895		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		35,571,042		8,432,236		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	CHANGE IN DEFINED BENEFIT PENSION PL		0				4.00
5.00	INVESTMENT RETURN - CHANGE IN UNREAL		0				5.00
6.00	CHANGE IN INTEREST IN TITUSVILLE ARE		0				6.00
7.00	CHANGE IN BENEFICIAL INTEREST IN PER		0				7.00
8.00	TRANSFER		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	TRANSFERS TO AFFILIATES		0				12.00
13.00	TRANSFER		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:

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
6/12/2019 8:37 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	38,408,377		38,408,377	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	1,382,352		1,382,352	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	6,934,389		6,934,389	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)	46,725,118		46,725,118	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	5,822,739		5,822,739	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)	5,822,739		5,822,739	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	52,547,857		52,547,857	17.00
18.00	Ancillary services	137,637,266		137,637,266	18.00
19.00	Outpatient services	0	517,981,786	517,981,786	19.00
20.00	RHC 1	0	5,106,886	5,106,886	20.00
20.01	RHC 2	0	650,392	650,392	20.01
20.02	RHC 3	0	1,692,899	1,692,899	20.02
20.03	RHC 4	0	396,344	396,344	20.03
20.04	MEDICAL ASSOCIATES	0	33,352	33,352	20.04
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	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	PROFESSIONAL	3,848,751	17,528,514	21,377,265	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	194,033,874	543,390,173	737,424,047	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		197,874,986		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)		197,874,986		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN:

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

Worksheet G-3
Date/Time Prepared:
6/12/2019 8:37 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	737,424,047	1.00
2.00	Less contractual allowances and discounts on patients' accounts	545,293,593	2.00
3.00	Net patient revenues (line 1 minus line 2)	192,130,454	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	197,874,986	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-5,744,532	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	276,078	6.00
7.00	Income from investments	3,015,553	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	9,928	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	548,822	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	14,697	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	50,126	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,637,888	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS INCOME	517,286	24.00
24.01	MANAGEMENT SERVICE	753,324	24.01
24.02	340B REVENUE	499,399	24.02
24.03	MEANINGFUL USE REVENUE	0	24.03
24.04	OTHER NONOPERATING	578,529	24.04
24.05	ROUNDING	2	24.05
25.00	Total other income (sum of lines 6-24)	7,901,632	25.00
26.00	Total (line 5 plus line 25)	2,157,100	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	2,157,100	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet L Parts I-III Date/Time Prepared: 6/12/2019 8:37 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,205,477	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		58,463	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)		75.23	3.00
4.00	Number of interns & residents (see instructions)		10.42	4.00
5.00	Indirect medical education percentage (see instructions)		3.99	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)		48,099	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		1,312,039	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

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS		Provider CCN: Component CCN:		Period: From 07/01/2017 To 06/30/2018		Worksheet M-1 Date/Time Prepared: 6/12/2019 8:37 am	
		RHC I		Cost			
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
FACILITY HEALTH CARE STAFF COSTS							
1.00	Physician	1,321,328	35,976	1,357,304	302,839	1,660,143	1.00
2.00	Physician Assistant	505,998	0	505,998	61,257	567,255	2.00
3.00	Nurse Practitioner	0	0	0	148,051	148,051	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	237,587	0	237,587	69,302	306,889	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	202,757	0	202,757	59,142	261,899	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	11,102	11,102	0	11,102	9.00
10.00	Subtotal (sum of lines 1 through 9)	2,267,670	47,078	2,314,748	640,591	2,955,339	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	103,853	103,853	0	103,853	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	56,391	56,391	0	56,391	18.00
19.00	Other Health Care Costs	0	1,809	1,809	0	1,809	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	162,053	162,053	0	162,053	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	2,267,670	209,131	2,476,801	640,591	3,117,392	22.00
COSTS OTHER THAN RHC/FQHC SERVICES							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
25.01	Telehealth	0	0	0	0	0	25.01
25.02	Chronic Care Management	0	0	0	0	0	25.02
26.00	All other nonreimbursable costs	292,775	198,691	491,466	0	491,466	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	292,775	198,691	491,466	0	491,466	28.00
FACILITY OVERHEAD							
29.00	Facility Costs	0	61,557	61,557	2,945	64,502	29.00
30.00	Administrative Costs	305,111	1,043,337	1,348,448	-553,595	794,853	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	305,111	1,104,894	1,410,005	-550,650	859,355	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	2,865,556	1,512,716	4,378,272	89,941	4,468,213	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS	Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet M-1
	Component CCN:		Date/Time Prepared: 6/12/2019 8:37 am
		RHC I	Cost

	Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
	6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS			
1.00	Physician	0	1,660,143
2.00	Physician Assistant	0	567,255
3.00	Nurse Practitioner	0	148,051
4.00	Visiting Nurse	0	0
5.00	Other Nurse	0	306,889
6.00	Clinical Psychologist	0	0
7.00	Clinical Social Worker	0	261,899
8.00	Laboratory Technician	0	0
9.00	Other Facility Health Care Staff Costs	0	11,102
10.00	Subtotal (sum of lines 1 through 9)	0	2,955,339
11.00	Physician Services Under Agreement	0	0
12.00	Physician Supervision Under Agreement	0	0
13.00	Other Costs Under Agreement	0	0
14.00	Subtotal (sum of lines 11 through 13)	0	0
15.00	Medical Supplies	-25,671	78,182
16.00	Transportation (Health Care Staff)	0	0
17.00	Depreciation-Medical Equipment	0	0
18.00	Professional Liability Insurance	0	56,391
19.00	Other Health Care Costs	0	1,809
20.00	Allowable GME Costs		
21.00	Subtotal (sum of lines 15 through 20)	-25,671	136,382
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-25,671	3,091,721
COSTS OTHER THAN RHC/FQHC SERVICES			
23.00	Pharmacy	0	0
24.00	Dental	0	0
25.00	Optometry	0	0
25.01	Telehealth	0	0
25.02	Chronic Care Management	0	0
26.00	All other nonreimbursable costs	0	491,466
27.00	Nonallowable GME costs		
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	491,466
FACILITY OVERHEAD			
29.00	Facility Costs	0	64,502
30.00	Administrative Costs	-246,676	548,177
31.00	Total Facility Overhead (sum of lines 29 and 30)	-246,676	612,679
32.00	Total facility costs (sum of lines 22, 28 and 31)	-272,347	4,195,866

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS		Provider CCN:		Period:		Worksheet M-1	
		Component CCN:		From 07/01/2017 To 06/30/2018		Date/Time Prepared: 6/12/2019 8:37 am	
		RHC II		Cost			
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
FACILITY HEALTH CARE STAFF COSTS							
1.00	Physician	157,317	2,742	160,059	56,463	216,522	1.00
2.00	Physician Assistant	88,026	0	88,026	-79,098	8,928	2.00
3.00	Nurse Practitioner	0	0	0	92,814	92,814	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	64,844	0	64,844	18,548	83,392	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	2,832	0	2,832	810	3,642	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	1,150	1,150	0	1,150	9.00
10.00	Subtotal (sum of lines 1 through 9)	313,019	3,892	316,911	89,537	406,448	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	-2,742	-2,742	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	-2,742	-2,742	14.00
15.00	Medical Supplies	0	44,166	44,166	0	44,166	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	38,873	38,873	0	38,873	18.00
19.00	Other Health Care Costs	0	414	414	0	414	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	83,453	83,453	0	83,453	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	313,019	87,345	400,364	86,795	487,159	22.00
COSTS OTHER THAN RHC/FQHC SERVICES							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
25.01	Telehealth	0	0	0	0	0	25.01
25.02	Chronic Care Management	0	0	0	0	0	25.02
26.00	All other nonreimbursable costs	0	198	198	0	198	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	198	198	0	198	28.00
FACILITY OVERHEAD							
29.00	Facility Costs	0	7,801	7,801	0	7,801	29.00
30.00	Administrative Costs	48,527	159,400	207,927	-64,310	143,617	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	48,527	167,201	215,728	-64,310	151,418	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	361,546	254,744	616,290	22,485	638,775	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS	Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet M-1
	Component CCN:		Date/Time Prepared: 6/12/2019 8:37 am
		RHC II	Cost

	Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
	6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS			
1.00	Physician	0	216,522
2.00	Physician Assistant	0	8,928
3.00	Nurse Practitioner	0	92,814
4.00	Visiting Nurse	0	0
5.00	Other Nurse	0	83,392
6.00	Clinical Psychologist	0	0
7.00	Clinical Social Worker	0	3,642
8.00	Laboratory Technician	0	0
9.00	Other Facility Health Care Staff Costs	0	1,150
10.00	Subtotal (sum of lines 1 through 9)	0	406,448
11.00	Physician Services Under Agreement	0	0
12.00	Physician Supervision Under Agreement	0	0
13.00	Other Costs Under Agreement	0	-2,742
14.00	Subtotal (sum of lines 11 through 13)	0	-2,742
15.00	Medical Supplies	0	44,166
16.00	Transportation (Health Care Staff)	0	0
17.00	Depreciation-Medical Equipment	0	0
18.00	Professional Liability Insurance	0	38,873
19.00	Other Health Care Costs	0	414
20.00	Allowable GME Costs		
21.00	Subtotal (sum of lines 15 through 20)	0	83,453
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	487,159
COSTS OTHER THAN RHC/FQHC SERVICES			
23.00	Pharmacy	0	0
24.00	Dental	0	0
25.00	Optometry	0	0
25.01	Telehealth	0	0
25.02	Chronic Care Management	0	0
26.00	All other nonreimbursable costs	0	198
27.00	Nonallowable GME costs		
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	198
FACILITY OVERHEAD			
29.00	Facility Costs	0	7,801
30.00	Administrative Costs	-33,538	110,079
31.00	Total Facility Overhead (sum of lines 29 and 30)	-33,538	117,880
32.00	Total facility costs (sum of lines 22, 28 and 31)	-33,538	605,237

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN:

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

Worksheet M-1

Component CCN:

