

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: 14-0018	Period: From 07/01/2017 To 06/30/2018	Worksheet S Parts I-III Date/Time Prepared: 11/29/2018 10:33 am
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 11/29/2018 Time: 10:33 am
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

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

PART II - CERTIFICATION

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)
 I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MOUNT SINAI HOSPITAL MEDICAL CENTER (14-0018) 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	-683,256	-187,323	0	0	1.00
2.00 Subprovider - IPF	0	3,866	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00 CMHC I	0		0		0	12.00
200.00 Total	0	-679,390	-187,323	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: 14-0018			Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/27/2018 1:18 pm				
1.00 Hospital and Hospital Health Care Complex Address:		2.00		3.00		4.00					
1.00	Street: 15TH STREET & CALIFORNIA AVE	PO Box:								1.00	
2.00	City: CHICAGO	State: IL		Zip Code: 60608-		County: COOK				2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
1.00		2.00		3.00	4.00	5.00	6.00	7.00	8.00		
3.00 Hospital and Hospital-Based Component Identification:											
3.00	Hospital	MOUNT SINAI HOSPITAL MEDICAL CENTER		140018	16974	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF	MOUNT SINAI HOSPITAL MEDICAL CENTER		14S018	16974	4	07/01/1984	N	P	0	4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
18.00	Renal Dialysis	MOUNT SINAI HOSPITAL MEDICAL CENTER		142302	16974		01/01/2004				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	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						1	N		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			8,394	4,001	2	14	19,845	932	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 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.			0	0	0	0	0	0	25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0018	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/27/2018 1:18 pm		
		Urban/Rural	St	Date of Geogra		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	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) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	Y	N			40.00
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	Y		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 Worksheet 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
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	Y				60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1		60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.04	1		60.02
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0018

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

Worksheet S-2
Part I
Date/Time Prepared:
11/27/2018 1:18 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0018	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/27/2018 1:18 pm		
			1.00			
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N	80.00		
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N	81.00		
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N	85.00		
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00		
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N	87.00		
			V 1.00	XIX 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. 1? 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)	N		106.00		
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.	N		107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00		
			Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
			1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N			110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0018	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/27/2018 1:18 pm		
		1.00	2.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00
		1.00	2.00			
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	0				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	0	0			118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y				140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0018	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/27/2018 1:18 pm
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		1.00	2.00	3.00				
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name:	Contractor's Name:		Contractor's Number:			141.00	
142.00	Street:	PO Box:					142.00	
143.00	City:	State:		Zip Code:			143.00	
							1.00	
144.00	Are provider based physicians' costs included in Worksheet A?						Y	144.00
							1.00	
							2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			N	Y		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	
161.10	CORF		N	N	N		161.10	
							1.00	
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	169.00
		Beginning		Ending				
		1.00		2.00				
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00
							1.00	
							2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)			N			0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0018		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part II Date/Time Prepared: 11/27/2018 1:18 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y					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	10/31/2018	Y	10/31/2018		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0018	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/27/2018 1:18 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		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.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	NASIM		CORY	41.00
42.00	Enter the employer/company name of the cost report preparer	MOUNT SINAI HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	773-257-6206		NASIM.CORY@SINAI.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0018

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

Worksheet S-2
Part II
Date/Time Prepared:
11/27/2018 1:18 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0018

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

Worksheet S-3
Part I
Date/Time Prepared:
11/27/2018 1:18 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	182	66,430	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)		182	66,430	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	17	6,205	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	25	9,125	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	12	4,380	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		236	86,140	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	28	10,220		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0		0	21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		264				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: 14-0018

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

Worksheet S-3
Part I
Date/Time Prepared:
11/27/2018 1:18 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	3,202	4,549	32,485			1.00
2.00 HMO and other (see instructions)	3,969	20,777				2.00
3.00 HMO IPF Subprovider	85	4,866				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	3,202	4,549	32,485			7.00
8.00 INTENSIVE CARE UNIT	752	901	4,137			8.00
8.01 NEONATAL INTENSIVE CARE UNIT	0	3,638	5,489			8.01
9.00 CORONARY CARE UNIT	2,905	481	3,763			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		2,560	3,554			13.00
14.00 Total (see instructions)	6,859	12,129	49,428	116.39	1,537.51	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	833	835	7,782	0.00	38.49	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY	0	0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE	0	0	0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				116.39	1,576.00	27.00
28.00 Observation Bed Days		418	7,041			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	282	1,882			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: 14-0018

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

Worksheet S-3
Part I
Date/Time Prepared:
11/27/2018 1:18 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,321	2,426	11,488	1.00
2.00	HMO and other (see instructions)			732	5,135		2.00
3.00	HMO IPF Subprovider				896		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
8.01	NEONATAL INTENSIVE CARE UNIT						8.01
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	1,321	2,426	11,488	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	132	158	1,393	16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER	0.00	0		0	0	18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE	0.00				0	21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC	0.00					25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0018

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

Worksheet S-3
Part II
Date/Time Prepared:
11/27/2018 1:18 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	104,754,996	11,425,130	116,180,126	3,496,945.00	33.22
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		3,993,862	0	3,993,862	25,764.00	155.02
4.01	Physicians - Part A - Teaching		2,706,806	0	2,706,806	20,932.00	129.31
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FOHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	7,043,430	0	7,043,430	258,598.00	27.24
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		3,013,214	736,309	3,749,523	105,209.00	35.64
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		781,605	0	781,605	14,495.00	53.92
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		0	0	0	0.00	0.00
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		0	0	0	0.00	0.00
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)		16,148,698	0	16,148,698		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		497,003	0	497,003		
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		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		1,161,751	0	1,161,751		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - 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	48,651	1,409,873	1,458,524	38,723.00	37.67
27.00	Administrative & General	5.00	10,360,934	8,896,230	19,257,164	505,298.00	38.11
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0018

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

Worksheet S-3
Part II
Date/Time Prepared:
11/27/2018 1:18 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,917,952	0	1,917,952	49,686.00	38.60	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	2,388,158	0	2,388,158	179,021.00	13.34	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,012,725	-866,995	1,145,730	90,480.00	12.66	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	866,995	866,995	68,468.00	12.66	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,581,843	0	3,581,843	79,728.00	44.93	38.00
39.00	Central Services and Supply	14.00	441,749	0	441,749	28,065.00	15.74	39.00
40.00	Pharmacy	15.00	4,205,063	-148,872	4,056,191	97,835.00	41.46	40.00
41.00	Medical Records & Medical Records Library	16.00	927,707	0	927,707	34,164.00	27.15	41.00
42.00	Social Service	17.00	553,584	0	553,584	20,036.00	27.63	42.00
43.00	Other General Service	18.00	81,332	211,017	292,349	14,638.00	19.97	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0018

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

Worksheet S-3
Part III
Date/Time Prepared:
11/27/2018 1:18 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	95,004,760	11,425,130	106,429,890	3,217,415.00	33.08	1.00
2.00	Excluded area salaries (see instructions)	3,013,214	736,309	3,749,523	105,209.00	35.64	2.00
3.00	Subtotal salaries (line 1 minus line 2)	91,991,546	10,688,821	102,680,367	3,112,206.00	32.99	3.00
4.00	Subtotal other wages & related costs (see inst.)	781,605	0	781,605	14,495.00	53.92	4.00
5.00	Subtotal wage-related costs (see inst.)	16,148,698	0	16,148,698	0.00	15.73	5.00
6.00	Total (sum of lines 3 thru 5)	108,921,849	10,688,821	119,610,670	3,126,701.00	38.25	6.00
7.00	Total overhead cost (see instructions)	26,519,698	10,368,248	36,887,946	1,206,142.00	30.58	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0018

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

Worksheet S-3
Part IV
Date/Time Prepared:
11/27/2018 1:18 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	765,639	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	3,430,087	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	2,471,646	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	2,087,987	9.00
10.00	Dental, Hearing and Vision Plan	77,516	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	67,975	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)	181,635	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	647,139	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	7,403,831	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	595,917	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	75,079	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	17,804,451	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: 14-0018	Period: From 07/01/2017 To 06/30/2018	Worksheet S-3 Part V Date/Time Prepared: 11/27/2018 1:18 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	781,605	17,804,451	1.00
2.00	Hospital	781,605	17,804,451	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0018

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

Worksheet S-5
Date/Time Prepared:
11/27/2018 1:18 pm

		Outpatient		Training		Home					
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD				
		1.00	2.00	3.00	4.00	5.00	6.00				
1.00	Number of patients in program at end of cost reporting period	85	0	0	0	0	0	0	1.00		
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00		
3.00	Average patient dialysis time including setup	3.50	0.00	0.00	0.00	0.00			3.00		
4.00	CAPD exchanges per day				0.00			0.00	4.00		
5.00	Number of days in year dialysis furnished	312	0						5.00		
6.00	Number of stations	11	0	0		0			6.00		
7.00	Treatment capacity per day per station	4	0						7.00		
8.00	Utilization (see instructions)	0.00	0.00						8.00		
9.00	Average times dialyzers re-used	0.00	0.00						9.00		
10.00	Percentage of patients re-using dialyzers	0.00	0.00						10.00		
								Y/N			
								1.00			
ESRD PPS											
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)								N	10.01	
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)								Y	10.02	
						Prior to 1/1	After 12/31				
						1.00	2.00				
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03		
TRANSPLANT INFORMATION											
11.00	Number of patients on transplant list						0		11.00		
12.00	Number of patients transplanted during the cost reporting period						0		12.00		
EPOETIN											
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00		
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00		
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00		
16.00	Number of EPO units furnished relating to the home dialysis department								16.00		
ARANESP											
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00		
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00		
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00		
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00		
						MCP	INITIAL METHOD				
						1.00	2.00				
PHYSICIAN PAYMENT METHOD											
21.00	Enter "X" if method(s) is applicable									X	21.00
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.					
		1.00	2.00	3.00	4.00	5.00					
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)						0	0	0	0	22.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA		Provider CCN: 14-0018	Period: From 07/01/2017 To 06/30/2018	Worksheet S-5 Date/Time Prepared: 11/27/2018 1:18 pm
		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)		0	23.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0018	Period: From 07/01/2017 To 06/30/2018	Worksheet S-10 Date/Time Prepared: 11/27/2018 1:18 pm	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.206292	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			116,855,407	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			128,317,825	6.00
7.00	Medicaid cost (line 1 times line 6)			26,470,941	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			0	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP			0	9.00
10.00	Stand-alone CHIP charges			0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			0	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)	92,453,614	0	92,453,614	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	19,072,441	0	19,072,441	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)	19,072,441	0	19,072,441	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)			15,075,584	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			330,970	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			509,185	27.01
28.00	Non-Medicare bad debt expense (see instructions)			14,566,399	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			3,183,147	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			22,255,588	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			22,255,588	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0018		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		4,750,563	4,750,563	752,805	5,503,368	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		4,514,947	4,514,947	4,687,298	9,202,245	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	48,651	19,557,792	19,606,443	-56,057	19,550,386	4.00
5.01	00540	NONPATIENT TELEPHONES	285,769	1,230,874	1,516,643	-184,112	1,332,531	5.01
5.02	00550	DATA PROCESSING	0	13,496,846	13,496,846	-3,117,099	10,379,747	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	517,449	517,449	0	517,449	5.03
5.04	00570	ADMINITTING	3,140,058	118,727	3,258,785	-459,090	2,799,695	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	66,545	2,243,943	2,310,488	0	2,310,488	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	6,868,562	44,151,554	51,020,116	3,060,449	54,080,565	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	2,701,585	2,701,585	0	2,701,585	6.00
7.00	00700	OPERATION OF PLANT	1,917,952	9,518,962	11,436,914	-8,563	11,428,351	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	931,293	931,293	0	931,293	8.00
9.00	00900	HOUSEKEEPING	2,388,158	1,973,795	4,361,953	0	4,361,953	9.00
10.00	01000	DIETARY	2,012,725	2,953,180	4,965,905	-3,006,896	1,959,009	10.00
11.00	01100	CAFETERIA	0	0	0	3,006,896	3,006,896	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,581,843	397,320	3,979,163	0	3,979,163	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	441,749	110,261	552,010	-81,675	470,335	14.00
15.00	01500	PHARMACY	4,205,063	10,130,519	14,335,582	-8,276,026	6,059,556	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	927,707	764,970	1,692,677	0	1,692,677	16.00
17.00	01700	SOCIAL SERVICE	553,584	159,730	713,314	0	713,314	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	81,332	3,048,794	3,130,126	211,017	3,341,143	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	7,043,430	0	7,043,430	0	7,043,430	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	899,930	899,930	2,706,806	3,606,736	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	186,914	24,373	211,287	157,819	369,106	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	1,706,361	1,706,361	0	1,706,361	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,966,706	6,082,149	24,048,855	-2,588,252	21,460,603	30.00
31.00	03100	INTENSIVE CARE UNIT	2,856,582	424,660	3,281,242	-249,586	3,031,656	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	3,420,267	220,065	3,640,332	-141,705	3,498,627	31.01
32.00	03200	CORONARY CARE UNIT	2,795,037	551,817	3,346,854	-450,166	2,896,688	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	2,826,300	198,724	3,025,024	0	3,025,024	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	947,059	22	947,081	-13	947,068	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,199,478	10,377,362	18,576,840	-7,840,144	10,736,696	50.00
51.00	05100	RECOVERY ROOM	1,365,498	93,839	1,459,337	-40,667	1,418,670	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,943,340	668,218	4,611,558	-329,623	4,281,935	52.00
53.00	05300	ANESTHESIOLOGY	543,307	4,213,199	4,756,506	-483,405	4,273,101	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,835,487	2,348,286	7,183,773	-663,458	6,520,315	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	486,467	357,395	843,862	0	843,862	55.00
56.00	05600	RADIOISOTOPE	246,247	351,235	597,482	-5,442	592,040	56.00
57.00	05700	CT SCAN	768,387	370,199	1,138,586	0	1,138,586	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	285,002	123,213	408,215	-25,656	382,559	58.00
59.00	05900	CARDIAC CATHETERIZATION	602,355	1,299,148	1,901,503	-1,063,229	838,274	59.00
60.00	06000	LABORATORY	4,963,126	6,536,747	11,499,873	-409,040	11,090,833	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	631,379	1,223,408	1,854,787	0	1,854,787	62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,022,105	776,040	2,798,145	-589,577	2,208,568	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	198,113	198,113	65.01
66.00	06600	PHYSICAL THERAPY	349,517	16,253	365,770	0	365,770	66.00
67.00	06700	OCCUPATIONAL THERAPY	320,342	2,576	322,918	0	322,918	67.00
68.00	06800	SPEECH PATHOLOGY	144,580	4,945	149,525	0	149,525	68.00
69.00	06900	ELECTROCARDIOLOGY	993,782	1,647,718	2,641,500	-1,695,017	946,483	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	313,315	24,583	337,898	-4,997	332,901	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	6,671,729	6,671,729	71.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0018

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

Worksheet A
Date/Time Prepared:
11/27/2018 1:18 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,693,132	6,693,132	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	13,180,420	13,180,420	73.00
74.00	07400	RENAL DIALYSIS	1,442,167	1,037,963	2,480,130	55,854	2,535,984	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	1,072,630	4,912,407	5,985,037	-4,585,551	1,399,486	90.01
90.02	04951	MSH SPECIALTY CLINIC	384,102	44,972	429,074	0	429,074	90.02
90.03	04952	UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	116,331	487,196	603,527	-473,919	129,608	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	127,862	24,102	151,964	0	151,964	90.06
91.00	09100	EMERGENCY	6,036,197	4,346,522	10,382,719	-605,752	9,776,967	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	PANCREAS ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	3,936,662	3,936,662	-3,936,662	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	104,754,996	178,605,393	283,360,389	10,959	283,371,348	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	2,665,941	2,665,941	0	2,665,941	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	814,681	814,681	-10,959	803,722	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		TOTAL (SUM OF LINES 118 through 199)	104,754,996	182,086,015	286,841,011	0	286,841,011	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0018

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

Worksheet A
Date/Time Prepared:
11/27/2018 1:18 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-56,066	5,447,302	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-123,232	9,079,013	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-702,259	18,848,127	4.00
5.01	00540	NONPATIENT TELEPHONES	-190,470	1,142,061	5.01
5.02	00550	DATA PROCESSING	0	10,379,747	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	517,449	5.03
5.04	00570	ADMINITTING	0	2,799,695	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-516	2,309,972	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-7,419,004	46,661,561	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	2,701,585	6.00
7.00	00700	OPERATION OF PLANT	-1,896,769	9,531,582	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	931,293	8.00
9.00	00900	HOUSEKEEPING	0	4,361,953	9.00
10.00	01000	DIETARY	0	1,959,009	10.00
11.00	01100	CAFETERIA	-1,659,665	1,347,231	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-6,359	3,972,804	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	470,335	14.00
15.00	01500	PHARMACY	-2,391,381	3,668,175	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-2,425	1,690,252	16.00
17.00	01700	SOCIAL SERVICE	0	713,314	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	0	3,341,143	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-1,750,790	5,292,640	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	3,606,736	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
23.01	02301	PASTORAL EDUCATION	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	369,106	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	-1,706,361	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-718,898	20,741,705	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,031,656	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	3,498,627	31.01
32.00	03200	CORONARY CARE UNIT	0	2,896,688	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	-94,355	2,930,669	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	947,068	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-669,955	10,066,741	50.00
51.00	05100	RECOVERY ROOM	0	1,418,670	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,281,935	52.00
53.00	05300	ANESTHESIOLOGY	-1,208,489	3,064,612	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-279,048	6,241,267	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	843,862	55.00
56.00	05600	RADIOISOTOPE	-67	591,973	56.00
57.00	05700	CT SCAN	-111	1,138,475	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	382,559	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	838,274	59.00
60.00	06000	LABORATORY	-1,969,835	9,120,998	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	-28,644	1,826,143	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-35,789	2,172,779	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	198,113	65.01
66.00	06600	PHYSICAL THERAPY	0	365,770	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	322,918	67.00
68.00	06800	SPEECH PATHOLOGY	0	149,525	68.00
69.00	06900	ELECTROCARDIOLOGY	-40,392	906,091	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	332,901	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-918,528	5,753,201	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	-921,472	5,771,660	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-6,810,165	6,370,255	73.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0018