Date/Time Prepared:
6/12/2019 8:37 am

		RHC III		Cost			
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
FACILITY HEALTH CARE STAFF COSTS							
1.00	Physician	417,895	10,277	428,172	121,694	549,866	1.00
2.00	Physician Assistant	59,703	0	59,703	12,104	71,807	2.00
3.00	Nurse Practitioner	0	0	0	1,380	1,380	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	69,221	0	69,221	19,954	89,175	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	19,259	0	19,259	5,552	24,811	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	5,101	5,101	0	5,101	9.00
10.00	Subtotal (sum of lines 1 through 9)	566,078	15,378	581,456	160,684	742,140	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	51,112	51,112	0	51,112	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	33,472	33,472	0	33,472	18.00
19.00	Other Health Care Costs	0	-2,842	-2,842	0	-2,842	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	81,742	81,742	0	81,742	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	566,078	97,120	663,198	160,684	823,882	22.00
COSTS OTHER THAN RHC/FQHC SERVICES							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
25.01	Telehealth	0	0	0	0	0	25.01
25.02	Chronic Care Management	0	0	0	0	0	25.02
26.00	All other nonreimbursable costs	122,414	261,129	383,543	-67,514	316,029	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	122,414	261,129	383,543	-67,514	316,029	28.00
FACILITY OVERHEAD							
29.00	Facility Costs	9,390	26,446	35,836	2,707	38,543	29.00
30.00	Administrative Costs	215,193	281,669	496,862	-50,906	445,956	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	224,583	308,115	532,698	-48,199	484,499	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	913,075	666,364	1,579,439	44,971	1,624,410	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN:

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

Worksheet M-1

Component CCN:

Date/Time Prepared:
6/12/2019 8:37 am

RHC III

Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
		6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	549,866	1.00
2.00	Physician Assistant	0	71,807	2.00
3.00	Nurse Practitioner	0	1,380	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	89,175	5.00
6.00	Clinical Psychologist	0	0	6.00
7.00	Clinical Social Worker	0	24,811	7.00
8.00	Laboratory Technician	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	5,101	9.00
10.00	Subtotal (sum of lines 1 through 9)	0	742,140	10.00
11.00	Physician Services Under Agreement	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	12.00
13.00	Other Costs Under Agreement	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	14.00
15.00	Medical Supplies	-15,302	35,810	15.00
16.00	Transportation (Health Care Staff)	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	17.00
18.00	Professional Liability Insurance	0	33,472	18.00
19.00	Other Health Care Costs	0	-2,842	19.00
20.00	Allowable GME Costs			20.00
21.00	Subtotal (sum of lines 15 through 20)	-15,302	66,440	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-15,302	808,580	22.00
COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	0	23.00
24.00	Dental	0	0	24.00
25.00	Optometry	0	0	25.00
25.01	Telehealth	0	0	25.01
25.02	Chronic Care Management	0	0	25.02
26.00	All other nonreimbursable costs	0	316,029	26.00
27.00	Nonallowable GME costs			27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	316,029	28.00
FACILITY OVERHEAD				
29.00	Facility Costs	0	38,543	29.00
30.00	Administrative Costs	-81,824	364,132	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	-81,824	402,675	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-97,126	1,527,284	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS

Provider CCN:

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

Worksheet M-1

Component CCN:

Date/Time Prepared:
6/12/2019 8:37 am

		RHC IV		Cost			
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
FACILITY HEALTH CARE STAFF COSTS							
1.00	Physician	69,592	2,742	72,334	13,017	85,351	1.00
2.00	Physician Assistant	95,991	0	95,991	-94,941	1,050	2.00
3.00	Nurse Practitioner	0	0	0	142,068	142,068	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	4,960	0	4,960	1,884	6,844	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	32,935	0	32,935	12,508	45,443	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	3,155	3,155	0	3,155	9.00
10.00	Subtotal (sum of lines 1 through 9)	203,478	5,897	209,375	74,536	283,911	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	22,451	22,451	0	22,451	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	6,687	6,687	0	6,687	18.00
19.00	Other Health Care Costs	0	105	105	0	105	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	29,243	29,243	0	29,243	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	203,478	35,140	238,618	74,536	313,154	22.00
COSTS OTHER THAN RHC/FQHC SERVICES							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
25.01	Telehealth	0	0	0	0	0	25.01
25.02	Chronic Care Management	0	0	0	0	0	25.02
26.00	All other nonreimbursable costs	0	213	213	0	213	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	213	213	0	213	28.00
FACILITY OVERHEAD							
29.00	Facility Costs	0	15,080	15,080	0	15,080	29.00
30.00	Administrative Costs	29,282	138,094	167,376	-52,051	115,325	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	29,282	153,174	182,456	-52,051	130,405	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	232,760	188,527	421,287	22,485	443,772	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS	Provider CCN:	Period:	Worksheet M-1
	Component CCN:	From 07/01/2017 To 06/30/2018	Date/Time Prepared: 6/12/2019 8:37 am
		RHC IV	Cost

	Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
	6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS			
1.00	Physician	0	85,351
2.00	Physician Assistant	0	1,050
3.00	Nurse Practitioner	0	142,068
4.00	Visiting Nurse	0	0
5.00	Other Nurse	0	6,844
6.00	Clinical Psychologist	0	0
7.00	Clinical Social Worker	0	45,443
8.00	Laboratory Technician	0	0
9.00	Other Facility Health Care Staff Costs	0	3,155
10.00	Subtotal (sum of lines 1 through 9)	0	283,911
11.00	Physician Services Under Agreement	0	0
12.00	Physician Supervision Under Agreement	0	0
13.00	Other Costs Under Agreement	0	0
14.00	Subtotal (sum of lines 11 through 13)	0	0
15.00	Medical Supplies	0	22,451
16.00	Transportation (Health Care Staff)	0	0
17.00	Depreciation-Medical Equipment	0	0
18.00	Professional Liability Insurance	0	6,687
19.00	Other Health Care Costs	0	105
20.00	Allowable GME Costs		
21.00	Subtotal (sum of lines 15 through 20)	0	29,243
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	313,154
COSTS OTHER THAN RHC/FQHC SERVICES			
23.00	Pharmacy	0	0
24.00	Dental	0	0
25.00	Optometry	0	0
25.01	Telehealth	0	0
25.02	Chronic Care Management	0	0
26.00	All other nonreimbursable costs	0	213
27.00	Nonallowable GME costs		
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	213
FACILITY OVERHEAD			
29.00	Facility Costs	0	15,080
30.00	Administrative Costs	-30,744	84,581
31.00	Total Facility Overhead (sum of lines 29 and 30)	-30,744	99,661
32.00	Total facility costs (sum of lines 22, 28 and 31)	-30,744	413,028

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS		Provider CCN:		Period:		Worksheet M-1	
		Component CCN:		From 07/01/2017 To 06/30/2018		Date/Time Prepared: 6/12/2019 8:37 am	
		RHC V		Cost			
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
FACILITY HEALTH CARE STAFF COSTS							
1.00	Physician	0	434	434	1,993	2,427	1.00
2.00	Physician Assistant	13,346	0	13,346	-13,346	0	2.00
3.00	Nurse Practitioner	0	0	0	18,106	18,106	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	4,335	0	4,335	3,927	8,262	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	23	23	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	641	641	0	641	9.00
10.00	Subtotal (sum of lines 1 through 9)	17,681	1,075	18,756	10,703	29,459	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	6,575	6,575	0	6,575	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	680	680	0	680	18.00
19.00	Other Health Care Costs	0	46	46	0	46	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	7,301	7,301	0	7,301	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	17,681	8,376	26,057	10,703	36,760	22.00
COSTS OTHER THAN RHC/FQHC SERVICES							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
25.01	Telehealth	0	0	0	0	0	25.01
25.02	Chronic Care Management	0	0	0	0	0	25.02
26.00	All other nonreimbursable costs	6,203	18	6,221	0	6,221	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	6,203	18	6,221	0	6,221	28.00
FACILITY OVERHEAD							
29.00	Facility Costs	0	1,954	1,954	0	1,954	29.00
30.00	Administrative Costs	6,015	15,189	21,204	-8,362	12,842	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	6,015	17,143	23,158	-8,362	14,796	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	29,899	25,537	55,436	2,341	57,777	32.00

ANALYSIS OF HOSPITAL-BASED RHC/FQHC COSTS	Provider CCN:	Period:	Worksheet M-1
	Component CCN:	From 07/01/2017 To 06/30/2018	Date/Time Prepared: 6/12/2019 8:37 am
		RHC V	Cost

	Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
	6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS			
1.00	Physician	0	2,427
2.00	Physician Assistant	0	0
3.00	Nurse Practitioner	0	18,106
4.00	Visiting Nurse	0	0
5.00	Other Nurse	0	8,262
6.00	Clinical Psychologist	0	0
7.00	Clinical Social Worker	0	23
8.00	Laboratory Technician	0	0
9.00	Other Facility Health Care Staff Costs	0	641
10.00	Subtotal (sum of lines 1 through 9)	0	29,459
11.00	Physician Services Under Agreement	0	0
12.00	Physician Supervision Under Agreement	0	0
13.00	Other Costs Under Agreement	0	0
14.00	Subtotal (sum of lines 11 through 13)	0	0
15.00	Medical Supplies	0	6,575
16.00	Transportation (Health Care Staff)	0	0
17.00	Depreciation-Medical Equipment	0	0
18.00	Professional Liability Insurance	0	680
19.00	Other Health Care Costs	0	46
20.00	Allowable GME Costs		
21.00	Subtotal (sum of lines 15 through 20)	0	7,301
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	36,760
COSTS OTHER THAN RHC/FQHC SERVICES			
23.00	Pharmacy	0	0
24.00	Dental	0	0
25.00	Optometry	0	0
25.01	Telehealth	0	0
25.02	Chronic Care Management	0	0
26.00	All other nonreimbursable costs	0	6,221
27.00	Nonallowable GME costs		
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	6,221
FACILITY OVERHEAD			
29.00	Facility Costs	0	1,954
30.00	Administrative Costs	-2,633	10,209
31.00	Total Facility Overhead (sum of lines 29 and 30)	-2,633	12,163
32.00	Total facility costs (sum of lines 22, 28 and 31)	-2,633	55,144

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet M-2
		Component CCN:		Date/Time Prepared: 6/12/2019 8:37 am

		RHC I		Cost		
	Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
	1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY						
Positions						
1.00	Physician	3.93	9,858	4,200	16,506	1.00
2.00	Physician Assistant	4.21	9,862	2,100	8,841	2.00
3.00	Nurse Practitioner	0.91	3,751	2,100	1,911	3.00
4.00	Subtotal (sum of lines 1 through 3)	9.05	23,471		27,258	4.00
5.00	Visiting Nurse	0.00	0		0	5.00
6.00	Clinical Psychologist	0.05	169		169	6.00
7.00	Clinical Social Worker	0.18	2,692		2,692	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0		0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0		0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	9.28	26,332		30,119	8.00
9.00	Physician Services Under Agreements		0		0	9.00
					1.00	
DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES						
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)				3,091,721	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)				491,466	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)				3,583,187	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)				0.862841	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)				612,679	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				1,492,062	15.00
16.00	Total overhead (sum of lines 14 and 15)				2,104,741	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Enter the amount from line 16				2,104,741	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)				1,816,057	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)				4,907,778	20.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet M-2
		Component CCN:		Date/Time Prepared: 6/12/2019 8:37 am