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

Worksheet A
Date/Time Prepared:
11/27/2018 1:18 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
74.00	07400	RENAL DIALYSIS	-62,350	2,473,634	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	1,399,486	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	429,074	90.02
90.03	04952	UNDER THE RAINBOW	0	0	90.03
90.04	09002	SPASTICITY CLINIC	0	129,608	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	151,964	90.06
91.00	09100	EMERGENCY	-148,511	9,628,456	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-31,811,906	251,559,442	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	-2,224,495	441,446	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	192.01
192.02	19202	DAY PSYCH	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	192.03
192.04	19204	DEVELOPMENT	0	803,722	192.04
192.05	19205	DENTISTRY	0	0	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-34,036,401	252,804,610	200.00

RECLASSIFICATIONS

Provider CCN: 14-0018

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

Worksheet A-6

Date/Time Prepared:
11/27/2018 1:18 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
B - PHYSICIAN TEACHING RECLASS						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	2,706,806	0	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
0			2,706,806	0		
C - THORACIC MED SALRARY RECLASS						
1.00	PULMONARY FUNCTION TESTING	65.01	198,113	0	1.00	
0			198,113	0		
D - INTEREST EXPENSE RECLASS						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	626,706	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3,309,956	2.00	
0			0	3,936,662		
E - MEDICAL SUPPLY & IMPL DEVICES RECLASS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	6,671,729	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
16.00		0.00	0	0	16.00	
17.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,693,132	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
0			0	13,364,861		
F - PHARMACY RECLASS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	13,180,420	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
0			0	13,180,420		
G - EQUIPMENT RENTAL RECLASS						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,256,580	1.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
0			0	1,256,580		

RECLASSIFICATIONS

Provider CCN: 14-0018

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 - ER REGISTRATION RECLASS						
1.00	EMERGENCY	91.00	248,073	0	1.00	
	0		248,073	0		
I - INSURANCE RECLASS						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	128,842	1.00	
2.00	0	0.00	0	0	2.00	
	0		0	128,842		
J - O/P REGISTRATION RECLASS						
1.00	OUTPATIENT ACCOUNTING	18.01	211,017	0	1.00	
	0		211,017	0		
K - NURSING CONTINUITY RECLASS						
1.00	0	0.00	0	0	1.00	
3.00	INTENSIVE CARE UNIT	31.00	10,000	0	3.00	
4.00	NEONATAL INTENSIVE CARE UNIT	31.01	12,500	0	4.00	
6.00	OPERATING ROOM	50.00	30,000	0	6.00	
7.00	RECOVERY ROOM	51.00	10,000	0	7.00	
12.00	EMERGENCY	91.00	10,000	0	12.00	
	0		72,500	0		
M - DIETARY / CAFETERIA RECLASS						
1.00	CAFETERIA	11.00	866,995	0	1.00	
2.00	CAFETERIA	11.00	0	2,139,901	2.00	
	0		866,995	2,139,901		
N - PHARMACY RESIDENCY RECLASS						
1.00	PHARMACY RESIDENCY PROGRAM	23.02	148,872	0	1.00	
2.00	PHARMACY RESIDENCY PROGRAM	23.02	0	6,204	2.00	
3.00	PHARMACY RESIDENCY PROGRAM	23.02	0	2,743	3.00	
	0		148,872	8,947		
O - RECLASS SINAI HLTH SYS EXPENSES						
1.00	DATA PROCESSING	5.02	5,436,781	0	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	3,524,492	0	2.00	
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,409,873	16,443	3.00	
4.00	NONPATIENT TELEPHONES	5.01	213,144	0	4.00	
5.00	PURCHASING RECEIVING AND STORES	5.03	180,903	0	5.00	
6.00	DEVELOPMENT	192.04	587,437	0	6.00	
8.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,422,155	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
	0		11,352,630	3,438,598		
R - COMMONWEALTH EDISON METER RENTAL RCL						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	8,563	1.00	
	0		0	8,563		
S - RENAL DIALYSIS PHYSICIAN RCL						
1.00	RENAL DIALYSIS	74.00	59,753	0	1.00	
	0		59,753	0		
T - CAPITAL LEASE RECLASS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	5,763	1.00	
5.00		0.00	0	0	5.00	
9.00		0.00	0	0	9.00	
	0		0	5,763		
500.00	Grand Total: Increases		15,864,759	37,469,137	500.00	

RECLASSIFICATIONS

Provider CCN: 14-0018

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

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 - PHYSICIAN TEACHING RECLASS						
1.00	0.00	0	0	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	1,710,097	0	0	2.00
3.00	OPERATING ROOM	50.00	697,436	0	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	52,965	0	0	4.00
5.00	ANESTHESIOLOGY	53.00	128,436	0	0	5.00
6.00	LABORATORY	60.00	57,583	0	0	6.00
7.00	ELECTROCARDIOLOGY	69.00	8,119	0	0	7.00
8.00	EMERGENCY	91.00	52,170	0	0	8.00
			2,706,806	0		
C - THORACIC MED SALARY RECLASS						
1.00	RESPIRATORY THERAPY	65.00	198,113	0	0	1.00
			198,113	0		
D - INTEREST EXPENSE RECLASS						
1.00	0.00	0	0	11		1.00
2.00	INTEREST EXPENSE	113.00	0	3,936,662	0	2.00
			0	3,936,662		
E - MEDICAL SUPPLY & IMPL DEVICES RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	0	758,427	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	235,400	0	2.00
3.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	153,884	0	3.00
4.00	CORONARY CARE UNIT	32.00	0	388,401	0	4.00
5.00	NURSERY	43.00	0	13	0	5.00
6.00	OPERATING ROOM	50.00	0	2,906,726	0	6.00
7.00	RECOVERY ROOM	51.00	0	50,446	0	7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	261,153	0	8.00
9.00	ANESTHESIOLOGY	53.00	0	331,267	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	391,327	0	10.00
11.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	25,656	0	11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	194,581	0	12.00
13.00	RESPIRATORY THERAPY	65.00	0	137,810	0	13.00
14.00	ELECTROCARDIOLOGY	69.00	0	39,342	0	14.00
16.00	EMERGENCY	91.00	0	797,296	0	16.00
17.00	0.00	0	0	0	0	17.00
18.00	ADULTS & PEDIATRICS	30.00	0	1,447	0	18.00
19.00	INTENSIVE CARE UNIT	31.00	0	15,401	0	19.00
20.00	CORONARY CARE UNIT	32.00	0	2,943	0	20.00
21.00	OPERATING ROOM	50.00	0	3,998,416	0	21.00
22.00	RECOVERY ROOM	51.00	0	221	0	22.00
23.00	DELIVERY ROOM & LABOR ROOM	52.00	0	68,470	0	23.00
24.00	ANESTHESIOLOGY	53.00	0	23,702	0	24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	0	217,366	0	25.00
26.00	CARDIAC CATHETERIZATION	59.00	0	868,648	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0	1,485,998	0	27.00
28.00	EMERGENCY	91.00	0	10,520	0	28.00
			0	13,364,861		
F - PHARMACY RECLASS						
1.00	0.00	0	0	0		1.00
2.00	OUTPATIENT CHEMOTHERAPY	90.01	0	4,585,551	0	2.00
3.00	PHARMACY	15.00	0	8,120,950	0	3.00
4.00	SPASTICITY CLINIC	90.04	0	473,919	0	4.00
			0	13,180,420		
G - EQUIPMENT RENTAL RECLASS						
1.00	0.00	0	0	0	14	1.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	81,675	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	58,528	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	8,785	0	5.00
6.00	CORONARY CARE UNIT	32.00	0	58,822	0	6.00
7.00	OPERATING ROOM	50.00	0	267,566	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,800	0	8.00
9.00	LABORATORY	60.00	0	351,457	0	9.00
10.00	RESPIRATORY THERAPY	65.00	0	253,654	0	10.00
11.00	ELECTROCARDIOLOGY	69.00	0	161,558	0	11.00
12.00	ELECTROENCEPHALOGRAPHY	70.00	0	4,997	0	12.00
13.00	RENAL DIALYSIS	74.00	0	3,899	0	13.00
14.00	EMERGENCY	91.00	0	3,839	0	14.00
			0	1,256,580		
H - ER REGISTRATION RECLASS						
1.00	ADMITTING	5.04	248,073	0	0	1.00
			248,073	0		

RECLASSIFICATIONS

Provider CCN: 14-0018

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

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		
I - INSURANCE RECLASS							
1.00		0.00	0	0	12		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	128,842	0		2.00
	0		0	128,842			
J - O/P REGISTRATION RECLASS							
1.00	ADMINISTRATIVE	5.04	211,017	0	0		1.00
	0		211,017	0			
K - NURSING CONTINUITY RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	72,500	0		1.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
12.00		0.00	0	0	0		12.00
	0		0	72,500			
M - DIETARY / CAFETERIA RECLASS							
1.00	DIETARY	10.00	866,995	0	0		1.00
2.00	DIETARY	10.00	0	2,139,901	0		2.00
	0		866,995	2,139,901			
N - PHARMACY RESIDENCY RECLASS							
1.00	PHARMACY	15.00	148,872	0	0		1.00
2.00	PHARMACY	15.00	0	6,204	0		2.00
3.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,743	9		3.00
	0		148,872	8,947			
O - RECLASS SINAI HLTH SYS EXPENSES							
1.00	DATA PROCESSING	5.02	0	5,436,781	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3,524,492	0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,409,873	0		3.00
4.00	NONPATIENT TELEPHONES	5.01	0	213,144	0		4.00
5.00	PURCHASING RECEIVING AND STORES	5.03	0	180,903	0		5.00
6.00	DEVELOPMENT	192.04	0	587,437	0		6.00
8.00		0.00	0	0	9		8.00
9.00	NONPATIENT TELEPHONES	5.01	0	184,112	0		9.00
10.00	DATA PROCESSING	5.02	0	3,117,099	0		10.00
11.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	16,443	0		11.00
14.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	109,985	0		14.00
15.00	DEVELOPMENT	192.04	0	10,959	0		15.00
	0		0	14,791,228			
R - COMMONWEALTH EDISON METER RENTAL RCL							
1.00	OPERATION OF PLANT	7.00	0	8,563	14		1.00
	0		0	8,563			
S - RENAL DIALYSIS PHYSICIAN RCL							
1.00	ADULTS & PEDIATRICS	30.00	59,753	0	0		1.00
	0		59,753	0			
T - CAPITAL LEASE RECLASS							
1.00		0.00	0	0	0		1.00
5.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	321	0		5.00
9.00	RADIOISOTOPE	56.00	0	5,442	0		9.00
	0		0	5,763			
500.00	Grand Total: Decreases		4,439,629	48,894,267			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0018

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	3,484,545	0	0	0	1.00
2.00	Land Improvements	913,346	0	0	0	2.00
3.00	Buildings and Fixtures	167,891,692	0	0	1,013	3.00
4.00	Building Improvements	605,891	0	0	72,361	4.00
5.00	Fixed Equipment	107,201,374	0	0	5,899	5.00
6.00	Movable Equipment	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	280,096,848	0	0	79,273	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	280,096,848	0	0	79,273	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	3,484,545	0			1.00
2.00	Land Improvements	913,346	0			2.00
3.00	Buildings and Fixtures	167,890,679	0			3.00
4.00	Building Improvements	533,530	0			4.00
5.00	Fixed Equipment	107,195,475	0			5.00
6.00	Movable Equipment	0	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	280,017,575	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	280,017,575	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0018

Period:
From 07/01/2017
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	4,750,563	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	4,514,947	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	9,265,510	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	4,750,563				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	4,514,947				2.00
3.00	Total (sum of lines 1-2)	0	9,265,510				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0018

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	4,750,563	0	4,750,563	0.512715	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	4,514,947	0	4,514,947	0.487285	0	2.00
3.00	Total (sum of lines 1-2)	9,265,510	0	9,265,510	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	4,733,425	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,813,870	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	12,547,295	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	585,035	128,842	0	0	5,447,302	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,265,143	9,079,013	2.00
3.00	Total (sum of lines 1-2)	585,035	128,842	0	1,265,143	14,526,315	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0018

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			
			Cost Center	Line #	Wkst.	A-7 Ref.
			3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00		0 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00		0 2.00
3.00 Investment income - other (chapter 2)			0	0.00		0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0	0.00		0 4.00
5.00 Refunds and rebates of expenses (chapter 8)			0	0.00		0 5.00
6.00 Rental of provider space by suppliers (chapter 8)			0	0.00		0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0	0.00		0 7.00
8.00 Television and radio service (chapter 21)			0	0.00		0 8.00
9.00 Parking lot (chapter 21)			0	0.00		0 9.00
10.00 Provider-based physician adjustment	A-8-2	-1,908,783				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		0			0 12.00
13.00 Laundry and linen service			0	0.00		0 13.00
14.00 Cafeteria-employees and guests			0	0.00		0 14.00
15.00 Rental of quarters to employee and others			0	0.00		0 15.00
16.00 Sale of medical and surgical supplies to other than patients			0	0.00		0 16.00
17.00 Sale of drugs to other than patients			0	0.00		0 17.00
18.00 Sale of medical records and abstracts			0	0.00		0 18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0	0.00		0 19.00
20.00 Vending machines			0	0.00		0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0	0.00		0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0	0.00		0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0UTILIZATION REVIEW-SNF	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00		0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00		0 27.00
28.00 Non-physician Anesthetist			0NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0	0.00		0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0	0.00		0 32.00
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)			0	0.00		0 33.00
33.01 MICROBIOLOGY ICT HCH A/C 4498 A8-1	B	-606,540	0LABORATORY	60.00		0 33.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0018

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

Worksheet A-8

Date/Time Prepared:
11/27/2018 1:18 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
				1.00	2.00	
33.02	CHEMISTRY ICT HCH A/C 4498 A8-1	B	-706,428	LABORATORY	60.00	0 33.02
33.03	CYTOLOGY ICT HCH A/C 4498 A8-1	B	-132	LABORATORY	60.00	0 33.03
33.04	OTHER OPER. - SRH A/C 4320 A8-1	B	-369,784	LABORATORY	60.00	0 33.04
33.05	HEMATOLGY OTHER OPER A/C 4498 A8-1	B	-258,360	LABORATORY	60.00	0 33.05
33.06	NUCLEAR MEDICINE ICT A8-1	B	-67	RADIOISOTOPE	56.00	0 33.06
33.07	BLOOD BANK OTHER OPER A/C 4498 A8-1	B	-28,644	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0 33.07
33.08	OTHER OPER. - SRH A/C 4320 A8-1	B	-62,350	RENAL DIALYSIS	74.00	0 33.08
33.09	OTHER OPER-SRH A8-1	B	-35,789	RESPIRATORY THERAPY	65.00	0 33.09
33.10	OTH OPR MISCELLANEOU A8-1	B	-250	NURSING ADMINISTRATION	13.00	0 33.10
33.12	FAM MED OTH OPER A8-1	B	-1,250	ADULTS & PEDIATRICS	30.00	0 33.12
33.13	SECURITY OTH OPR MISCELLANEOU A8-1	B	-15	OPERATION OF PLANT	7.00	0 33.13
33.14	CLISER SUP OTH OPER A/C 4499 A8-1	B	-65	RADIOLOGY-DIAGNOSTIC	54.00	0 33.14
33.15	OTHER OPER. - SRH A/C 4320 A8-1	B	-725	RADIOLOGY-DIAGNOSTIC	54.00	0 33.15
33.16	MAMMOGRAPHY OTH OPR REV A8-1	B	-139,300	RADIOLOGY-DIAGNOSTIC	54.00	0 33.16
33.18	OTHER OPER. - SRH A/C 4320 A8-1	B	-1,011,551	PHARMACY	15.00	0 33.18
33.19	PHARMACY OTHER OPER A/C 4461 A8-1	B	-390,148	DRUGS CHARGED TO PATIENTS	73.00	0 33.19
33.20	PHARMACY OTHER OPER A/C 4462 A8-1	B	-71,563	DRUGS CHARGED TO PATIENTS	73.00	0 33.20
33.21	IMAGING ADMIN OTH OPR REV A8-1	B	-307	RADIOLOGY-DIAGNOSTIC	54.00	0 33.21
33.22	340B OTH OPR 340B WALGREE A8-1	B	-173,735	DRUGS CHARGED TO PATIENTS	73.00	0 33.22
33.26	MEDICAL RECORDS A/C 4452 A8-1	B	-2,425	MEDICAL RECORDS & LIBRARY	16.00	0 33.26
33.29	CAFETERIA MISC A/C 4402 A8-1	B	-1,659,665	CAFETERIA	11.00	0 33.29
33.30	GEN OTH OPR REV A/C 4483 A8-1	B	-533,107	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.30
33.31	FIN ANALYSIS SVC ICT AFFIL SVC A8-1	B	-2,700	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.31
33.32	OP PHARMACY OTH OPR REV A8-1	B	-1,379,830	PHARMACY	15.00	0 33.32
33.33	PRIOR YEAR ADJ D OTH OPR REV A8-1	B	-482,345	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.33
33.34	RNTL OTHER A/C 4414 A8-1	B	-589,641	OPERATION OF PLANT	7.00	0 33.34
33.35	RENTAL ICT A/C 4416 A8-1	B	-533,919	OPERATION OF PLANT	7.00	0 33.35
33.36	DISBURSEMENTS ICT AFFILIATE SVC A8-1	B	-1,644	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.36
33.37	PREMIER PURCH A8-2	B	-918,528	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0 33.37
33.38	PREMIER PURCH A8-2	B	-921,472	IMPL. DEV. CHARGED TO PATIENTS	72.00	0 33.38
33.39	ADM OTH OPR A/C 4499 A8-1	B	-35	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.39
33.40	GEN ACCOUNTING ICT AFFILIATE A8-1	B	-4,608	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.40
33.43	REAL ESTATE TAXES A8-5	A	-4,096	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.43
33.44	ACCELERATED DEPR A8-6	A	1,941	CAP REL COSTS-BLDG & FIXT	1.00	9 33.44
33.45	PATIENT ACCOUNTS ICT AFFIL SVC A8-1	B	-516	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0 33.45
33.46	SATELLITE DEPR EXP A8-7	A	-6,546	CAP REL COSTS-BLDG & FIXT	1.00	9 33.46
33.47	SELF INS EXP A8-9	A	-4,654,876	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.47
33.48	INVESTMENT INC INTEREST A8-11	B	-41,671	CAP REL COSTS-BLDG & FIXT	1.00	11 33.48
33.49	INVESTMENT INC INTEREST A8-11	B	-220,087	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.49
33.50	OTHER OPER INC A8-2	B	-687,470	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.50
33.51	TELEPHONE OFFSET A8-14	A	-190,470	NONPATIENT TELEPHONES	5.01	0 33.51
33.52	UNEMPLOYMENT INS A8-16	A	-515,685	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.52
33.53	PATIENT TRANSPORTATION A8-17	A	-773,194	OPERATION OF PLANT	7.00	0 33.53
33.56	DAY PSYCH OFFSET A8-20	A	-2,224,495	RESEARCH	191.00	0 33.56
33.57	PARKING FAC REV OFFSET A8-24	A	-9,790	CAP REL COSTS-BLDG & FIXT	1.00	9 33.57
33.58	GAIN ON SALE OF ASSET A8-2	B	-123,232	CAP REL COSTS-MVBLE EQUIP	2.00	9 33.58
33.59	DONATION OFFSET A8-25	B	-69,187	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.59
33.60	NURSE ANESTHETISTS OFFSET A8-27	A	-1,120,462	ANESTHESIOLOGY	53.00	0 33.60
33.61	NURSE ANESTHETISTS OFFSET A8-27	A	-186,574	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.61