		RHC II		Cost		
	Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
	1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY						
Positions						
1.00	Physician	0.72	1,960	4,200	3,024	1.00
2.00	Physician Assistant	0.09	488	2,100	189	2.00
3.00	Nurse Practitioner	0.79	2,436	2,100	1,659	3.00
4.00	Subtotal (sum of lines 1 through 3)	1.60	4,884		4,872	4,884
5.00	Visiting Nurse	0.00	0			0
6.00	Clinical Psychologist	0.00	0			0
7.00	Clinical Social Worker	0.00	0			0
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0
8.00	Total FTEs and Visits (sum of lines 4 through 7)	1.60	4,884			4,884
9.00	Physician Services Under Agreements		0			0
					1.00	
DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES						
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)				487,159	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)				198	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)				487,357	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)				0.999594	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)				117,880	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				206,473	15.00
16.00	Total overhead (sum of lines 14 and 15)				324,353	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Enter the amount from line 16				324,353	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)				324,221	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)				811,380	20.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet M-2
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		RHC III		Cost		
	Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
	1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY						
Positions						
1.00	Physician	0.64	1,635	4,200	2,688	1.00
2.00	Physician Assistant	0.61	1,489	2,100	1,281	2.00
3.00	Nurse Practitioner	0.01	23	2,100	21	3.00
4.00	Subtotal (sum of lines 1 through 3)	1.26	3,147		3,990	4.00
5.00	Visiting Nurse	0.00	0		0	5.00
6.00	Clinical Psychologist	0.00	0		0	6.00
7.00	Clinical Social Worker	0.00	0		0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0		0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0		0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	1.26	3,147		3,990	8.00
9.00	Physician Services Under Agreements		0		0	9.00
					1.00	
DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES						
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)				808,580	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)				316,029	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)				1,124,609	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)				0.718988	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)				402,675	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				618,359	15.00
16.00	Total overhead (sum of lines 14 and 15)				1,021,034	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Enter the amount from line 16				1,021,034	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)				734,111	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)				1,542,691	20.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet M-2
		Component CCN:		Date/Time Prepared: 6/12/2019 8:37 am

		RHC IV		Cost		
	Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
	1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY						
Positions						
1.00	Physician	0.24	518	4,200	1,008	1.00
2.00	Physician Assistant	0.01	7	2,100	21	2.00
3.00	Nurse Practitioner	0.93	2,600	2,100	1,953	3.00
4.00	Subtotal (sum of lines 1 through 3)	1.18	3,125		2,982	4.00
5.00	Visiting Nurse	0.00	0		0	5.00
6.00	Clinical Psychologist	0.00	0		0	6.00
7.00	Clinical Social Worker	0.00	0		0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0		0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0		0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	1.18	3,125		3,125	8.00
9.00	Physician Services Under Agreements		0		0	9.00
					1.00	
DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES						
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)				313,154	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)				213	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)				313,367	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)				0.999320	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)				99,661	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				141,261	15.00
16.00	Total overhead (sum of lines 14 and 15)				240,922	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Enter the amount from line 16				240,922	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)				240,758	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)				553,912	20.00

ALLOCATION OF OVERHEAD TO HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet M-2
		Component CCN:		Date/Time Prepared: 6/12/2019 8:37 am