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
33.62	MARKETING OFFSET A8-28	A	-568,977	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.62
33.63	GOVERNMENTAL LOBBYIST EXP A8-31	A	-135,000	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.63
33.64	LOBBYING EXPENSE OFFSET A8-32	A	-51,741	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.64
33.66	PHARMACY 340B OTHR OPR A/C 4463 A8-1	B	-946,282	DRUGS CHARGED TO PATIENTS	73.00	0 33.66
33.70	ACLS FEE OFFSET A8-18	B	-6,109	NURSING ADMINISTRATION	13.00	0 33.70
33.78	340B OTH OPR 340B ONCOMED A8-1	B	-1,019,427	DRUGS CHARGED TO PATIENTS	73.00	0 33.78
33.87	MEDICAL STUDENT REVENT OFFSET A8 - 3	B	-1,750,790	I&R SERVICES-SALARY & FRINGES	21.00	0 33.87
33.88	MEDICAL STUDENT COST OFFSET A8-3	A	-1,706,361	APPRVD MEDICAL STUDENT EDUCATION	23.04	0 33.88
33.91	OTHER OPER SRH A8 - 1	B		OCCUPATIONAL THERAPY	67.00	0 33.91
33.97	CT SCAN ICT A8 1	B	-111	CT SCAN	57.00	0 33.97
33.98	CARDIODIAGNOSTIC ICT - SRH A8 1	B		ELECTROCARDIOLOGY	69.00	0 33.98
33.99	STROKE CENTER SE OTH OPR REV A8 - 1	B	-1,500	ELECTROCARDIOLOGY	69.00	0 33.99
34.00	UTR OUTPATIENT MISC A/C 4449 A8-1	B	-3,131	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 34.00
34.01	340B 340B OTHER CONTRACT A8-1	B	-4,209,010	DRUGS CHARGED TO PATIENTS	73.00	0 34.01
34.02	OTHER OPER. - SRH A/C 4320 A8-1	B	-15,847	RADIOLOGY-DIAGNOSTIC	54.00	0 34.02
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-34,036,401			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: 14-0018

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

Worksheet A-8-1

Date/Time Prepared: 11/27/2018 1:18 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	2,704,599	2,704,599	1.00
2.00	5.01	NONPATIENT TELEPHONES	1,139,587	1,139,587	2.00
3.00	5.02	DATA PROCESSING	13,496,846	13,496,846	3.00
4.00	5.03	PURCHASING RECEIVING AND STORAGE	367,819	367,819	4.00
4.01	5.06	OTHER ADMINISTRATIVE AND GENERAL	8,630,800	8,630,800	4.01
4.02	7.00	OPERATION OF PLANT	-680,556	-680,556	4.02
4.03	10.00	DIETARY	-477,854	-477,854	4.03
4.04	13.00	NURSING ADMINISTRATION	68,640	68,640	4.04
4.05	30.00	ADULTS & PEDIATRICS	4,271,508	4,271,508	4.05
4.06	50.00	OPERATING ROOM	639,204	639,204	4.06
4.07	53.00	ANESTHESIOLOGY	3,656,736	3,656,736	4.07
4.08	54.00	RADIOLOGY-DIAGNOSTIC	1,138,620	1,138,620	4.08
4.09	56.00	RADIOISOTOPE	38,304	38,304	4.09
4.10	60.00	LABORATORY	280,611	280,611	4.10
4.11	90.03	UNDER THE RAINBOW	132,948	132,948	4.11
4.12	91.00	EMERGENCY	3,094,048	3,094,048	4.12
4.13	23.04	MEDICAL STUDENT EDUCATION	599,998	599,998	4.13
4.14	192.04	DEVELOPMENT	814,684	814,684	4.14
4.15	0.00		0	0	4.15
4.16	0.00		0	0	4.16
4.17	0.00		0	0	4.17
4.18	0.00		0	0	4.18
4.19	0.00		0	0	4.19
4.20	0.00		0	0	4.20
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		39,916,542	39,916,542	5.00

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

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

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

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

6.00	E	SINAI HLTH SYS	100.00	0.00	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:			0.00	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.

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

Provider CCN: 14-0018

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

Worksheet A-8-1

Date/Time Prepared:
11/27/2018 1:18 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	0	0	1.00
2.00	0	0	2.00
3.00	0	0	3.00
4.00	0	0	4.00
4.01	0	0	4.01
4.02	0	0	4.02
4.03	0	0	4.03
4.04	0	0	4.04
4.05	0	0	4.05
4.06	0	0	4.06
4.07	0	0	4.07
4.08	0	0	4.08
4.09	0	0	4.09
4.10	0	0	4.10
4.11	0	0	4.11
4.12	0	0	4.12
4.13	0	0	4.13
4.14	0	0	4.14
4.15	0	0	4.15
4.16	0	0	4.16
4.17	0	0	4.17
4.18	0	0	4.18
4.19	0	0	4.19
4.20	0	0	4.20
5.00	0	0	5.00

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

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

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

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

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

6.00		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: 14-0018

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

Worksheet A-8-2

Date/Time Prepared:
11/27/2018 1:18 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	3,250,680	0	3,250,680	197,500	26,677	1.00
2.00	40.00	SUBPROVIDER - IPF	249,768	0	249,768	181,300	1,783	2.00
3.00	50.00	OPERATING ROOM	1,695,240	0	1,695,240	246,400	8,655	3.00
4.00	53.00	ANESTHESIOLOGY	454,608	0	454,608	239,400	3,185	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	441,372	0	441,372	271,900	2,437	5.00
6.00	60.00	LABORATORY	342,828	0	342,828	260,300	2,511	6.00
7.00	69.00	ELECTROCARDIOLOGY	81,192	0	81,192	211,500	416	7.00
8.00	91.00	EMERGENCY	434,748	0	434,748	211,500	2,815	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			6,950,436	0	6,950,436		48,479	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	2,533,032	126,652	0	0	0	1.00
2.00	40.00	SUBPROVIDER - IPF	155,413	7,771	0	0	0	2.00
3.00	50.00	OPERATING ROOM	1,025,285	51,264	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	366,581	18,329	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	318,568	15,928	0	0	0	5.00
6.00	60.00	LABORATORY	314,237	15,712	0	0	0	6.00
7.00	69.00	ELECTROCARDIOLOGY	42,300	2,115	0	0	0	7.00
8.00	91.00	EMERGENCY	286,237	14,312	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			5,041,653	252,083	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	30.00	ADULTS & PEDIATRICS	0	2,533,032	717,648	717,648	1.00
2.00	40.00	SUBPROVIDER - IPF	0	155,413	94,355	94,355	2.00
3.00	50.00	OPERATING ROOM	0	1,025,285	669,955	669,955	3.00
4.00	53.00	ANESTHESIOLOGY	0	366,581	88,027	88,027	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	318,568	122,804	122,804	5.00
6.00	60.00	LABORATORY	0	314,237	28,591	28,591	6.00
7.00	69.00	ELECTROCARDIOLOGY	0	42,300	38,892	38,892	7.00
8.00	91.00	EMERGENCY	0	286,237	148,511	148,511	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	5,041,653	1,908,783	1,908,783	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

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

Worksheet B
Part I
Date/Time Prepared:
11/27/2018 1:18 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	5,447,302	5,447,302				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	9,079,013		9,079,013			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	18,848,127	31,574	52,624	18,932,325		4.00
5.01 00540 NONPATIENT TELEPHONES	1,142,061	5,717	9,529	82,335	1,239,642	5.01
5.02 00550 DATA PROCESSING	10,379,747	45,044	75,075	897,221	49,871	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	517,449	79,679	132,800	29,854	24,935	5.03
5.04 00570 ADMINITTING	2,799,695	14,351	23,918	442,435	21,373	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	2,309,972	22,623	37,706	10,982	42,746	5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	46,661,561	499,886	833,159	1,715,145	145,337	5.06
6.00 00600 MAINTENANCE & REPAIRS	2,701,585	207,490	345,824	0	34,197	6.00
7.00 00700 OPERATION OF PLANT	9,531,582	89,005	148,344	316,516	59,132	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	931,293	155,372	258,959	0	3,562	8.00
9.00 00900 HOUSEKEEPING	4,361,953	10,164	16,940	394,113	19,236	9.00
10.00 01000 DIETARY	1,959,009	34,923	58,207	189,078	16,386	10.00
11.00 01100 CAFETERIA	1,347,231	256,086	426,818	143,078	0	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	3,972,804	100,771	167,955	591,104	22,798	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	470,335	298,921	498,211	72,901	10,687	14.00
15.00 01500 PHARMACY	3,668,175	40,525	67,543	669,385	32,060	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,690,252	51,873	86,456	153,098	16,386	16.00
17.00 01700 SOCIAL SERVICE	713,314	30,563	50,940	91,357	9,262	17.00
18.00 01850 OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01 01851 OUTPATIENT ACCOUNTING	3,341,143	63,047	105,080	48,246	27,785	18.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	5,292,640	0	0	1,162,363	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	3,606,736	53,215	88,694	446,699	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY PROGRAM	369,106	1,314	2,190	55,414	0	23.02
23.04 02304 MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	20,741,705	1,386,277	2,310,516	2,672,981	285,690	30.00
31.00 03100 INTENSIVE CARE UNIT	3,031,656	79,996	133,329	473,066	12,111	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	3,498,627	25,554	42,590	566,503	12,111	31.01
32.00 03200 CORONARY CARE UNIT	2,896,688	92,311	153,855	461,259	14,961	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I/PF	2,930,669	157,321	262,207	466,419	19,948	40.00
41.00 04100 SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	947,068	20,169	33,615	156,291	4,987	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	10,066,741	370,096	616,838	1,242,998	64,119	50.00
51.00 05100 RECOVERY ROOM	1,418,670	18,119	30,198	226,996	10,687	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	4,281,935	85,670	142,786	650,762	28,498	52.00
53.00 05300 ANESTHESIOLOGY	3,064,612	25,193	41,989	68,465	14,249	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	6,241,267	220,296	367,167	789,250	29,922	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	843,862	51,512	85,854	80,281	4,987	55.00
56.00 05600 RADIOISOTOPE	591,973	34,274	57,124	40,638	7,124	56.00
57.00 05700 CT SCAN	1,138,475	13,701	22,835	126,805	5,700	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	382,559	14,524	24,207	47,033	6,412	58.00
59.00 05900 CARDIAC CATHETERIZATION	838,274	29,856	49,761	99,405	5,700	59.00
60.00 06000 LABORATORY	9,120,998	338,450	564,094	809,552	55,570	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,826,143	11,564	19,274	104,195	3,562	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	2,172,779	33,047	55,079	301,010	5,700	65.00
65.01 03560 PULMONARY FUNCTION TESTING	198,113	18,494	30,824	32,694	712	65.01
66.00 06600 PHYSICAL THERAPY	365,770	37,479	62,466	57,680	5,700	66.00
67.00 06700 OCCUPATIONAL THERAPY	322,918	43,773	72,957	52,865	4,275	67.00
68.00 06800 SPEECH PATHOLOGY	149,525	10,005	16,675	23,860	2,137	68.00
69.00 06900 ELECTROCARDIOLOGY	906,091	53,692	89,488	162,662	12,111	69.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

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

Worksheet B
Part I
Date/Time Prepared:
11/27/2018 1:18 pm

70.00	07000	ELECTROENCEPHALOGRAPHY	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	70.00
				BLDG & FIXT	MVBLE EQUIP			
				1.00	2.00			
			0			4.00	5.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	332,901	17,888	29,813	51,706	14,961	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,753,201	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,771,660	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,370,255	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,473,634	18,523	30,872	247,859	8,549	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	1,399,486	0	0	177,014	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	429,074	0	0	63,388	0	90.02
90.03	04952	UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	129,608	0	0	19,198	0	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	151,964	0	0	21,101	0	90.06
91.00	09100	EMERGENCY	9,628,456	90,232	150,390	1,030,121	42,746	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	251,559,442	5,390,159	8,983,775	18,835,381	1,218,982	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	441,446	35,458	59,097	0	13,536	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	803,722	13,542	22,570	96,944	7,124	192.04
192.05	19205	DENTISTRY	0	8,143	13,571	0	0	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	252,804,610	5,447,302	9,079,013	18,932,325	1,239,642	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 14-0018	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part I Date/Time Prepared: 11/27/2018 1:18 pm	
Cost Center Description			DATA PROCESSING 5.02	PURCHASING RECEIVING AND STORES 5.03	ADMINITTING 5.04	CASHIERING/ACCOUNTS RECEIVABLE 5.05	Subtotal 5A.05
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
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING	11,446,958				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	715,435	1,500,152			5.03
5.04	00570	ADMINITTING	596,196	3,047	3,901,015		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,027,064	36,052	0	4,487,145	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	953,913	14,237	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	14,376	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	179,006	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	56,096	0	0	8.00
9.00	00900	HOUSEKEEPING	0	96,695	0	0	9.00
10.00	01000	DIETARY	0	9,688	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	18,714	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,134	0	0	14.00
15.00	01500	PHARMACY	476,957	18,717	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	596,196	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	3,689	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	953,913	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	7,589	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PASTORAL EDUCATION	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	0	0	0	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,550,109	48,613	620,648	371,190	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,466	134,846	78,173	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	2,690	161,894	93,804	31.01
32.00	03200	CORONARY CARE UNIT	0	8,509	119,375	69,171	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	2,669	99,100	57,420	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	1	51,759	29,990	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	715,435	0	260,205	360,522	50.00
51.00	05100	RECOVERY ROOM	0	1,654	75,370	147,688	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	21,157	176,005	179,603	52.00
53.00	05300	ANESTHESIOLOGY	0	13,833	138,550	139,305	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,311,631	50,657	122,621	246,506	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,760	4,849	51,234	55.00
56.00	05600	RADIOISOTOPE	0	20,105	7,041	21,940	56.00
57.00	05700	CT SCAN	0	18,325	155,794	247,124	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,588	31,786	48,120	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	65,022	101,814	84,618	59.00
60.00	06000	LABORATORY	1,550,109	190,221	337,201	632,868	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,570	26,600	20,461	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	45,767	249,617	154,423	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	58,243	42,718	65.01
66.00	06600	PHYSICAL THERAPY	0	953	13,701	9,625	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2	18,919	12,201	67.00
68.00	06800	SPEECH PATHOLOGY	0	304	9,455	8,975	68.00
69.00	06900	ELECTROCARDIOLOGY	0	113,519	77,692	121,740	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,248	2,682	17,124	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	187,854	151,262	124,633	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	188,456	139,191	124,645	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	293,833	390,941	73.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

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

Worksheet B
Part I
Date/Time Prepared:
11/27/2018 1:18 pm

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
74.00	07400	RENAL DIALYSIS	0	26,843	16,693	81,484	2,904,457	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	1,276	47	27,260	1,605,083	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	1,441	21	31,406	525,330	90.02
90.03	04952	UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	0	450	0	2,716	151,972	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	159	0	1,805	175,029	90.06
91.00	09100	EMERGENCY	0	0	244,201	455,712	11,641,858	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,446,958	1,500,152	3,901,015	4,487,145	251,289,457	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	549,537	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	943,902	192.04
192.05	19205	DENTISTRY	0	0	0	0	21,714	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	11,446,958	1,500,152	3,901,015	4,487,145	252,804,610	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