		RHC V		Cost		
	Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
	1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY						
Positions						
1.00	Physician	0.03	11	4,200	126	1.00
2.00	Physician Assistant	0.01	5	2,100	21	2.00
3.00	Nurse Practitioner	0.13	340	2,100	273	3.00
4.00	Subtotal (sum of lines 1 through 3)	0.17	356		420	4.00
5.00	Visiting Nurse	0.00	0		0	5.00
6.00	Clinical Psychologist	0.00	0		0	6.00
7.00	Clinical Social Worker	0.00	0		0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0		0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0		0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	0.17	356		420	8.00
9.00	Physician Services Under Agreements		0		0	9.00
					1.00	
DETERMINATION OF ALLOWABLE COST APPLICABLE TO HOSPITAL-BASED RHC/FQHC SERVICES						
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)				36,760	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)				6,221	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)				42,981	12.00
13.00	Ratio of hospital-based RHC/FQHC services (line 10 divided by line 12)				0.855262	13.00
14.00	Total hospital-based RHC/FQHC overhead - (from Worksheet. M-1, col. 7, line 31)				12,163	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				20,223	15.00
16.00	Total overhead (sum of lines 14 and 15)				32,386	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Enter the amount from line 16				32,386	18.00
19.00	Overhead applicable to hospital-based RHC/FQHC services (line 13 x line 18)				27,699	19.00
20.00	Total allowable cost of hospital-based RHC/FQHC services (sum of lines 10 and 19)				64,459	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet M-3
		Component CCN:		Date/Time Prepared: 6/12/2019 8:37 am
		Title XVIII	RHC I	Cost
				1.00
DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES				
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)			4,907,778 1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)			79,207 2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)			4,828,571 3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			30,119 4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)			0 5.00
6.00	Total adjusted visits (line 4 plus line 5)			30,119 6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			160.32 7.00
		Calculation of Limit (1)		
		Prior to Jan. 1 (Rate Period 1)	On or After Jan. 1 (Rate Period 2)	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	82.30	83.45	8.00
9.00	Rate for Program covered visits (see instructions)	82.30	83.45	9.00
CALCULATION OF SETTLEMENT				
10.00	Program covered visits excluding mental health services (from contractor records)	2,355	2,382	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	193,817	198,778	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)			15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	392,595	16.00
16.01	Total program charges (see instructions)(from contractor's records)		620,672	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		14,207	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		8,986	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		266,035	16.04
16.05	Total program cost (see instructions)	0	275,021	16.05
17.00	Primary payer amounts		49	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		51,065	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		111,080	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		274,972	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		25,844	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		300,816	22.00
23.00	Allowable bad debts (see instructions)		0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)		0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	25.50
25.99	Demonstration payment adjustment amount before sequestration		0	25.99
26.00	Net reimbursable amount (see instructions)		300,816	26.00
26.01	Sequestration adjustment (see instructions)		6,016	26.01
26.02	Demonstration payment adjustment amount after sequestration		0	26.02
27.00	Interim payments		266,385	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)		28,415	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2		0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet M-3 Date/Time Prepared: 6/12/2019 8:37 am	
		Component CCN:			
		Title XVIII	RHC II	Cost	
				1.00	
DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES					
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)			811,380	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)			32,223	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)			779,157	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			4,884	4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)			0	5.00
6.00	Total adjusted visits (line 4 plus line 5)			4,884	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			159.53	7.00
			Calculation of Limit (1)		
			Prior to Jan. 1 (Rate Period 1)	On or After Jan. 1 (Rate Period 2)	
			1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)		82.30	83.45	8.00
9.00	Rate for Program covered visits (see instructions)		82.30	83.45	9.00
CALCULATION OF SETTLEMENT					
10.00	Program covered visits excluding mental health services (from contractor records)		576	426	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)		47,405	35,550	11.00
12.00	Program covered visits for mental health services (from contractor records)		0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)		0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)		0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)				15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *		0	82,955	16.00
16.01	Total program charges (see instructions)(from contractor's records)			113,268	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)			6,302	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)			4,615	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)			51,449	16.04
16.05	Total program cost (see instructions)		0	56,064	16.05
17.00	Primary payer amounts			0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)			14,029	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)			18,587	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)			56,064	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)			8,593	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)			64,657	22.00
23.00	Allowable bad debts (see instructions)			0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)			0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)			0	25.50
25.99	Demonstration payment adjustment amount before sequestration			0	25.99
26.00	Net reimbursable amount (see instructions)			64,657	26.00
26.01	Sequestration adjustment (see instructions)			1,293	26.01
26.02	Demonstration payment adjustment amount after sequestration			0	26.02
27.00	Interim payments			54,044	27.00
28.00	Tentative settlement (for contractor use only)			0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)			9,320	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2			0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet M-3 Date/Time Prepared: 6/12/2019 8:37 am
		Component CCN:	RHC III	Cost
		Title XVIII		
				1.00
DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES				
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)			1,542,691 1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)			50,434 2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)			1,492,257 3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			3,990 4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)			0 5.00
6.00	Total adjusted visits (line 4 plus line 5)			3,990 6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			374.00 7.00
		Calculation of Limit (1)		
		Prior to Jan. 1 (Rate Period 1)	On or After Jan. 1 (Rate Period 2)	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	82.30	83.45	8.00
9.00	Rate for Program covered visits (see instructions)	82.30	83.45	9.00
CALCULATION OF SETTLEMENT				
10.00	Program covered visits excluding mental health services (from contractor records)	890	258	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	73,247	21,530	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)			15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	94,777	16.00
16.01	Total program charges (see instructions)(from contractor's records)		132,197	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		2,136	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		1,531	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		63,432	16.04
16.05	Total program cost (see instructions)	0	64,963	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		13,956	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		23,221	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		64,963	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		16,163	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		81,126	22.00
23.00	Allowable bad debts (see instructions)		0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)		0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	25.50
25.99	Demonstration payment adjustment amount before sequestration		0	25.99
26.00	Net reimbursable amount (see instructions)		81,126	26.00
26.01	Sequestration adjustment (see instructions)		1,623	26.01
26.02	Demonstration payment adjustment amount after sequestration		0	26.02
27.00	Interim payments		62,935	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)		16,568	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2		0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet M-3
		Component CCN:		Date/Time Prepared: 6/12/2019 8:37 am
		Title XVIII	RHC IV	Cost
				1.00
DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES				
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)			553,912 1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)			13,694 2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)			540,218 3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			3,125 4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)			0 5.00
6.00	Total adjusted visits (line 4 plus line 5)			3,125 6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			172.87 7.00
			Calculation of Limit (1)	
			Prior to Jan. 1 (Rate Period 1)	On or After Jan. 1 (Rate Period 2)
			1.00	2.00
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)		82.30	83.45 8.00
9.00	Rate for Program covered visits (see instructions)		82.30	83.45 9.00
CALCULATION OF SETTLEMENT				
10.00	Program covered visits excluding mental health services (from contractor records)		350	335 10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)		28,805	27,956 11.00