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

Worksheet B
Part I
Date/Time Prepared:
11/27/2018 1:18 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	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
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	50,823,238				5.06
6.00	00600	MAINTENANCE & REPAIRS	831,230	4,134,702			6.00
7.00	00700	OPERATION OF PLANT	2,597,651	81,042	13,002,278		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	353,601	141,473	453,779	2,354,135	8.00
9.00	00900	HOUSEKEEPING	1,232,726	9,254	29,684	0	6,170,765
10.00	01000	DIETARY	570,503	31,799	101,997	0	50,276
11.00	01100	CAFETERIA	546,830	233,176	747,922	0	368,665
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,226,447	91,756	294,311	0	145,072
14.00	01400	CENTRAL SERVICES & SUPPLY	341,752	272,179	873,025	0	430,331
15.00	01500	PHARMACY	1,251,412	36,900	118,357	0	58,340
16.00	01600	MEDICAL RECORDS & LIBRARY	652,776	47,232	151,499	0	74,677
17.00	01700	SOCIAL SERVICE	226,241	27,829	89,263	0	44,000
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0
18.01	01851	OUTPATIENT ACCOUNTING	1,142,171	57,407	184,134	0	90,763
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,624,227	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,057,555	48,455	155,420	0	76,610
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PASTORAL EDUCATION	0	0	0	0	0
23.02	02302	PHARMACY RESIDENCY PROGRAM	107,701	1,196	3,837	0	1,891
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,545,679	1,262,263	4,048,763	701,340	1,995,714
31.00	03100	INTENSIVE CARE UNIT	993,569	72,840	233,636	110,347	115,164
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,108,091	23,268	74,632	37,652	36,788
32.00	03200	CORONARY CARE UNIT	960,226	84,053	269,603	99,206	132,892
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	1,005,423	143,247	459,471	94,512	226,482
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	312,989	18,364	58,904	0	29,035
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,446,469	336,987	1,080,898	321,022	532,796
51.00	05100	RECOVERY ROOM	485,477	16,498	52,917	90,552	26,084
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,400,638	78,006	250,207	134,625	123,332
53.00	05300	ANESTHESIOLOGY	882,240	22,939	73,578	0	36,268
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,360,052	200,588	643,395	114,281	317,142
55.00	05500	RADIOLOGY-THERAPEUTIC	284,168	46,903	150,445	21,238	74,157
56.00	05600	RADIOISOTOPE	196,321	31,208	100,100	25,082	49,341
57.00	05700	CT SCAN	434,996	12,475	40,015	30,156	19,724
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	141,218	13,224	42,418	14,135	20,909
59.00	05900	CARDIAC CATHETERIZATION	320,681	27,185	87,197	18,605	42,981
60.00	06000	LABORATORY	3,421,837	308,172	988,473	0	487,237
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	507,365	10,530	33,774	0	16,648
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	759,253	30,090	96,516	0	47,574
65.01	03560	PULMONARY FUNCTION TESTING	96,069	16,839	54,013	0	26,624
66.00	06600	PHYSICAL THERAPY	139,242	34,126	109,460	0	53,955
67.00	06700	OCCUPATIONAL THERAPY	132,834	39,857	127,844	0	63,017
68.00	06800	SPEECH PATHOLOGY	55,593	9,110	29,220	0	14,403
69.00	06900	ELECTROCARDIOLOGY	386,743	48,888	156,811	27,318	77,295
70.00	07000	ELECTROENCEPHALOGRAPHY	117,841	16,287	52,242	2,084	25,751
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,564,328	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,566,089	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,775,208	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

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

Worksheet B
Part I
Date/Time Prepared:
11/27/2018 1:18 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
74.00	07400	RENAL DIALYSIS	730,828	16,866	54,098	121,555	26,666	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	403,876	0	0	0	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	132,185	0	0	0	0	90.02
90.03	04952	UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	38,240	0	0	0	0	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	44,041	0	0	0	0	90.06
91.00	09100	EMERGENCY	2,929,359	82,160	263,531	390,425	129,899	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	50,441,991	4,082,671	12,835,389	2,354,135	6,088,503	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	138,276	32,286	103,557	0	51,045	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	237,507	12,331	39,551	0	19,495	192.04
192.05	19205	DENTISTRY	5,464	7,414	23,781	0	11,722	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	50,823,238	4,134,702	13,002,278	2,354,135	6,170,765	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0018		Period: From 07/01/2017 To 06/30/2018		Worksheet B Part I Date/Time Prepared: 11/27/2018 1:18 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	3,021,866					10.00
11.00	01100	CAFETERIA	0	4,069,806				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	122,655	0	6,754,387		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	45,581	0	0	3,321,057	14.00
15.00	01500	PHARMACY	0	146,936	0	0	174,541	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	59,330	0	0	3	16.00
17.00	01700	SOCIAL SERVICE	0	27,768	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	0	20,623	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	427,567	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	13,309	0	0	0	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,075,012	834,410	0	2,501,594	349,535	30.00
31.00	03100	INTENSIVE CARE UNIT	249,792	122,418	0	413,023	115,237	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	134,101	0	452,160	60,312	31.01
32.00	03200	CORONARY CARE UNIT	227,193	112,225	0	379,811	152,157	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	469,869	130,342	0	431,423	4,892	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	43,278	0	145,830	5	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	330,512	0	1,053,212	0	50.00
51.00	05100	RECOVERY ROOM	0	49,340	0	166,380	19,771	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	144,735	0	411,824	106,993	52.00
53.00	05300	ANESTHESIOLOGY	0	8,093	0	0	129,834	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	238,910	0	0	170,603	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	18,930	0	0	2,606	55.00
56.00	05600	RADIOISOTOPE	0	10,295	0	0	2,015	56.00
57.00	05700	CT SCAN	0	33,221	0	0	36,747	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	12,089	0	0	10,055	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	23,163	0	0	76,263	59.00
60.00	06000	LABORATORY	0	231,020	0	0	27,252	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	31,087	0	0	27	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	90,722	0	0	54,012	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	9,787	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	16,119	0	0	219	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	13,884	0	0	179	67.00
68.00	06800	SPEECH PATHOLOGY	0	7,213	0	0	33	68.00
69.00	06900	ELECTROCARDIOLOGY	0	46,021	0	0	19,390	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	20,352	0	0	2,584	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	850,350	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	853,074	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

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

Worksheet B
Part I
Date/Time Prepared:
11/27/2018 1:18 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
74.00	07400	RENAL DIALYSIS	0	68,439	0	0	38,306	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	63,122	0	0	56,517	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	38,097	0	0	4,604	90.02
90.03	04952	UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	0	5,384	0	0	2,564	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	11,480	0	0	60	90.06
91.00	09100	EMERGENCY	0	307,248	0	799,130	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,021,866	4,069,806	0	6,754,387	3,320,740	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	317	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,021,866	4,069,806	0	6,754,387	3,321,057	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

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

Worksheet B
Part I
Date/Time Prepared:
11/27/2018 1:18 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
				COST CENTER	OUTPATIENT ACCOUNTING	
				15.00	16.00	
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
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMI TTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
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
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	6,759,848					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	3,579,778				16.00
17.00 01700 SOCIAL SERVICE	16,803	0	1,331,029			17.00
18.00 01850 OTHER GENERAL SERVICE COST CENTER	0	0	0	0		18.00
18.01 01851 OUTPATIENT ACCOUNTING	0	0	0	0	6,034,312	18.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	23.02
23.04 02304 MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	44,370	296,071	611,554	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	17,485	62,353	71,948	0	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	13,023	74,821	89,934	0	0	31.01
32.00 03200 CORONARY CARE UNIT	11,792	55,172	35,974	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	118	45,800	251,816	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	23,921	26,980	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	31,139	287,562	0	0	571,288	50.00
51.00 05100 RECOVERY ROOM	2,534	117,799	0	0	283,300	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	7,201	143,256	26,980	0	211,413	52.00
53.00 05300 ANESTHESIOLOGY	16,284	111,113	0	0	160,765	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,125	196,619	0	0	477,874	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	10	40,865	0	0	131,888	55.00
56.00 05600 RADIOISOTOPE	253	17,500	0	0	48,645	56.00
57.00 05700 CT SCAN	3,154	197,113	0	0	427,209	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	465	38,381	0	0	80,898	58.00
59.00 05900 CARDIAC CATHETERIZATION	3,005	67,494	0	0	69,794	59.00
60.00 06000 LABORATORY	33	505,509	0	0	1,192,517	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	16,320	0	0	13,748	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	702	123,172	0	0	26,666	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	34,073	0	0	24,433	65.01
66.00 06600 PHYSICAL THERAPY	0	7,677	0	0	4,592	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	9,732	0	0	3,375	67.00
68.00 06800 SPEECH PATHOLOGY	487	7,159	0	0	9,524	68.00
69.00 06900 ELECTROCARDIOLOGY	739	97,103	0	0	208,964	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	13,658	0	0	42,406	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	99,411	0	0	100,744	71.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

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

Worksheet B
Part I
Date/Time Prepared:
11/27/2018 1:18 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
				COST CENTER	OUTPATIENT ACCOUNTING	
				15.00	16.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	99,420	0	0	119,825	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	6,519,343	311,824	0	0	601,068	73.00
74.00 07400 RENAL DIALYSIS	0	64,993	143,895	0	195,584	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	0	21,743	0	0	74,171	90.01
90.02 04951 MSH SPECIALTY CLINIC	4,812	25,051	0	0	85,505	90.02
90.03 04952 UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04 09002 SPASTICITY CLINIC	0	2,166	0	0	7,397	90.04
90.05 09001 HEM/ONC CLINIC @ ARCHER	0	0	0	0	0	90.05
90.06 09003 MSH SPECIALTY CLINIC AT SCHWAB	4,940	1,440	0	0	4,917	90.06
91.00 09100 EMERGENCY	52,880	363,487	71,948	0	855,802	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	6,752,697	3,579,778	1,331,029	0	6,034,312	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	7,151	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02 19202 DAY PSYCH	0	0	0	0	0	192.02
192.03 19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04 19204 DEVELOPMENT	0	0	0	0	0	192.04
192.05 19205 DENTISTRY	0	0	0	0	0	192.05
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	6,759,848	3,579,778	1,331,029	0	6,034,312	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0018	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part I Date/Time Prepared: 11/27/2018 1:18 pm
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Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
			19.00	20.00	
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
5.01 00540 NONPATIENT TELEPHONES					5.01
5.02 00550 DATA PROCESSING					5.02
5.03 00560 PURCHASING RECEIVING AND STORES					5.03
5.04 00570 ADMIN TTING					5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL					5.06
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
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
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
18.00 01850 OTHER GENERAL SERVICE COST CENTER					18.00
18.01 01851 OUTPATIENT ACCOUNTING					18.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0				19.00
20.00 02000 NURSING SCHOOL		0			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD			8,506,797		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD				5,540,973	22.00
23.00 02300 PARAMED PRGM-(SPECIFY)					0 23.00
23.01 02301 PASTORAL EDUCATION					23.01
23.02 02302 PHARMACY RESIDENCY PROGRAM					23.02
23.04 02304 MEDICAL STUDENT EDUCATION					23.04
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	0	0	5,926,448	3,860,239	0 30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	298,317	194,312	0 31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	0	0	265,065	172,653	0 31.01
32.00 03200 CORONARY CARE UNIT	0	0	143,458	93,443	0 32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0 40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0 41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300 NURSERY	0	0	0	0	0 43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	1,076,413	701,130	0 50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00 05300 ANESTHESIOLOGY	0	0	88,355	57,551	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0 56.00
57.00 05700 CT SCAN	0	0	0	0	0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000 LABORATORY	0	0	0	0	0 60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0 65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0 65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	110,206	71,784	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	122,557	79,829	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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

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

Worksheet B
Part I
Date/Time Prepared:
11/27/2018 1:18 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			19.00	20.00		
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
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	0	0	0	0	0	90.01
90.02 04951 MSH SPECIALTY CLINIC	0	0	0	0	0	90.02
90.03 04952 UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04 09002 SPASTICITY CLINIC	0	0	0	0	0	90.04
90.05 09001 HEM/ONC CLINIC @ ARCHER	0	0	0	0	0	90.05
90.06 09003 MSH SPECIALTY CLINIC AT SCHWAB	0	0	0	0	0	90.06
91.00 09100 EMERGENCY	0	0	475,978	310,032	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0			0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	0	8,506,797	5,540,973	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02 19202 DAY PSYCH	0	0	0	0	0	192.02
192.03 19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04 19204 DEVELOPMENT	0	0	0	0	0	192.04
192.05 19205 DENTISTRY	0	0	0	0	0	192.05
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	0	8,506,797	5,540,973	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 14-0018	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part I Date/Time Prepared: 11/27/2018 1:18 pm		
Cost Center Description			PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	MEDICAL STUDENT EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.01	23.02	23.04	24.00	25.00	
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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
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
18.00	01850	OTHER GENERAL SERVICE COST CENTER						18.00
18.01	01851	OUTPATIENT ACCOUNTING						18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-(SPECFY)						23.00
23.01	02301	PASTORAL EDUCATION	0					23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM		555,958				23.02
23.04	02304	MEDICAL STUDENT EDUCATION			0			23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	161,894	0	62,202,615	-9,786,687	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	7,019,084	-492,629	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	6,946,273	-437,718	31.01
32.00	03200	CORONARY CARE UNIT	0	86,118	0	6,659,452	-236,901	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	7,259,148	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	1,903,186	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	23,466,382	-1,777,543	50.00
51.00	05100	RECOVERY ROOM	0	0	0	3,240,034	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	8,605,626	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	5,093,216	-145,906	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	14,099,906	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	1,900,549	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	1,260,979	0	56.00
57.00	05700	CT SCAN	0	0	0	2,963,569	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	935,021	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	2,010,818	0	59.00
60.00	06000	LABORATORY	0	0	0	20,761,113	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	2,645,868	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	4,246,129	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	643,636	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	918,764	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	918,632	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	353,678	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	2,788,257	-181,990	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	963,914	-202,386	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	8,831,783	0	71.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

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

Worksheet B
Part I
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11/27/2018 1:18 pm

Cost Center Description		PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	MEDICAL STUDENT EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		23.01	23.02	23.04	24.00	25.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,862,360	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	161,895	0	16,424,367	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	4,365,687	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	10,341	0	2,234,853	0	90.01
90.02	04951 MSH SPECIALTY CLINIC	0	0	0	815,584	0	90.02
90.03	04952 UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04	09002 SPASTICITY CLINIC	0	0	0	207,723	0	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	0	0	0	0	0	90.05
90.06	09003 MSH SPECIALTY CLINIC AT SCHWAB	0	96,459	0	338,366	0	90.06
91.00	09100 EMERGENCY	0	39,251	0	18,712,988	-786,010	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	0	555,958	0	250,599,560	-14,047,770	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	882,169	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202 DAY PSYCH	0	0	0	0	0	192.02
192.03	19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204 DEVELOPMENT	0	0	0	1,252,786	0	192.04
192.05	19205 DENTISTRY	0	0	0	70,095	0	192.05
192.06	19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	20000 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	20100 Negative Cost Centers	0	0	0	0	0	201.00
202.00	20200 TOTAL (sum lines 118 through 201)	0	555,958	0	252,804,610	-14,047,770	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

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

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Part I
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Cost Center Description		Total	
		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
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.04	00570 ADMITTING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL		5.06
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
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
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
18.00	01850 OTHER GENERAL SERVICE COST CENTER		18.00
18.01	01851 OUTPATIENT ACCOUNTING		18.01
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
23.01	02301 PASTORAL EDUCATION		23.01
23.02	02302 PHARMACY RESIDENCY PROGRAM		23.02
23.04	02304 MEDICAL STUDENT EDUCATION		23.04
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	52,415,928	30.00
31.00	03100 INTENSIVE CARE UNIT	6,526,455	31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT	6,508,555	31.01
32.00	03200 CORONARY CARE UNIT	6,422,551	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000 SUBPROVIDER - IPF	7,259,148	40.00
41.00	04100 SUBPROVIDER - IRF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	1,903,186	43.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
45.00	04500 NURSING FACILITY	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	21,688,839	50.00
51.00	05100 RECOVERY ROOM	3,240,034	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	8,605,626	52.00
53.00	05300 ANESTHESIOLOGY	4,947,310	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,099,906	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,900,549	55.00
56.00	05600 RADIOISOTOPE	1,260,979	56.00
57.00	05700 CT SCAN	2,963,569	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	935,021	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,010,818	59.00
60.00	06000 LABORATORY	20,761,113	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,645,868	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	64.00
65.00	06500 RESPIRATORY THERAPY	4,246,129	65.00
65.01	03560 PULMONARY FUNCTION TESTING	643,636	65.01
66.00	06600 PHYSICAL THERAPY	918,764	66.00
67.00	06700 OCCUPATIONAL THERAPY	918,632	67.00
68.00	06800 SPEECH PATHOLOGY	353,678	68.00
69.00	06900 ELECTROCARDIOLOGY	2,606,267	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	761,528	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,831,783	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	8,862,360	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	16,424,367	73.00
74.00	07400 RENAL DIALYSIS	4,365,687	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	75.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0018

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Total	
		26.00	
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	2,234,853	90.01
90.02	04951 MSH SPECIALTY CLINIC	815,584	90.02
90.03	04952 UNDER THE RAINBOW	0	90.03
90.04	09002 SPASTICITY CLINIC	207,723	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	0	90.05
90.06	09003 MSH SPECIALTY CLINIC AT SCHWAB	338,366	90.06
91.00	09100 EMERGENCY	17,926,978	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	0	94.00
95.00	09500 AMBULANCE SERVICES	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	09900 CMHC	0	99.00
99.10	09910 CORF	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	0	105.00
106.00	10600 HEART ACQUISITION	0	106.00
107.00	10700 LIVER ACQUISITION	0	107.00
108.00	10800 LUNG ACQUISITION	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE		113.00
114.00	11400 UTILIZATION REVIEW-SNF		114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600 HOSPICE	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	236,551,790	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100 RESEARCH	882,169	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201 KLING OFFICE BLDG	0	192.01
192.02	19202 DAY PSYCH	0	192.02
192.03	19203 FAMILY PLANNING	0	192.03
192.04	19204 DEVELOPMENT	1,252,786	192.04
192.05	19205 DENTISTRY	70,095	192.05
192.06	19206 OCCUPATIONAL HEALTH	0	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	192.07
193.00	19300 NONPAID WORKERS	0	193.00
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	238,756,840	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