12.00	Program covered visits for mental health services (from contractor records)		0	0 12.00
13.00	Program covered cost from mental health services (line 9 x line 12)		0	0 13.00
14.00	Limit adjustment for mental health services (see instructions)		0	0 14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)			
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *		0	56,761 16.00
16.01	Total program charges (see instructions)(from contractor's records)			75,360 16.01
16.02	Total program preventive charges (see instructions)(from provider's records)			1,798 16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)			1,354 16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)			36,655 16.04
16.05	Total program cost (see instructions)		0	38,009 16.05
17.00	Primary payer amounts			0 17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)			9,588 18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)			12,795 19.00
20.00	Net Medicare cost excluding vaccines (see instructions)			38,009 20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)			3,784 21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)			41,793 22.00
23.00	Allowable bad debts (see instructions)			0 23.00
23.01	Adjusted reimbursable bad debts (see instructions)			0 23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 25.50
25.99	Demonstration payment adjustment amount before sequestration			0 25.99
26.00	Net reimbursable amount (see instructions)			41,793 26.00
26.01	Sequestration adjustment (see instructions)			836 26.01
26.02	Demonstration payment adjustment amount after sequestration			0 26.02
27.00	Interim payments			36,783 27.00
28.00	Tentative settlement (for contractor use only)			0 28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)			4,174 29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2			0 30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HOSPITAL-BASED RHC/FQHC SERVICES		Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet M-3	
		Component CCN:		Date/Time Prepared: 6/12/2019 8:37 am	
		Title XVIII	RHC V	Cost	
				1.00	
DETERMINATION OF RATE FOR HOSPITAL-BASED RHC/FQHC SERVICES					
1.00	Total Allowable Cost of hospital-based RHC/FQHC Services (from Wkst. M-2, line 20)			64,459	1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)			2,004	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)			62,455	3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)			420	4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)			0	5.00
6.00	Total adjusted visits (line 4 plus line 5)			420	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)			148.70	7.00
			Calculation of Limit (1)		
			Prior to Jan. 1 (Rate Period 1)	On or After Jan. 1 (Rate Period 2)	
			1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)		82.30	83.45	8.00
9.00	Rate for Program covered visits (see instructions)		82.30	83.45	9.00
CALCULATION OF SETTLEMENT					
10.00	Program covered visits excluding mental health services (from contractor records)		0	80	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)		0	6,676	11.00
12.00	Program covered visits for mental health services (from contractor records)		0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)		0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)		0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)				15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *		0	6,676	16.00
16.01	Total program charges (see instructions)(from contractor's records)			0	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)			0	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)			0	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)			5,341	16.04
16.05	Total program cost (see instructions)		0	5,341	16.05
17.00	Primary payer amounts			0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)			0	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)			0	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)			5,341	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)			1,002	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)			6,343	22.00
23.00	Allowable bad debts (see instructions)			0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)			0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)			0	25.50
25.99	Demonstration payment adjustment amount before sequestration			0	25.99
26.00	Net reimbursable amount (see instructions)			6,343	26.00
26.01	Sequestration adjustment (see instructions)			127	26.01
26.02	Demonstration payment adjustment amount after sequestration			0	26.02
27.00	Interim payments			6,214	27.00
28.00	Tentative settlement (for contractor use only)			0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)			2	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, §115.2			0	30.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet M-4	
		Component CCN:	Date/Time Prepared: 6/12/2019 8:37 am		
		Title XVIII	RHC I	Cost	
			Pneumococcal	Influenza	
			1.00	2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)		2,955,339	2,955,339	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time		0.000865	0.003507	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)		2,556	10,364	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)		22,604	14,374	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)		25,160	24,738	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)		3,091,721	3,091,721	6.00
7.00	Total overhead (from Wkst. M-2, line 19)		1,816,057	1,816,057	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)		0.008138	0.008001	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)		14,779	14,530	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)		39,939	39,268	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)		178	722	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)		224.38	54.39	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries		73	174	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)		16,380	9,464	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 10) (transfer this amount to Wkst. M-3, line 2)			79,207	15.00
16.00	Total Program cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 14) (transfer this amount to Wkst. M-3, line 21)			25,844	16.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN:	Period:	Worksheet M-4	
		Component CCN:	From 07/01/2017 To 06/30/2018	Date/Time Prepared: 6/12/2019 8:37 am	
		Title XVIII	RHC II	Cost	
			Pneumococcal	Influenza	
			1.00	2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)		406,448	406,448	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time		0.001764	0.005962	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)		717	2,423	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)		10,341	5,866	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)		11,058	8,289	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)		487,159	487,159	6.00
7.00	Total overhead (from Wkst. M-2, line 19)		324,221	324,221	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)		0.022699	0.017015	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)		7,359	5,517	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)		18,417	13,806	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)		74	250	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)		248.88	55.22	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries		17	79	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)		4,231	4,362	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 10) (transfer this amount to Wkst. M-3, line 2)			32,223	15.00
16.00	Total Program cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 14) (transfer this amount to Wkst. M-3, line 21)			8,593	16.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN:	Period:	Worksheet M-4	
		Component CCN:	From 07/01/2017 To 06/30/2018	Date/Time Prepared: 6/12/2019 8:37 am	
		Title XVIII	RHC III	Cost	
			Pneumococcal	Influenza	
			1.00	2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)		742,140	742,140	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time		0.001157	0.008701	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)		859	6,457	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)		8,618	10,500	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)		9,477	16,957	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)		808,580	808,580	6.00
7.00	Total overhead (from Wkst. M-2, line 19)		734,111	734,111	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)		0.011721	0.020971	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)		8,605	15,395	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)		18,082	32,352	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)		62	466	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)		291.65	69.42	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries		24	132	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)		7,000	9,163	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 10) (transfer this amount to Wkst. M-3, line 2)			50,434	15.00
16.00	Total Program cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 14) (transfer this amount to Wkst. M-3, line 21)			16,163	16.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet M-4	
		Component CCN:	Date/Time Prepared: 6/12/2019 8:37 am		
		Title XVIII	RHC IV	Cost	
			Pneumococcal	Influenza	
			1.00	2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)		283,911	283,911	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time		0.000680	0.005110	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)		193	1,451	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)		2,656	3,442	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)		2,849	4,893	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)		313,154	313,154	6.00
7.00	Total overhead (from Wkst. M-2, line 19)		240,758	240,758	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)		0.009098	0.015625	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)		2,190	3,762	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)		5,039	8,655	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)		19	143	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)		265.21	60.52	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries		4	45	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)		1,061	2,723	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 10) (transfer this amount to Wkst. M-3, line 2)			13,694	15.00
16.00	Total Program cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 14) (transfer this amount to Wkst. M-3, line 21)			3,784	16.00