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

Worksheet B
Part II
Date/Time Prepared:
11/27/2018 1:18 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
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	31,574	52,624	84,198	84,198 4.00
5.01 00540	NONPATIENT TELEPHONES	0	5,717	9,529	15,246	366 5.01
5.02 00550	DATA PROCESSING	0	45,044	75,075	120,119	3,991 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	79,679	132,800	212,479	133 5.03
5.04 00570	ADMITTING	0	14,351	23,918	38,269	1,968 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	22,623	37,706	60,329	49 5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	0	499,886	833,159	1,333,045	7,629 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	207,490	345,824	553,314	0 6.00
7.00 00700	OPERATION OF PLANT	0	89,005	148,344	237,349	1,408 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	155,372	258,959	414,331	0 8.00
9.00 00900	HOUSEKEEPING	0	10,164	16,940	27,104	1,753 9.00
10.00 01000	DIETARY	0	34,923	58,207	93,130	841 10.00
11.00 01100	CAFETERIA	0	256,086	426,818	682,904	636 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	100,771	167,955	268,726	2,629 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	298,921	498,211	797,132	324 14.00
15.00 01500	PHARMACY	0	40,525	67,543	108,068	2,977 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	51,873	86,456	138,329	681 16.00
17.00 01700	SOCIAL SERVICE	0	30,563	50,940	81,503	406 17.00
18.00 01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0 18.00
18.01 01851	OUTPATIENT ACCOUNTING	0	63,047	105,080	168,127	215 18.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	5,170 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	53,215	88,694	141,909	1,987 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
23.01 02301	PASTORAL EDUCATION	0	0	0	0	0 23.01
23.02 02302	PHARMACY RESIDENCY PROGRAM	0	1,314	2,190	3,504	246 23.02
23.04 02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0 23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,386,277	2,310,516	3,696,793	11,880 30.00
31.00 03100	INTENSIVE CARE UNIT	0	79,996	133,329	213,325	2,104 31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	0	25,554	42,590	68,144	2,520 31.01
32.00 03200	CORONARY CARE UNIT	0	92,311	153,855	246,166	2,052 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - I PF	0	157,321	262,207	419,528	2,075 40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	20,169	33,615	53,784	695 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	370,096	616,838	986,934	5,529 50.00
51.00 05100	RECOVERY ROOM	0	18,119	30,198	48,317	1,010 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	85,670	142,786	228,456	2,894 52.00
53.00 05300	ANESTHESIOLOGY	0	25,193	41,989	67,182	305 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	220,296	367,167	587,463	3,510 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	51,512	85,854	137,366	357 55.00
56.00 05600	RADIOISOTOPE	0	34,274	57,124	91,398	181 56.00
57.00 05700	CT SCAN	0	13,701	22,835	36,536	564 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	14,524	24,207	38,731	209 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	29,856	49,761	79,617	442 59.00
60.00 06000	LABORATORY	0	338,450	564,094	902,544	3,601 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	11,564	19,274	30,838	463 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	33,047	55,079	88,126	1,339 65.00
65.01 03560	PULMONARY FUNCTION TESTING	0	18,494	30,824	49,318	145 65.01
66.00 06600	PHYSICAL THERAPY	0	37,479	62,466	99,945	257 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	43,773	72,957	116,730	235 67.00
68.00 06800	SPEECH PATHOLOGY	0	10,005	16,675	26,680	106 68.00
69.00 06900	ELECTROCARDIOLOGY	0	53,692	89,488	143,180	723 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	17,888	29,813	47,701	230 70.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

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

Worksheet B
Part II
Date/Time Prepared:
11/27/2018 1:18 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				2A
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	18,523	30,872	49,395	1,102	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.01 04950 OUTPATIENT CHEMOTHERAPY	0	0	0	0	787	90.01	
90.02 04951 MSH SPECIALTY CLINIC	0	0	0	0	282	90.02	
90.03 04952 UNDER THE RAINBOW	0	0	0	0	0	90.03	
90.04 09002 SPASTICITY CLINIC	0	0	0	0	85	90.04	
90.05 09001 HEM/ONC CLINIC @ ARCHER	0	0	0	0	0	90.05	
90.06 09003 MSH SPECIALTY CLINIC AT SCHWAB	0	0	0	0	94	90.06	
91.00 09100 EMERGENCY	0	90,232	150,390	240,622	4,582	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00	
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
99.00 09900 CMHC	0	0	0	0	0	99.00	
99.10 09910 CORF	0	0	0	0	0	99.10	
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00	
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00	
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00	
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00	
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00	
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00	
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00	
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00	
116.00 11600 HOSPICE	0	0	0	0	0	116.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	5,390,159	8,983,775	14,373,934	83,767	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
191.00 19100 RESEARCH	0	35,458	59,097	94,555	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
192.01 19201 KLING OFFICE BLDG	0	0	0	0	0	192.01	
192.02 19202 DAY PSYCH	0	0	0	0	0	192.02	
192.03 19203 FAMILY PLANNING	0	0	0	0	0	192.03	
192.04 19204 DEVELOPMENT	0	13,542	22,570	36,112	431	192.04	
192.05 19205 DENTISTRY	0	8,143	13,571	21,714	0	192.05	
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06	
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
200.00	Cross Foot Adjustments	0	0	0	0	200.00	
201.00	Negative Cost Centers	0	0	0	0	201.00	
202.00	TOTAL (sum lines 118 through 201)	0	5,447,302	9,079,013	14,526,315	84,198	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0018		Period: From 07/01/2017 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 11/27/2018 1:18 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
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
5.01	00540	NONPATIENT TELEPHONES	15,612					5.01
5.02	00550	DATA PROCESSING	628	124,738				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	314	7,796	220,722			5.03
5.04	00570	ADMINISTRATIVE	269	6,497	448	47,451		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	538	22,088	5,304	0	88,308	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	1,830	10,395	2,095	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	431	0	2,115	0	0	6.00
7.00	00700	OPERATION OF PLANT	745	0	26,337	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	45	0	8,253	0	0	8.00
9.00	00900	HOUSEKEEPING	242	0	14,227	0	0	9.00
10.00	01000	DIETARY	206	0	1,425	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	287	0	2,753	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	135	0	1,050	0	0	14.00
15.00	01500	PHARMACY	404	5,197	2,754	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	206	6,497	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	117	0	543	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	350	10,395	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,117	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,595	16,892	7,152	7,593	7,315	30.00
31.00	03100	INTENSIVE CARE UNIT	153	0	804	1,638	1,541	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	153	0	396	1,967	1,849	31.01
32.00	03200	CORONARY CARE UNIT	188	0	1,252	1,450	1,363	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	251	0	393	1,204	1,132	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	63	0	0	629	591	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	808	7,796	0	3,162	7,105	50.00
51.00	05100	RECOVERY ROOM	135	0	243	916	2,910	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	359	0	3,113	2,139	3,539	52.00
53.00	05300	ANESTHESIOLOGY	179	0	2,035	1,683	2,745	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	377	14,293	7,453	1,490	4,858	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	63	0	995	59	1,010	55.00
56.00	05600	RADIOISOTOPE	90	0	2,958	86	432	56.00
57.00	05700	CT SCAN	72	0	2,696	1,893	4,870	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	81	0	969	386	948	58.00
59.00	05900	CARDIAC CATHETERIZATION	72	0	9,567	1,237	1,668	59.00
60.00	06000	LABORATORY	700	16,892	27,994	4,097	12,352	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	45	0	672	323	403	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	72	0	6,734	3,033	3,043	65.00
65.01	03560	PULMONARY FUNCTION TESTING	9	0	0	708	842	65.01
66.00	06600	PHYSICAL THERAPY	72	0	140	166	190	66.00
67.00	06700	OCCUPATIONAL THERAPY	54	0	0	230	240	67.00
68.00	06800	SPEECH PATHOLOGY	27	0	45	115	177	68.00
69.00	06900	ELECTROCARDIOLOGY	153	0	16,702	944	2,399	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	188	0	184	33	337	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	27,639	1,838	2,456	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	27,727	1,691	2,456	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,570	7,704	73.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

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

Worksheet B
Part II
Date/Time Prepared:
11/27/2018 1:18 pm

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
74.00	07400	RENAL DIALYSIS	108	0	3,949	203	1,606	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	188	1	537	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	0	212	0	619	90.02
90.03	04952	UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	0	0	66	0	54	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	0	23	0	36	90.06
91.00	09100	EMERGENCY	538	0	0	2,967	8,981	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,352	124,738	220,722	47,451	88,308	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	170	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	90	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	15,612	124,738	220,722	47,451	88,308	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0018		Period: From 07/01/2017 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 11/27/2018 1:18 pm	
Cost Center Description			OTHER ADMINI STRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINI STRATIVE AND GENERAL	1,354,994					5.06
6.00	00600	MAINTENANCE & REPAIRS	22,163	578,023				6.00
7.00	00700	OPERATION OF PLANT	69,261	11,330	346,430			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	9,428	19,778	12,090	463,925		8.00
9.00	00900	HOUSEKEEPING	32,868	1,294	791	0	78,279	9.00
10.00	01000	DIETARY	15,211	4,445	2,718	0	638	10.00
11.00	01100	CAFETERIA	14,580	32,598	19,927	0	4,677	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	32,701	12,827	7,842	0	1,840	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,112	38,050	23,261	0	5,459	14.00
15.00	01500	PHARMACY	33,366	5,158	3,153	0	740	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	17,405	6,603	4,036	0	947	16.00
17.00	01700	SOCIAL SERVICE	6,032	3,890	2,378	0	558	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	30,454	8,025	4,906	0	1,151	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	43,307	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	28,197	6,774	4,141	0	972	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	2,872	167	102	0	24	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	201,089	176,462	107,879	138,212	25,315	30.00
31.00	03100	INTENSIVE CARE UNIT	26,491	10,183	6,225	21,746	1,461	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	29,545	3,253	1,988	7,420	467	31.01
32.00	03200	CORONARY CARE UNIT	25,602	11,750	7,183	19,550	1,686	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	26,808	20,026	12,242	18,625	2,873	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	8,345	2,567	1,569	0	368	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	91,893	47,110	28,799	63,263	6,759	50.00
51.00	05100	RECOVERY ROOM	12,944	2,306	1,410	17,845	331	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	37,345	10,905	6,666	26,530	1,565	52.00
53.00	05300	ANESTHESIOLOGY	23,523	3,207	1,960	0	460	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	62,926	28,042	17,142	22,521	4,023	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,577	6,557	4,008	4,185	941	55.00
56.00	05600	RADIOISOTOPE	5,234	4,363	2,667	4,943	626	56.00
57.00	05700	CT SCAN	11,598	1,744	1,066	5,943	250	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,765	1,849	1,130	2,786	265	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,550	3,800	2,323	3,666	545	59.00
60.00	06000	LABORATORY	91,236	43,082	26,337	0	6,181	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	13,528	1,472	900	0	211	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	20,244	4,207	2,572	0	604	65.00
65.01	03560	PULMONARY FUNCTION TESTING	2,561	2,354	1,439	0	338	65.01
66.00	06600	PHYSICAL THERAPY	3,713	4,771	2,916	0	684	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,542	5,572	3,406	0	799	67.00
68.00	06800	SPEECH PATHOLOGY	1,482	1,274	779	0	183	68.00
69.00	06900	ELECTROCARDIOLOGY	10,312	6,834	4,178	5,384	981	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,142	2,277	1,392	411	327	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	41,710	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	41,756	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	47,332	0	0	0	0	73.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

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

Worksheet B
Part II
Date/Time Prepared:
11/27/2018 1:18 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
74.00	07400	RENAL DIALYSIS	19,486	2,358	1,441	23,955	338	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	10,769	0	0	0	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	3,524	0	0	0	0	90.02
90.03	04952	UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	1,020	0	0	0	0	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	1,174	0	0	0	0	90.06
91.00	09100	EMERGENCY	78,105	11,486	7,021	76,940	1,648	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,344,828	570,750	341,983	463,925	77,235	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	3,687	4,513	2,759	0	648	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	6,333	1,724	1,054	0	247	192.04
192.05	19205	DENTISTRY	146	1,036	634	0	149	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,354,994	578,023	346,430	463,925	78,279	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0018		Period: From 07/01/2017 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 11/27/2018 1:18 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	118,614					10.00
11.00	01100	CAFETERIA	0	755,322				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	22,764	0	352,369		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,459	0	0	882,982	14.00
15.00	01500	PHARMACY	0	27,270	0	0	46,406	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	11,011	0	0	1	16.00
17.00	01700	SOCIAL SERVICE	0	5,154	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	0	3,827	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	79,353	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	2,470	0	0	0	23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	81,448	154,859	0	130,505	92,932	30.00
31.00	03100	INTENSIVE CARE UNIT	9,805	22,720	0	21,547	30,638	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	24,888	0	23,589	16,035	31.01
32.00	03200	CORONARY CARE UNIT	8,918	20,828	0	19,814	40,454	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	18,443	24,190	0	22,507	1,301	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	8,032	0	7,608	1	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	61,340	0	54,945	0	50.00
51.00	05100	RECOVERY ROOM	0	9,157	0	8,680	5,257	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	26,862	0	21,484	28,446	52.00
53.00	05300	ANESTHESIOLOGY	0	1,502	0	0	34,519	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	44,340	0	0	45,359	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,513	0	0	693	55.00
56.00	05600	RADIOISOTOPE	0	1,911	0	0	536	56.00
57.00	05700	CT SCAN	0	6,165	0	0	9,770	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,244	0	0	2,673	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,299	0	0	20,276	59.00
60.00	06000	LABORATORY	0	42,875	0	0	7,246	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,770	0	0	7	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	16,837	0	0	14,360	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	1,816	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	2,992	0	0	58	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,577	0	0	48	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,339	0	0	9	68.00
69.00	06900	ELECTROCARDIOLOGY	0	8,541	0	0	5,155	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,777	0	0	687	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	226,085	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	226,814	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

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

Worksheet B
Part II
Date/Time Prepared:
11/27/2018 1:18 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
74.00	07400	RENAL DIALYSIS	0	12,702	0	0	10,184	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	11,715	0	0	15,026	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	7,070	0	0	1,224	90.02
90.03	04952	UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	0	999	0	0	682	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	2,131	0	0	16	90.06
91.00	09100	EMERGENCY	0	57,023	0	41,690	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118,614	755,322	0	352,369	882,898	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	84	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	118,614	755,322	0	352,369	882,982	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0018	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/27/2018 1:18 pm
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
				COST CENTER	OUTPATIENT ACCOUNTING	
				15.00	16.00	
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
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMI TTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
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
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	235,493					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	185,716				16.00
17.00 01700 SOCIAL SERVICE	585	0	101,166			17.00
18.00 01850 OTHER GENERAL SERVICE COST CENTER	0	0	0	0		18.00
18.01 01851 OUTPATIENT ACCOUNTING	0	0	0	0	227,450	18.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	23.02
23.04 02304 MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	1,546	15,380	46,481	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	609	3,239	5,468	0	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	454	3,887	6,836	0	0	31.01
32.00 03200 CORONARY CARE UNIT	411	2,866	2,734	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	4	2,379	19,140	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	1,243	2,051	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,085	14,938	0	0	21,516	50.00
51.00 05100 RECOVERY ROOM	88	6,119	0	0	10,670	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	251	7,442	2,051	0	7,962	52.00
53.00 05300 ANESTHESIOLOGY	567	5,772	0	0	6,055	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	39	10,214	0	0	17,998	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	2,123	0	0	4,967	55.00
56.00 05600 RADIOISOTOPE	9	909	0	0	1,832	56.00
57.00 05700 CT SCAN	110	10,240	0	0	16,090	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	16	1,994	0	0	3,047	58.00
59.00 05900 CARDIAC CATHETERIZATION	105	3,506	0	0	2,629	59.00
60.00 06000 LABORATORY	1	26,012	0	0	45,096	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	848	0	0	518	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	24	6,399	0	0	1,004	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	1,770	0	0	920	65.01
66.00 06600 PHYSICAL THERAPY	0	399	0	0	173	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	506	0	0	127	67.00
68.00 06800 SPEECH PATHOLOGY	17	372	0	0	359	68.00
69.00 06900 ELECTROCARDIOLOGY	26	5,044	0	0	7,870	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	710	0	0	1,597	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,164	0	0	3,794	71.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