COMPUTATION OF HOSPITAL-BASED RHC/FQHC PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN:	Period:	Worksheet M-4	
		Component CCN:	From 07/01/2017 To 06/30/2018	Date/Time Prepared: 6/12/2019 8:37 am	
		Title XVIII	RHC V	Cost	
			Pneumococcal	Influenza	
			1.00	2.00	
1.00	Health care staff cost (from Wkst. M-1, col. 7, line 10)		29,459	29,459	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time		0.002423	0.000000	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)		71	0	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)		1,072	0	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)		1,143	0	5.00
6.00	Total direct cost of the hospital-based RHC/FQHC (from Worksheet M-1, col. 7, line 22)		36,760	36,760	6.00
7.00	Total overhead (from Wkst. M-2, line 19)		27,699	27,699	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)		0.031094	0.000000	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)		861	0	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)		2,004	0	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)		8	0	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)		250.50	0.00	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries		4	0	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)		1,002	0	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 10) (transfer this amount to Wkst. M-3, line 2)			2,004	15.00
16.00	Total Program cost of pneumococcal and influenza vaccine and its (their) administration (sum of cols. 1 and 2, line 14) (transfer this amount to Wkst. M-3, line 21)			1,002	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: Component CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet M-5 Date/Time Prepared: 6/12/2019 8:37 am
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		RHC I	Cost	
		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		266,385	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	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00
Program to Provider				
3.01			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		266,385	4.00
TO BE COMPLETED BY CONTRACTOR				
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			5.00
Program to Provider				
5.01			0	5.01
5.02			0	5.02
5.03			0	5.03
Provider to Program				
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		28,415	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		294,800	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 HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet M-5
		Component CCN:	RHC II	Date/Time Prepared: 6/12/2019 8:37 am
				Cost
				Part B
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		54,044	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	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00
Program to Provider				
3.01			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		54,044	4.00
TO BE COMPLETED BY CONTRACTOR				
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			5.00
Program to Provider				
5.01			0	5.01
5.02			0	5.02
5.03			0	5.03
Provider to Program				
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		9,320	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		63,364	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 HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet M-5
		Component CCN:	RHC III	Date/Time Prepared: 6/12/2019 8:37 am
		Cost		
		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		62,935	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	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00
Program to Provider				
3.01			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		62,935	4.00
TO BE COMPLETED BY CONTRACTOR				
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			5.00
Program to Provider				
5.01			0	5.01
5.02			0	5.02
5.03			0	5.03
Provider to Program				
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		16,568	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		79,503	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 HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet M-5
		Component CCN:	RHC IV	Date/Time Prepared: 6/12/2019 8:37 am
				Cost
				Part B
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		36,783	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	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00
Program to Provider				
3.01			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		36,783	4.00
TO BE COMPLETED BY CONTRACTOR				
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			5.00
Program to Provider				
5.01			0	5.01
5.02			0	5.02
5.03			0	5.03
Provider to Program				
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		4,174	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		40,957	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 HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN:	Period: From 07/01/2017 To 06/30/2018	Worksheet M-5
		Component CCN:	RHC V	Date/Time Prepared: 6/12/2019 8:37 am
		Cost		
		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to hospital-based RHC/FQHC		6,214	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	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00
Program to Provider				
3.01			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		6,214	4.00
TO BE COMPLETED BY CONTRACTOR				
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			5.00
Program to Provider				
5.01			0	5.01
5.02			0	5.02
5.03			0	5.03
Provider to Program				
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		2	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		6,216	7.00
			Contractor Number	NPR Date (Mo/Day/Yr)
		0	1.00	2.00
8.00	Name of Contractor			8.00