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

Worksheet B
Part II
Date/Time Prepared:
11/27/2018 1:18 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
				COST CENTER	OUTPATIENT ACCOUNTING	
				15.00	16.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	5,165	0	0	4,513	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	227,115	16,199	0	0	22,638	73.00
74.00 07400 RENAL DIALYSIS	0	3,376	10,937	0	7,366	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	0	1,130	0	0	2,793	90.01
90.02 04951 MSH SPECIALTY CLINIC	168	1,301	0	0	3,220	90.02
90.03 04952 UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04 09002 SPASTICITY CLINIC	0	113	0	0	279	90.04
90.05 09001 HEM/ONC CLINIC @ ARCHER	0	0	0	0	0	90.05
90.06 09003 MSH SPECIALTY CLINIC AT SCHWAB	172	75	0	0	185	90.06
91.00 09100 EMERGENCY	1,842	18,882	5,468	0	32,232	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	235,244	185,716	101,166	0	227,450	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	249	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02 19202 DAY PSYCH	0	0	0	0	0	192.02
192.03 19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04 19204 DEVELOPMENT	0	0	0	0	0	192.04
192.05 19205 DENTISTRY	0	0	0	0	0	192.05
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
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)	235,493	185,716	101,166	0	227,450	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0018	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/27/2018 1:18 pm
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Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	
	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
	19.00	20.00	21.00	22.00		
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
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	PURCHASING RECEIVING AND STORES					5.03
5.04 00570	ADMINISTRATIVE					5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
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
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
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
18.00 01850	OTHER GENERAL SERVICE COST CENTER					18.00
18.01 01851	OUTPATIENT ACCOUNTING					18.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0				19.00
20.00 02000	NURSING SCHOOL		0			20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD			127,830		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				185,097	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)					23.00
23.01 02301	PASTORAL EDUCATION				0	23.01
23.02 02302	PHARMACY RESIDENCY PROGRAM					23.02
23.04 02304	MEDICAL STUDENT EDUCATION					23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS					30.00
31.00 03100	INTENSIVE CARE UNIT					31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT					31.01
32.00 03200	CORONARY CARE UNIT					32.00
33.00 03300	BURN INTENSIVE CARE UNIT					33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT					34.00
40.00 04000	SUBPROVIDER - I PF					40.00
41.00 04100	SUBPROVIDER - I RF					41.00
42.00 04200	SUBPROVIDER					42.00
43.00 04300	NURSERY					43.00
44.00 04400	SKILLED NURSING FACILITY					44.00
45.00 04500	NURSING FACILITY					45.00
46.00 04600	OTHER LONG TERM CARE					46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM					50.00
51.00 05100	RECOVERY ROOM					51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00 05300	ANESTHESIOLOGY					53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					54.00
55.00 05500	RADIOLOGY-THERAPEUTIC					55.00
56.00 05600	RADIOISOTOPE					56.00
57.00 05700	CT SCAN					57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)					58.00
59.00 05900	CARDIAC CATHETERIZATION					59.00
60.00 06000	LABORATORY					60.00
60.01 06001	BLOOD LABORATORY					60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS					62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.					63.00
64.00 06400	INTRAVENOUS THERAPY					64.00
65.00 06500	RESPIRATORY THERAPY					65.00
65.01 03560	PULMONARY FUNCTION TESTING					65.01
66.00 06600	PHYSICAL THERAPY					66.00
67.00 06700	OCCUPATIONAL THERAPY					67.00
68.00 06800	SPEECH PATHOLOGY					68.00
69.00 06900	ELECTROCARDIOLOGY					69.00
70.00 07000	ELECTROENCEPHALOGRAPHY					70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS					71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS					72.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0018	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/27/2018 1:18 pm			
Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM			
	19.00	20.00	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			21.00	22.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
75.00	07500	ASC (NON-DISTINCT PART)						75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC						90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY						90.01
90.02	04951	MSH SPECIALTY CLINIC						90.02
90.03	04952	UNDER THE RAINBOW						90.03
90.04	09002	SPASTICITY CLINIC						90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER						90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB						90.06
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS						94.00
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED						96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD						97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS						98.00
99.00	09900	CMHC						99.00
99.10	09910	CORF						99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM						100.00
101.00	10100	HOME HEALTH AGENCY						101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
110.00	11000	INTESTINAL ACQUISITION						110.00
111.00	11100	ISLET ACQUISITION						111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)						115.00
116.00	11600	HOSPICE						116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.00	19100	RESEARCH						191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201	KLING OFFICE BLDG						192.01
192.02	19202	DAY PSYCH						192.02
192.03	19203	FAMILY PLANNING						192.03
192.04	19204	DEVELOPMENT						192.04
192.05	19205	DENTISTRY						192.05
192.06	19206	OCCUPATIONAL HEALTH						192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES						192.07
193.00	19300	NONPAID WORKERS						193.00
200.00		Cross Foot Adjustments	0	0	127,830	185,097	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	127,830	185,097	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0018		Period: From 07/01/2017 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 11/27/2018 1:18 pm	
Cost Center Description			PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	MEDICAL STUDENT EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.01	23.02	23.04	24.00	25.00	
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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
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
18.00	01850	OTHER GENERAL SERVICE COST CENTER						18.00
18.01	01851	OUTPATIENT ACCOUNTING						18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-(SPECFY)						23.00
23.01	02301	PASTORAL EDUCATION	0					23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM		9,385				23.02
23.04	02304	MEDICAL STUDENT EDUCATION			0			23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				4,923,328	0	30.00
31.00	03100	INTENSIVE CARE UNIT				379,697	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT				193,391	0	31.01
32.00	03200	CORONARY CARE UNIT				414,267	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT				0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				0	0	34.00
40.00	04000	SUBPROVIDER - I PF				593,121	0	40.00
41.00	04100	SUBPROVIDER - I RF				0	0	41.00
42.00	04200	SUBPROVIDER				0	0	42.00
43.00	04300	NURSERY				87,546	0	43.00
44.00	04400	SKILLED NURSING FACILITY				0	0	44.00
45.00	04500	NURSING FACILITY				0	0	45.00
46.00	04600	OTHER LONG TERM CARE				0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				1,402,982	0	50.00
51.00	05100	RECOVERY ROOM				128,338	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				418,009	0	52.00
53.00	05300	ANESTHESIOLOGY				151,694	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				872,048	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				174,414	0	55.00
56.00	05600	RADIOISOTOPE				118,175	0	56.00
57.00	05700	CT SCAN				109,607	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)				61,093	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				142,302	0	59.00
60.00	06000	LABORATORY				1,256,246	0	60.00
60.01	06001	BLOOD LABORATORY				0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS				55,998	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.				0	0	63.00
64.00	06400	INTRAVENOUS THERAPY				0	0	64.00
65.00	06500	RESPIRATORY THERAPY				168,598	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING				62,220	0	65.01
66.00	06600	PHYSICAL THERAPY				116,476	0	66.00
67.00	06700	OCCUPATIONAL THERAPY				134,066	0	67.00
68.00	06800	SPEECH PATHOLOGY				32,964	0	68.00
69.00	06900	ELECTROCARDIOLOGY				218,426	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				62,993	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				308,686	0	71.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0018			Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/27/2018 1:18 pm	
Cost Center Description		PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	MEDICAL STUDENT EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		23.01	23.02	23.04	24.00	25.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			310,122	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			324,558	0	73.00
74.00	07400	RENAL DIALYSIS			148,506	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)			0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC			0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			0	0	89.00
90.00	09000	CLINIC			0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY			42,946	0	90.01
90.02	04951	MSH SPECIALTY CLINIC			17,620	0	90.02
90.03	04952	UNDER THE RAINBOW			0	0	90.03
90.04	09002	SPASTICITY CLINIC			3,298	0	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER			0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB			3,906	0	90.06
91.00	09100	EMERGENCY			590,027	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS			0	0	94.00
95.00	09500	AMBULANCE SERVICES			0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED			0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD			0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS			0	0	98.00
99.00	09900	CMHC			0	0	99.00
99.10	09910	CORF			0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			0	0	100.00
101.00	10100	HOME HEALTH AGENCY			0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION			0	0	105.00
106.00	10600	HEART ACQUISITION			0	0	106.00
107.00	10700	LIVER ACQUISITION			0	0	107.00
108.00	10800	LUNG ACQUISITION			0	0	108.00
109.00	10900	PANCREAS ACQUISITION			0	0	109.00
110.00	11000	INTESTINAL ACQUISITION			0	0	110.00
111.00	11100	ISLET ACQUISITION			0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			0	0	115.00
116.00	11600	HOSPICE			0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	14,027,668	0118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			0	0	190.00
191.00	19100	RESEARCH			106,665	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			0	0	192.00
192.01	19201	KLING OFFICE BLDG			0	0	192.01
192.02	19202	DAY PSYCH			0	0	192.02
192.03	19203	FAMILY PLANNING			0	0	192.03
192.04	19204	DEVELOPMENT			45,991	0	192.04
192.05	19205	DENTISTRY			23,679	0	192.05
192.06	19206	OCCUPATIONAL HEALTH			0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES			0	0	192.07
193.00	19300	NONPAID WORKERS			0	0	193.00
200.00		Cross Foot Adjustments	0	9,385	0	322,312	0200.00
201.00		Negative Cost Centers	0	0	0	0	0201.00
202.00		TOTAL (sum lines 118 through 201)	0	9,385	0	14,526,315	0202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

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

Worksheet B
Part II
Date/Time Prepared:
11/27/2018 1:18 pm

Cost Center Description		Total	
		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
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.04	00570 ADMITTING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL		5.06
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
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
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
18.00	01850 OTHER GENERAL SERVICE COST CENTER		18.00
18.01	01851 OUTPATIENT ACCOUNTING		18.01
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
23.01	02301 PASTORAL EDUCATION		23.01
23.02	02302 PHARMACY RESIDENCY PROGRAM		23.02
23.04	02304 MEDICAL STUDENT EDUCATION		23.04
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	4,923,328	30.00
31.00	03100 INTENSIVE CARE UNIT	379,697	31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT	193,391	31.01
32.00	03200 CORONARY CARE UNIT	414,267	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000 SUBPROVIDER - IPF	593,121	40.00
41.00	04100 SUBPROVIDER - IRF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	87,546	43.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
45.00	04500 NURSING FACILITY	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	1,402,982	50.00
51.00	05100 RECOVERY ROOM	128,338	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	418,009	52.00
53.00	05300 ANESTHESIOLOGY	151,694	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	872,048	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	174,414	55.00
56.00	05600 RADIOISOTOPE	118,175	56.00
57.00	05700 CT SCAN	109,607	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	61,093	58.00
59.00	05900 CARDIAC CATHETERIZATION	142,302	59.00
60.00	06000 LABORATORY	1,256,246	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	55,998	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	64.00
65.00	06500 RESPIRATORY THERAPY	168,598	65.00
65.01	03560 PULMONARY FUNCTION TESTING	62,220	65.01
66.00	06600 PHYSICAL THERAPY	116,476	66.00
67.00	06700 OCCUPATIONAL THERAPY	134,066	67.00
68.00	06800 SPEECH PATHOLOGY	32,964	68.00
69.00	06900 ELECTROCARDIOLOGY	218,426	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	62,993	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	308,686	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	310,122	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	324,558	73.00
74.00	07400 RENAL DIALYSIS	148,506	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	75.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0018

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

Worksheet B
Part II
Date/Time Prepared:
11/27/2018 1:18 pm

Cost Center Description		Total	
		26.00	
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	42,946	90.01
90.02	04951 MSH SPECIALTY CLINIC	17,620	90.02
90.03	04952 UNDER THE RAINBOW	0	90.03
90.04	09002 SPASTICITY CLINIC	3,298	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	0	90.05
90.06	09003 MSH SPECIALTY CLINIC AT SCHWAB	3,906	90.06
91.00	09100 EMERGENCY	590,027	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	0	94.00
95.00	09500 AMBULANCE SERVICES	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	09900 CMHC	0	99.00
99.10	09910 CORF	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	0	105.00
106.00	10600 HEART ACQUISITION	0	106.00
107.00	10700 LIVER ACQUISITION	0	107.00
108.00	10800 LUNG ACQUISITION	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE		113.00
114.00	11400 UTILIZATION REVIEW-SNF		114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600 HOSPICE	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	14,027,668	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100 RESEARCH	106,665	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201 KLING OFFICE BLDG	0	192.01
192.02	19202 DAY PSYCH	0	192.02
192.03	19203 FAMILY PLANNING	0	192.03
192.04	19204 DEVELOPMENT	45,991	192.04
192.05	19205 DENTISTRY	23,679	192.05
192.06	19206 OCCUPATIONAL HEALTH	0	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	192.07
193.00	19300 NONPAID WORKERS	0	193.00
200.00	Cross Foot Adjustments	322,312	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	14,526,315	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

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

Worksheet B-1

Date/Time Prepared:
11/27/2018 1:18 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (ASSIGNED TIME)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	377,312				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		377,312			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,187	2,187	114,721,602		4.00
5.01	00540	NONPATIENT TELEPHONES	396	396	498,913	1,740	5.01
5.02	00550	DATA PROCESSING	3,120	3,120	5,436,781	70	960 5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5,519	5,519	180,903	35	60 5.03
5.04	00570	ADMINISTRATIVE	994	994	2,680,968	30	50 5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,567	1,567	66,545	60	170 5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	34,625	34,625	10,393,054	204	80 5.06
6.00	00600	MAINTENANCE & REPAIRS	14,372	14,372	0	48	0 6.00
7.00	00700	OPERATION OF PLANT	6,165	6,165	1,917,952	83	0 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	10,762	10,762	0	5	0 8.00
9.00	00900	HOUSEKEEPING	704	704	2,388,158	27	0 9.00
10.00	01000	DIETARY	2,419	2,419	1,145,730	23	0 10.00
11.00	01100	CAFETERIA	17,738	17,738	866,995	0	0 11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	01300	NURSING ADMINISTRATION	6,980	6,980	3,581,843	32	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,705	20,705	441,749	15	0 14.00
15.00	01500	PHARMACY	2,807	2,807	4,056,191	45	40 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,593	3,593	927,707	23	50 16.00
17.00	01700	SOCIAL SERVICE	2,117	2,117	553,584	13	0 17.00
18.00	01850	OTHER GENERAL SERVICE COST CENTER	0	0	0	0	0 18.00
18.01	01851	OUTPATIENT ACCOUNTING	4,367	4,367	292,349	39	80 18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	7,043,430	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,686	3,686	2,706,806	0	0 22.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0 23.00
23.01	02301	PASTORAL EDUCATION	0	0	0	0	0 23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	91	91	335,786	0	0 23.02
23.04	02304	MEDICAL STUDENT EDUCATION	0	0	0	0	0 23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	96,022	96,022	16,196,856	401	130 30.00
31.00	03100	INTENSIVE CARE UNIT	5,541	5,541	2,866,582	17	0 31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,770	1,770	3,432,767	17	0 31.01
32.00	03200	CORONARY CARE UNIT	6,394	6,394	2,795,037	21	0 32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00	04000	SUBPROVIDER - IPF	10,897	10,897	2,826,300	28	0 40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	1,397	1,397	947,059	7	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	25,635	25,635	7,532,042	90	60 50.00
51.00	05100	RECOVERY ROOM	1,255	1,255	1,375,498	15	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,934	5,934	3,943,340	40	0 52.00
53.00	05300	ANESTHESIOLOGY	1,745	1,745	414,871	20	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,259	15,259	4,782,522	42	110 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,568	3,568	486,467	7	0 55.00
56.00	05600	RADIOISOTOPE	2,374	2,374	246,247	10	0 56.00
57.00	05700	CT SCAN	949	949	768,387	8	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,006	1,006	285,002	9	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	2,068	2,068	602,355	8	0 59.00
60.00	06000	LABORATORY	23,443	23,443	4,905,543	78	130 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	801	801	631,379	5	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	2,289	2,289	1,823,992	8	0 65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,281	1,281	198,113	1	0 65.01
66.00	06600	PHYSICAL THERAPY	2,596	2,596	349,517	8	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	3,032	3,032	320,342	6	0 67.00
68.00	06800	SPEECH PATHOLOGY	693	693	144,580	3	0 68.00
69.00	06900	ELECTROCARDIOLOGY	3,719	3,719	985,663	17	0 69.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

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

Worksheet B-1
Date/Time Prepared:
11/27/2018 1:18 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (ASSIGNED TIME)		
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
		1.00	2.00					4.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,239	1,239	313,315	21	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	1,283	1,283	1,501,920	12	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	1,072,630	0	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	0	384,102	0	0	90.02
90.03	04952	UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	0	0	116,331	0	0	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	0	127,862	0	0	90.06
91.00	09100	EMERGENCY	6,250	6,250	6,242,100	60	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	373,354	373,354	114,134,165	1,711	960	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	2,456	2,456	0	19	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	938	938	587,437	10	0	192.04
192.05	19205	DENTISTRY	564	564	0	0	0	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	5,447,302	9,079,013	18,932,325	1,239,642	11,446,958	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.437129	24.062349	0.165028	712.437931	11,923.914583	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			84,198	15,612	124,738	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000734	8.972414	129.935417	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: 14-0018

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

Worksheet B-1
Date/Time Prepared:
11/27/2018 1:18 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUP COST)	ADMINITTING (INP REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REV)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560	20,554,623					5.03
5.04	00570	41,753	571,052,384				5.04
5.05	00580	493,967	0	1,133,764,165			5.05
5.06	00590	195,073	0	0	-50,823,238	201,981,372	5.06
6.00	00600	196,973	0	0	0	3,303,472	6.00
7.00	00700	2,452,674	0	0	0	10,323,585	7.00
8.00	00800	768,612	0	0	0	1,405,282	8.00
9.00	00900	1,324,881	0	0	0	4,899,101	9.00
10.00	01000	132,735	0	0	0	2,267,291	10.00
11.00	01100	0	0	0	0	2,173,213	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	256,414	0	0	0	4,874,146	13.00
14.00	01400	97,750	0	0	0	1,358,189	14.00
15.00	01500	256,454	0	0	0	4,973,362	15.00
16.00	01600	0	0	0	0	2,594,261	16.00
17.00	01700	50,539	0	0	0	899,125	17.00
18.00	01850	0	0	0	0	0	18.00
18.01	01851	0	0	0	0	4,539,214	18.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	6,455,003	21.00
22.00	02200	103,983	0	0	0	4,202,933	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	428,024	23.02
23.04	02304	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	666,076	90,834,522	93,782,304	0	29,987,729	30.00
31.00	03100	74,896	19,740,310	19,750,645	0	3,948,643	31.00
31.01	02060	36,855	23,699,868	23,699,931	0	4,403,773	31.01
32.00	03200	116,583	17,475,446	17,476,151	0	3,816,129	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	36,570	14,507,368	14,507,368	0	3,995,753	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	9	7,577,060	7,577,060	0	1,243,880	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	38,091,809	91,086,953	0	13,696,954	50.00
51.00	05100	22,663	11,033,574	37,313,695	0	1,929,382	51.00
52.00	05200	289,886	25,765,673	45,377,277	0	5,566,416	52.00
53.00	05300	189,535	20,282,500	35,195,759	0	3,506,196	53.00
54.00	05400	694,082	17,950,628	62,280,356	0	9,379,317	54.00
55.00	05500	92,625	709,871	12,944,374	0	1,129,339	55.00
56.00	05600	275,470	1,030,806	5,543,291	0	780,219	56.00
57.00	05700	251,086	22,806,915	62,436,700	0	1,728,759	57.00
58.00	05800	90,262	4,653,126	12,157,544	0	561,229	58.00
59.00	05900	890,903	14,904,672	21,379,104	0	1,274,450	59.00
60.00	06000	2,606,438	49,363,327	159,970,031	0	13,599,063	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	62,620	3,894,053	5,169,404	0	2,016,369	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	627,082	36,541,834	39,015,448	0	3,017,422	65.00
65.01	03560	0	8,526,212	10,792,745	0	381,798	65.01
66.00	06600	13,062	2,005,769	2,431,736	0	553,374	66.00
67.00	06700	28	2,769,639	3,082,739	0	527,910	67.00
68.00	06800	4,163	1,384,169	2,267,639	0	220,936	68.00
69.00	06900	1,555,394	11,373,398	30,757,841	0	1,536,995	69.00
70.00	07000	17,097	392,584	4,326,390	0	468,323	70.00
71.00	07100	2,573,909	22,143,501	31,488,933	0	6,216,950	71.00
72.00	07200	2,582,158	20,376,418	31,491,926	0	6,223,952	72.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

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

Worksheet B-1
Date/Time Prepared:
11/27/2018 1:18 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUP COST)	ADMITTING (INP REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REV)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	43,014,685	98,772,398	0	7,055,029	73.00
74.00	07400 RENAL DIALYSIS	367,797	2,443,784	20,587,054	0	2,904,457	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	17,481	6,849	6,887,263	0	1,605,083	90.01
90.02	04951 MSH SPECIALTY CLINIC	19,743	3,128	7,934,922	0	525,330	90.02
90.03	04952 UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04	09002 SPASTICITY CLINIC	6,162	0	686,203	0	151,972	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	0	0	0	0	0	90.05
90.06	09003 MSH SPECIALTY CLINIC AT SCHWAB	2,180	0	456,128	0	175,029	90.06
91.00	09100 EMERGENCY	0	35,748,886	115,136,853	0	11,641,858	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	20,554,623	571,052,384	1,133,764,165	-50,823,238	200,466,219	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	549,537	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202 DAY PSYCH	0	0	0	0	0	192.02
192.03	19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204 DEVELOPMENT	0	0	0	0	943,902	192.04
192.05	19205 DENTISTRY	0	0	0	0	21,714	192.05
192.06	19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
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)	1,500,152	3,901,015	4,487,145		50,823,238	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.072984	0.006831	0.003958		0.251623	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	220,722	47,451	88,308		1,354,994	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.010738	0.000083	0.000078		0.006709	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: 14-0018

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

Worksheet B-1

Date/Time Prepared:
11/27/2018 1:18 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600	314,532					6.00
7.00	00700	6,165	308,367				7.00
8.00	00800	10,762	10,762	711,634			8.00
9.00	00900	704	704	0	296,901		9.00
10.00	01000	2,419	2,419	0	2,419	140,138	10.00
11.00	01100	17,738	17,738	0	17,738	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	6,980	6,980	0	6,980	0	13.00
14.00	01400	20,705	20,705	0	20,705	0	14.00
15.00	01500	2,807	2,807	0	2,807	0	15.00
16.00	01600	3,593	3,593	0	3,593	0	16.00
17.00	01700	2,117	2,117	0	2,117	0	17.00
18.00	01850	0	0	0	0	0	18.00
18.01	01851	4,367	4,367	0	4,367	0	18.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	3,686	3,686	0	3,686	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	91	91	0	91	0	23.02
23.04	02304	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	96,022	96,022	212,009	96,022	96,228	30.00
31.00	03100	5,541	5,541	33,357	5,541	11,584	31.00
31.01	02060	1,770	1,770	11,382	1,770	0	31.01
32.00	03200	6,394	6,394	29,989	6,394	10,536	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	10,897	10,897	28,570	10,897	21,790	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	1,397	1,397	0	1,397	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	25,635	25,635	97,042	25,635	0	50.00
51.00	05100	1,255	1,255	27,373	1,255	0	51.00
52.00	05200	5,934	5,934	40,696	5,934	0	52.00
53.00	05300	1,745	1,745	0	1,745	0	53.00
54.00	05400	15,259	15,259	34,546	15,259	0	54.00
55.00	05500	3,568	3,568	6,420	3,568	0	55.00
56.00	05600	2,374	2,374	7,582	2,374	0	56.00
57.00	05700	949	949	9,116	949	0	57.00
58.00	05800	1,006	1,006	4,273	1,006	0	58.00
59.00	05900	2,068	2,068	5,624	2,068	0	59.00
60.00	06000	23,443	23,443	0	23,443	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	801	801	0	801	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	2,289	2,289	0	2,289	0	65.00
65.01	03560	1,281	1,281	0	1,281	0	65.01
66.00	06600	2,596	2,596	0	2,596	0	66.00
67.00	06700	3,032	3,032	0	3,032	0	67.00
68.00	06800	693	693	0	693	0	68.00
69.00	06900	3,719	3,719	8,258	3,719	0	69.00
70.00	07000	1,239	1,239	630	1,239	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

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

Worksheet B-1

Date/Time Prepared:
11/27/2018 1:18 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	1,283	1,283	36,745	1,283	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	0	0	0	0	90.01
90.02	04951 MSH SPECIALTY CLINIC	0	0	0	0	0	90.02
90.03	04952 UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04	09002 SPASTICITY CLINIC	0	0	0	0	0	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	0	0	0	0	0	90.05
90.06	09003 MSH SPECIALTY CLINIC AT SCHWAB	0	0	0	0	0	90.06
91.00	09100 EMERGENCY	6,250	6,250	118,022	6,250	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	310,574	304,409	711,634	292,943	140,138	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	2,456	2,456	0	2,456	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202 DAY PSYCH	0	0	0	0	0	192.02
192.03	19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204 DEVELOPMENT	938	938	0	938	0	192.04
192.05	19205 DENTISTRY	564	564	0	564	0	192.05
192.06	19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
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)	4,134,702	13,002,278	2,354,135	6,170,765	3,021,866	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	13.145569	42.164946	3.308070	20.783915	21.563502	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	578,023	346,430	463,925	78,279	118,614	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.837724	1.123434	0.651915	0.263654	0.846409	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: 14-0018

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

Worksheet B-1

Date/Time Prepared:
11/27/2018 1:18 pm

Cost Center Description		CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (BLANK)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (PHARM REQ)	
		11.00	12.00	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
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
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	120,181					11.00
12.00	01200	0	0				12.00
13.00	01300	3,622	0	1,222,067			13.00
14.00	01400	1,346	0	0	8,473,562		14.00
15.00	01500	4,339	0	0	445,336	14,106,875	15.00
16.00	01600	1,752	0	0	7	0	16.00
17.00	01700	820	0	0	0	35,066	17.00
18.00	01850	0	0	0	0	0	18.00
18.01	01851	609	0	0	0	0	18.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	12,626	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	393	0	0	0	0	23.02
23.04	02304	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	24,640	0	452,612	891,825	92,595	30.00
31.00	03100	3,615	0	74,728	294,023	36,489	31.00
31.01	02060	3,960	0	81,809	153,884	27,177	31.01
32.00	03200	3,314	0	68,719	388,224	24,608	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	3,849	0	78,057	12,483	247	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	1,278	0	26,385	13	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	9,760	0	190,557	0	64,983	50.00
51.00	05100	1,457	0	30,103	50,446	5,289	51.00
52.00	05200	4,274	0	74,511	272,988	15,028	52.00
53.00	05300	239	0	0	331,267	33,983	53.00
54.00	05400	7,055	0	0	435,287	2,347	54.00
55.00	05500	559	0	0	6,648	21	55.00
56.00	05600	304	0	0	5,142	527	56.00
57.00	05700	981	0	0	93,759	6,582	57.00
58.00	05800	357	0	0	25,656	971	58.00
59.00	05900	684	0	0	194,581	6,270	59.00
60.00	06000	6,822	0	0	69,532	68	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100						61.00
62.00	06200	918	0	0	69	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	2,679	0	0	137,810	1,465	65.00
65.01	03560	289	0	0	0	0	65.01
66.00	06600	476	0	0	560	0	66.00
67.00	06700	410	0	0	457	0	67.00
68.00	06800	213	0	0	84	1,017	68.00
69.00	06900	1,359	0	0	49,474	1,543	69.00
70.00	07000	601	0	0	6,592	0	70.00
71.00	07100	0	0	0	2,169,637	0	71.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

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

Worksheet B-1

Date/Time Prepared:
11/27/2018 1:18 pm

Cost Center Description		CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (BLANK)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (PHARM REQ)	
		11.00	12.00	13.00	14.00	15.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,176,590	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	13,604,970	73.00
74.00	07400 RENAL DIALYSIS	2,021	0	0	97,736	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	1,864	0	0	144,201	0	90.01
90.02	04951 MSH SPECIALTY CLINIC	1,125	0	0	11,748	10,042	90.02
90.03	04952 UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04	09002 SPASTICITY CLINIC	159	0	0	6,541	0	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	0	0	0	0	0	90.05
90.06	09003 MSH SPECIALTY CLINIC AT SCHWAB	339	0	0	154	10,309	90.06
91.00	09100 EMERGENCY	9,073	0	144,586	0	110,354	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	120,181	0	1,222,067	8,472,754	14,091,951	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	808	14,924	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202 DAY PSYCH	0	0	0	0	0	192.02
192.03	19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204 DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205 DENTISTRY	0	0	0	0	0	192.05
192.06	19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
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)	4,069,806	0	6,754,387	3,321,057	6,759,848	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	33.863972	0.000000	5.527019	0.391932	0.479188	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	755,322	0	352,369	882,982	235,493	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	6.284870	0.000000	0.288339	0.104204	0.016693	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: 14-0018

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

Worksheet B-1

Date/Time Prepared:
11/27/2018 1:18 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TOTAL REV)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS (BLANK)	
			COST CENTER (BLANK)	OUTPATIENT ACCOUNTING (O/P REVENUE)		
			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
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
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
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
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	1,133,764,165					16.00
17.00 01700 SOCIAL SERVICE	0	7,400				17.00
18.00 01850 OTHER GENERAL SERVICE COST CENTER	0	0	0			18.00
18.01 01851 OUTPATIENT ACCOUNTING	0	0	0	559,752,897		18.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	23.02
23.04 02304 MEDICAL STUDENT EDUCATION	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	93,782,304	3,400	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	19,750,645	400	0	0	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	23,699,931	500	0	0	0	31.01
32.00 03200 CORONARY CARE UNIT	17,476,151	200	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	14,507,368	1,400	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	7,577,060	150	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	91,086,953	0	0	52,995,144	0	50.00
51.00 05100 RECOVERY ROOM	37,313,695	0	0	26,280,121	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	45,377,277	150	0	19,611,603	0	52.00
53.00 05300 ANESTHESIOLOGY	35,195,759	0	0	14,913,259	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	62,280,356	0	0	44,329,728	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	12,944,374	0	0	12,234,503	0	55.00
56.00 05600 RADIOISOTOPE	5,543,291	0	0	4,512,485	0	56.00
57.00 05700 CT SCAN	62,436,700	0	0	39,629,785	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	12,157,544	0	0	7,504,418	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	21,379,104	0	0	6,474,433	0	59.00
60.00 06000 LABORATORY	159,970,031	0	0	110,606,704	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	5,169,404	0	0	1,275,351	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	39,015,448	0	0	2,473,615	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	10,792,745	0	0	2,266,533	0	65.01
66.00 06600 PHYSICAL THERAPY	2,431,736	0	0	425,967	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	3,082,739	0	0	313,100	0	67.00
68.00 06800 SPEECH PATHOLOGY	2,267,639	0	0	883,470	0	68.00
69.00 06900 ELECTROCARDIOLOGY	30,757,841	0	0	19,384,443	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	4,326,390	0	0	3,933,806	0	70.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

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

Worksheet B-1

Date/Time Prepared:
11/27/2018 1:18 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TOTAL REV)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS (BLANK)	
			COST CENTER (BLANK)	OUTPATIENT ACCOUNTING (O/P REVENUE)		
			16.00	17.00		
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	31,488,933	0	0	9,345,432	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	31,491,926	0	0	11,115,508	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	98,772,398	0	0	55,757,713	0	73.00
74.00 07400 RENAL DIALYSIS	20,587,054	800	0	18,143,270	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	6,887,263	0	0	6,880,414	0	90.01
90.02 04951 MSH SPECIALTY CLINIC	7,934,922	0	0	7,931,794	0	90.02
90.03 04952 UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04 09002 SPASTICITY CLINIC	686,203	0	0	686,203	0	90.04
90.05 09001 HEM/ONC CLINIC @ ARCHER	0	0	0	0	0	90.05
90.06 09003 MSH SPECIALTY CLINIC AT SCHWAB	456,128	0	0	456,128	0	90.06
91.00 09100 EMERGENCY	115,136,853	400	0	79,387,967	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,133,764,165	7,400	559,752,897	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02 19202 DAY PSYCH	0	0	0	0	0	192.02
192.03 19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04 19204 DEVELOPMENT	0	0	0	0	0	192.04
192.05 19205 DENTISTRY	0	0	0	0	0	192.05
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
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)	3,579,778	1,331,029	0	6,034,312	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.003157	179.868784	0.000000	0.010780	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	185,716	101,166	0	227,450	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000164	13.671081	0.000000	0.000406	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: 14-0018

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

Worksheet B-1
Date/Time Prepared:
11/27/2018 1:18 pm

Cost Center Description	NURSING SCHOOL (BLANK)	INTERNS & RESIDENTS		PARAMED PRGM (BLANK)	PASTORAL EDUCATION (PASTORAL TIME SPENT)	
		SERVICES-SALARY & FRINGES (I/R TIME)	SERVICES-OTHER PRGM COSTS (I/R TIME)			
		20.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100						1.00
2.00 00200						2.00
4.00 00400						4.00
5.01 00540						5.01
5.02 00550						5.02
5.03 00560						5.03
5.04 00570						5.04
5.05 00580						5.05
5.06 00590						5.06
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						11.00
12.00 01200						12.00
13.00 01300						13.00
14.00 01400						14.00
15.00 01500						15.00
16.00 01600						16.00
17.00 01700						17.00
18.00 01850						18.00
18.01 01851						18.01
19.00 01900						19.00
20.00 02000	0					20.00
21.00 02100		8,954				21.00
22.00 02200			8,954			22.00
23.00 02300				0		23.00
23.01 02301					0	23.01
23.02 02302						23.02
23.04 02304						23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	0	6,238	6,238	0	0	30.00
31.00 03100	0	314	314	0	0	31.00
31.01 02060	0	279	279	0	0	31.01
32.00 03200	0	151	151	0	0	32.00
33.00 03300	0	0	0	0	0	33.00
34.00 03400	0	0	0	0	0	34.00
40.00 04000	0	0	0	0	0	40.00
41.00 04100	0	0	0	0	0	41.00
42.00 04200	0	0	0	0	0	42.00
43.00 04300	0	0	0	0	0	43.00
44.00 04400	0	0	0	0	0	44.00
45.00 04500	0	0	0	0	0	45.00
46.00 04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	0	1,133	1,133	0	0	50.00
51.00 05100	0	0	0	0	0	51.00
52.00 05200	0	0	0	0	0	52.00
53.00 05300	0	93	93	0	0	53.00
54.00 05400	0	0	0	0	0	54.00
55.00 05500	0	0	0	0	0	55.00
56.00 05600	0	0	0	0	0	56.00
57.00 05700	0	0	0	0	0	57.00
58.00 05800	0	0	0	0	0	58.00
59.00 05900	0	0	0	0	0	59.00
60.00 06000	0	0	0	0	0	60.00
60.01 06001	0	0	0	0	0	60.01
61.00 06100	0	0	0	0	0	61.00
62.00 06200	0	0	0	0	0	62.00
63.00 06300	0	0	0	0	0	63.00
64.00 06400	0	0	0	0	0	64.00
65.00 06500	0	0	0	0	0	65.00
65.01 03560	0	0	0	0	0	65.01
66.00 06600	0	0	0	0	0	66.00
67.00 06700	0	0	0	0	0	67.00
68.00 06800	0	0	0	0	0	68.00
69.00 06900	0	116	116	0	0	69.00
70.00 07000	0	129	129	0	0	70.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

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

Worksheet B-1

Date/Time Prepared:
11/27/2018 1:18 pm

Cost Center Description	NURSING SCHOOL (BLANK)	INTERNS & RESIDENTS		PARAMED PRGM (BLANK)	PASTORAL EDUCATION (PASTORAL TIME SPENT)	
		SERVICES-SALAR Y & FRINGES (I/R TIME)	SERVICES-OTHER PRGM COSTS (I/R TIME)			
		20.00	21.00			
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
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	0	0	0	0	0	90.01
90.02 04951 MSH SPECIALTY CLINIC	0	0	0	0	0	90.02
90.03 04952 UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04 09002 SPASTICITY CLINIC	0	0	0	0	0	90.04
90.05 09001 HEM/ONC CLINIC @ ARCHER	0	0	0	0	0	90.05
90.06 09003 MSH SPECIALTY CLINIC AT SCHWAB	0	0	0	0	0	90.06
91.00 09100 EMERGENCY	0	501	501	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	8,954	8,954	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02 19202 DAY PSYCH	0	0	0	0	0	192.02
192.03 19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04 19204 DEVELOPMENT	0	0	0	0	0	192.04
192.05 19205 DENTISTRY	0	0	0	0	0	192.05
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
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)	0	8,506,797	5,540,973	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	950.055506	618.826558	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	127,830	185,097	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	14.276301	20.671990	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0			0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000			0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

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

Worksheet B-1
Date/Time Prepared:
11/27/2018 1:18 pm

Cost Center Description		PHARMACY RESIDENCY PROGRAM (PHARM TIME SPENT)	MEDICAL STUDENT EDUCATION (BLANK)	
		23.02	23.04	
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
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL		5.06
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
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
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
18.00	01850	OTHER GENERAL SERVICE COST CENTER		18.00
18.01	01851	OUTPATIENT ACCOUNTING		18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
23.01	02301	PASTORAL EDUCATION		23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	10,000	23.02
23.04	02304	MEDICAL STUDENT EDUCATION		23.04
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	2,912	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	31.01
32.00	03200	CORONARY CARE UNIT	1,549	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
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
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	65.01
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

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

Worksheet B-1
Date/Time Prepared:
11/27/2018 1:18 pm

Cost Center Description		PHARMACY RESIDENCY PROGRAM (PHARM TIME SPENT)	MEDICAL STUDENT EDUCATION (BLANK)		
		23.02	23.04		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,912	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	186	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	0	90.02
90.03	04952	UNDER THE RAINBOW	0	0	90.03
90.04	09002	SPASTICITY CLINIC	0	0	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	1,735	0	90.06
91.00	09100	EMERGENCY	706	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,000	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	192.01
192.02	19202	DAY PSYCH	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	192.04
192.05	19205	DENTISTRY	0	0	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	193.00
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)	555,958	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	55.595800	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	9,385	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.938500	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0018	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/27/2018 1:18 pm		
			Title XVIII	Hospital	PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	52,415,928	52,415,928	717,648	53,133,576	30.00
31.00	03100	INTENSIVE CARE UNIT	6,526,455	6,526,455	0	6,526,455	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	6,508,555	6,508,555	0	6,508,555	31.01
32.00	03200	CORONARY CARE UNIT	6,422,551	6,422,551	0	6,422,551	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	7,259,148	7,259,148	94,355	7,353,503	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	1,903,186	1,903,186	0	1,903,186	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	21,688,839	21,688,839	669,955	22,358,794	50.00
51.00	05100	RECOVERY ROOM	3,240,034	3,240,034	0	3,240,034	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,605,626	8,605,626	0	8,605,626	52.00
53.00	05300	ANESTHESIOLOGY	4,947,310	4,947,310	88,027	5,035,337	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,099,906	14,099,906	122,804	14,222,710	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,900,549	1,900,549	0	1,900,549	55.00
56.00	05600	RADIOISOTOPE	1,260,979	1,260,979	0	1,260,979	56.00
57.00	05700	CT SCAN	2,963,569	2,963,569	0	2,963,569	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	935,021	935,021	0	935,021	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,010,818	2,010,818	0	2,010,818	59.00
60.00	06000	LABORATORY	20,761,113	20,761,113	28,591	20,789,704	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,645,868	2,645,868	0	2,645,868	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,246,129	4,246,129	0	4,246,129	65.00
65.01	03560	PULMONARY FUNCTION TESTING	643,636	643,636	0	643,636	65.01
66.00	06600	PHYSICAL THERAPY	918,764	918,764	0	918,764	66.00
67.00	06700	OCCUPATIONAL THERAPY	918,632	918,632	0	918,632	67.00
68.00	06800	SPEECH PATHOLOGY	353,678	353,678	0	353,678	68.00
69.00	06900	ELECTROCARDIOLOGY	2,606,267	2,606,267	38,892	2,645,159	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	761,528	761,528	0	761,528	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,831,783	8,831,783	0	8,831,783	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,862,360	8,862,360	0	8,862,360	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,424,367	16,424,367	0	16,424,367	73.00
74.00	07400	RENAL DIALYSIS	4,365,687	4,365,687	0	4,365,687	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	2,234,853	2,234,853	0	2,234,853	90.01
90.02	04951	MSH SPECIALTY CLINIC	815,584	815,584	0	815,584	90.02
90.03	04952	UNDER THE RAINBOW	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	207,723	207,723	0	207,723	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	338,366	338,366	0	338,366	90.06
91.00	09100	EMERGENCY	17,926,978	17,926,978	148,511	18,075,489	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,465,005	9,465,005	0	9,465,005	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0018

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

Worksheet C
Part I
Date/Time Prepared:
11/27/2018 1:18 pm

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	
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	246,016,795	0	246,016,795	1,908,783	247,925,578	200.00
201.00		Less Observation Beds	9,465,005		9,465,005		9,465,005	201.00
202.00		Total (see instructions)	236,551,790	0	236,551,790	1,908,783	238,460,573	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0018		Period: From 07/01/2017 To 06/30/2018		Worksheet C Part I Date/Time Prepared: 11/27/2018 1:18 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	90,834,522		90,834,522				30.00
31.00	03100	INTENSIVE CARE UNIT	19,740,310		19,740,310				31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	23,699,868		23,699,868				31.01
32.00	03200	CORONARY CARE UNIT	17,475,446		17,475,446				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
40.00	04000	SUBPROVIDER - I/PF	14,507,368		14,507,368				40.00
41.00	04100	SUBPROVIDER - I/RF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	7,577,060		7,577,060				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
45.00	04500	NURSING FACILITY	0		0				45.00
46.00	04600	OTHER LONG TERM CARE	0		0				46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	38,091,809	52,995,144	91,086,953	0.238111	0.000000		50.00
51.00	05100	RECOVERY ROOM	11,033,574	26,280,121	37,313,695	0.086832	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,765,673	19,611,603	45,377,276	0.189646	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	20,282,500	14,913,259	35,195,759	0.140566	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,950,628	44,329,728	62,280,356	0.226394	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	709,871	12,234,503	12,944,374	0.146824	0.000000		55.00
56.00	05600	RADIOISOTOPE	1,030,806	4,512,485	5,543,291	0.227478	0.000000		56.00
57.00	05700	CT SCAN	22,806,915	39,629,785	62,436,700	0.047465	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,653,126	7,504,418	12,157,544	0.076909	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	14,904,672	6,474,433	21,379,105	0.094055	0.000000		59.00
60.00	06000	LABORATORY	49,363,327	110,606,704	159,970,031	0.129781	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,894,053	1,275,351	5,169,404	0.511832	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	36,541,834	2,473,615	39,015,449	0.108832	0.000000		65.00
65.01	03560	PULMONARY FUNCTION TESTING	8,526,212	2,266,533	10,792,745	0.059636	0.000000		65.01
66.00	06600	PHYSICAL THERAPY	2,005,769	425,967	2,431,736	0.377822	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,769,639	313,100	3,082,739	0.297992	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,384,169	883,470	2,267,639	0.155968	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	11,373,398	19,384,443	30,757,841	0.084735	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	392,584	3,933,806	4,326,390	0.176019	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,143,501	9,345,432	31,488,933	0.280473	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,376,418	11,115,508	31,491,926	0.281417	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	43,014,685	55,757,713	98,772,398	0.166285	0.000000		73.00
74.00	07400	RENAL DIALYSIS	2,443,784	18,143,270	20,587,054	0.212060	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	6,849	6,880,414	6,887,263	0.324491	0.000000		90.01
90.02	04951	MSH SPECIALTY CLINIC	3,128	7,931,794	7,934,922	0.102784	0.000000		90.02
90.03	04952	UNDER THE RAINBOW	0	0	0	0.000000	0.000000		90.03
90.04	09002	SPASTICITY CLINIC	0	686,203	686,203	0.302714	0.000000		90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	0	0	0.000000	0.000000		90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	456,128	456,128	0.741822	0.000000		90.06
91.00	09100	EMERGENCY	35,748,886	79,387,967	115,136,853	0.155701	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,271,923	14,606,816	15,878,739	0.596080	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000		97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000		98.00
99.00	09900	CMHC	0	0	0				99.00
99.10	09910	CORF	0	0	0				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0				105.00
106.00	10600	HEART ACQUISITION	0	0	0				106.00
107.00	10700	LIVER ACQUISITION	0	0	0				107.00
108.00	10800	LUNG ACQUISITION	0	0	0				108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0018

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

Worksheet C
Part I
Date/Time Prepared:
11/27/2018 1:18 pm

Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	572,324,307	574,359,713	1,146,684,020			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	572,324,307	574,359,713	1,146,684,020			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0018	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/27/2018 1:18 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
		INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT			31.01
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.245466		50.00
51.00	05100	RECOVERY ROOM	0.086832		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.189646		52.00
53.00	05300	ANESTHESIOLOGY	0.143067		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.228366		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.146824		55.00
56.00	05600	RADIOISOTOPE	0.227478		56.00
57.00	05700	CT SCAN	0.047465		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.076909		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.094055		59.00
60.00	06000	LABORATORY	0.129960		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.511832		62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.108832		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.059636		65.01
66.00	06600	PHYSICAL THERAPY	0.377822		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.297992		67.00
68.00	06800	SPEECH PATHOLOGY	0.155968		68.00
69.00	06900	ELECTROCARDIOLOGY	0.086000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.176019		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.280473		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.281417		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.166285		73.00
74.00	07400	RENAL DIALYSIS	0.212060		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0.324491		90.01
90.02	04951	MSH SPECIALTY CLINIC	0.102784		90.02
90.03	04952	UNDER THE RAINBOW	0.000000		90.03
90.04	09002	SPASTICITY CLINIC	0.302714		90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0.000000		90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0.741822		90.06
91.00	09100	EMERGENCY	0.156991		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.596080		92.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0018	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/27/2018 1:18 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0018	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/27/2018 1:18 pm		
			Title XIX	Hospital	Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	52,415,928	52,415,928	717,648	53,133,576	30.00
31.00	03100	INTENSIVE CARE UNIT	6,526,455	6,526,455	0	6,526,455	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	6,508,555	6,508,555	0	6,508,555	31.01
32.00	03200	CORONARY CARE UNIT	6,422,551	6,422,551	0	6,422,551	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	7,259,148	7,259,148	94,355	7,353,503	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	1,903,186	1,903,186	0	1,903,186	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	21,688,839	21,688,839	669,955	22,358,794	50.00
51.00	05100	RECOVERY ROOM	3,240,034	3,240,034	0	3,240,034	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,605,626	8,605,626	0	8,605,626	52.00
53.00	05300	ANESTHESIOLOGY	4,947,310	4,947,310	88,027	5,035,337	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,099,906	14,099,906	122,804	14,222,710	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,900,549	1,900,549	0	1,900,549	55.00
56.00	05600	RADIOISOTOPE	1,260,979	1,260,979	0	1,260,979	56.00
57.00	05700	CT SCAN	2,963,569	2,963,569	0	2,963,569	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	935,021	935,021	0	935,021	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,010,818	2,010,818	0	2,010,818	59.00
60.00	06000	LABORATORY	20,761,113	20,761,113	28,591	20,789,704	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,645,868	2,645,868	0	2,645,868	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,246,129	4,246,129	0	4,246,129	65.00
65.01	03560	PULMONARY FUNCTION TESTING	643,636	643,636	0	643,636	65.01
66.00	06600	PHYSICAL THERAPY	918,764	918,764	0	918,764	66.00
67.00	06700	OCCUPATIONAL THERAPY	918,632	918,632	0	918,632	67.00
68.00	06800	SPEECH PATHOLOGY	353,678	353,678	0	353,678	68.00
69.00	06900	ELECTROCARDIOLOGY	2,606,267	2,606,267	38,892	2,645,159	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	761,528	761,528	0	761,528	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,831,783	8,831,783	0	8,831,783	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,862,360	8,862,360	0	8,862,360	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,424,367	16,424,367	0	16,424,367	73.00
74.00	07400	RENAL DIALYSIS	4,365,687	4,365,687	0	4,365,687	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	2,234,853	2,234,853	0	2,234,853	90.01
90.02	04951	MSH SPECIALTY CLINIC	815,584	815,584	0	815,584	90.02
90.03	04952	UNDER THE RAINBOW	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	207,723	207,723	0	207,723	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	0	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	338,366	338,366	0	338,366	90.06
91.00	09100	EMERGENCY	17,926,978	17,926,978	148,511	18,075,489	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,465,005	9,465,005	0	9,465,005	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0018

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

Worksheet C
Part I
Date/Time Prepared:
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			Title XIX		Hospital		Cost		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
109.00	10900	PANCREAS ACQUISITION	0		0			0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0			0	110.00
111.00	11100	ISLET ACQUISITION	0		0			0	111.00
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0			0	115.00
116.00	11600	HOSPICE	0		0			0	116.00
200.00		Subtotal (see instructions)	246,016,795	0	246,016,795	1,908,783		247,925,578	200.00
201.00		Less Observation Beds	9,465,005		9,465,005			9,465,005	201.00
202.00		Total (see instructions)	236,551,790	0	236,551,790	1,908,783		238,460,573	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0018		Period: From 07/01/2017 To 06/30/2018		Worksheet C Part I Date/Time Prepared: 11/27/2018 1:18 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	90,834,522		90,834,522			30.00
31.00	03100	INTENSIVE CARE UNIT	19,740,310		19,740,310			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	23,699,868		23,699,868			31.01
32.00	03200	CORONARY CARE UNIT	17,475,446		17,475,446			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - I/PF	14,507,368		14,507,368			40.00
41.00	04100	SUBPROVIDER - I/RF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	7,577,060		7,577,060			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	38,091,809	52,995,144	91,086,953	0.238111	0.000000	50.00
51.00	05100	RECOVERY ROOM	11,033,574	26,280,121	37,313,695	0.086832	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,765,673	19,611,603	45,377,276	0.189646	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	20,282,500	14,913,259	35,195,759	0.140566	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,950,628	44,329,728	62,280,356	0.226394	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	709,871	12,234,503	12,944,374	0.146824	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,030,806	4,512,485	5,543,291	0.227478	0.000000	56.00
57.00	05700	CT SCAN	22,806,915	39,629,785	62,436,700	0.047465	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,653,126	7,504,418	12,157,544	0.076909	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,904,672	6,474,433	21,379,105	0.094055	0.000000	59.00
60.00	06000	LABORATORY	49,363,327	110,606,704	159,970,031	0.129781	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,894,053	1,275,351	5,169,404	0.511832	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	36,541,834	2,473,615	39,015,449	0.108832	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	8,526,212	2,266,533	10,792,745	0.059636	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	2,005,769	425,967	2,431,736	0.377822	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,769,639	313,100	3,082,739	0.297992	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,384,169	883,470	2,267,639	0.155968	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	11,373,398	19,384,443	30,757,841	0.084735	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	392,584	3,933,806	4,326,390	0.176019	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,143,501	9,345,432	31,488,933	0.280473	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,376,418	11,115,508	31,491,926	0.281417	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	43,014,685	55,757,713	98,772,398	0.166285	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,443,784	18,143,270	20,587,054	0.212060	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	6,849	6,880,414	6,887,263	0.324491	0.000000	90.01
90.02	04951	MSH SPECIALTY CLINIC	3,128	7,931,794	7,934,922	0.102784	0.000000	90.02
90.03	04952	UNDER THE RAINBOW	0	0	0	0.000000	0.000000	90.03
90.04	09002	SPASTICITY CLINIC	0	686,203	686,203	0.302714	0.000000	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	0	0	0.000000	0.000000	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	456,128	456,128	0.741822	0.000000	90.06
91.00	09100	EMERGENCY	35,748,886	79,387,967	115,136,853	0.155701	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,271,923	14,606,816	15,878,739	0.596080	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0018

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

Worksheet C
Part I
Date/Time Prepared:
11/27/2018 1:18 pm

Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	572,324,307	574,359,713	1,146,684,020			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	572,324,307	574,359,713	1,146,684,020			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0018	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/27/2018 1:18 pm	
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital	Cost
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT				31.01
32.00	03200	CORONARY CARE UNIT				32.00
33.00	03300	BURN INTENSIVE CARE UNIT				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000	SUBPROVIDER - I PF				40.00
41.00	04100	SUBPROVIDER - I RF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
44.00	04400	SKILLED NURSING FACILITY				44.00
45.00	04500	NURSING FACILITY				45.00
46.00	04600	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000			65.01
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0.000000			90.01
90.02	04951	MSH SPECIALTY CLINIC	0.000000			90.02
90.03	04952	UNDER THE RAINBOW	0.000000			90.03
90.04	09002	SPASTICITY CLINIC	0.000000			90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0.000000			90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0.000000			90.06
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000			98.00
99.00	09900	CMHC				99.00
99.10	09910	CORF				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
106.00	10600	HEART ACQUISITION				106.00
107.00	10700	LIVER ACQUISITION				107.00
108.00	10800	LUNG ACQUISITION				108.00
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0018	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/27/2018 1:18 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
113.00	11300	INTEREST EXPENSE		113.00
114.00	11400	UTILIZATION REVIEW-SNF		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		115.00
116.00	11600	HOSPICE		116.00
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: 14-0018

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

Worksheet D
Part I
Date/Time Prepared:
11/27/2018 1:18 pm

Cost Center Description		Title XVIII			Hospital		Per Diem (col. 3 / col. 4)	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	PPS		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	4,923,328	0	4,923,328	39,526	124.56	30.00	
31.00	INTENSIVE CARE UNIT	379,697		379,697	4,137	91.78	31.00	
31.01	NEONATAL INTENSIVE CARE UNIT	193,391		193,391	5,489	35.23	31.01	
32.00	CORONARY CARE UNIT	414,267		414,267	3,763	110.09	32.00	
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00	
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00	
40.00	SUBPROVIDER - IPF	593,121	0	593,121	7,782	76.22	40.00	
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	87,546		87,546	3,554	24.63	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
45.00	NURSING FACILITY	0		0	0	0.00	45.00	
200.00	Total (lines 30 through 199)	6,591,350		6,591,350	64,251		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	3,202	398,841					
31.00	INTENSIVE CARE UNIT	752	69,019					
31.01	NEONATAL INTENSIVE CARE UNIT	0	0					
32.00	CORONARY CARE UNIT	2,905	319,811					
33.00	BURN INTENSIVE CARE UNIT	0	0					
34.00	SURGICAL INTENSIVE CARE UNIT	0	0					
40.00	SUBPROVIDER - IPF	833	63,491					
41.00	SUBPROVIDER - IRF	0	0					
42.00	SUBPROVIDER	0	0					
43.00	NURSERY	0	0					
44.00	SKILLED NURSING FACILITY	0	0					
45.00	NURSING FACILITY	0	0					
200.00	Total (lines 30 through 199)	7,692	851,162					

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0018

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

Worksheet D
Part II
Date/Time Prepared:
11/27/2018 1:18 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,402,982	91,086,953	0.015403	5,926,525	91,286	50.00
51.00	05100 RECOVERY ROOM	128,338	37,313,695	0.003439	1,393,629	4,793	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	418,009	45,377,276	0.009212	28,395	262	52.00
53.00	05300 ANESTHESIOLOGY	151,694	35,195,759	0.004310	1,652,947	7,124	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	872,048	62,280,356	0.014002	2,505,522	35,082	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	174,414	12,944,374	0.013474	160,185	2,158	55.00
56.00	05600 RADIOISOTOPE	118,175	5,543,291	0.021319	155,432	3,314	56.00
57.00	05700 CT SCAN	109,607	62,436,700	0.001755	4,045,074	7,099	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	61,093	12,157,544	0.005025	836,596	4,204	58.00
59.00	05900 CARDIAC CATHETERIZATION	142,302	21,379,105	0.006656	2,724,837	18,137	59.00
60.00	06000 LABORATORY	1,256,246	159,970,031	0.007853	9,447,014	74,187	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	55,998	5,169,404	0.010833	374,012	4,052	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	168,598	39,015,449	0.004321	4,012,999	17,340	65.00
65.01	03560 PULMONARY FUNCTION TESTING	62,220	10,792,745	0.005765	1,943,156	11,202	65.01
66.00	06600 PHYSICAL THERAPY	116,476	2,431,736	0.047898	386,768	18,525	66.00
67.00	06700 OCCUPATIONAL THERAPY	134,066	3,082,739	0.043489	324,090	14,094	67.00
68.00	06800 SPEECH PATHOLOGY	32,964	2,267,639	0.014537	307,179	4,465	68.00
69.00	06900 ELECTROCARDIOLOGY	218,426	30,757,841	0.007101	2,079,806	14,769	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	62,993	4,326,390	0.014560	105,117	1,531	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	308,686	31,488,933	0.009803	5,145,538	50,442	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	310,122	31,491,926	0.009848	2,336,520	23,010	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	324,558	98,772,398	0.003286	6,365,902	20,918	73.00
74.00	07400 RENAL DIALYSIS	148,506	20,587,054	0.007214	854,341	6,163	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	42,946	6,887,263	0.006236	0	0	90.01
90.02	04951 MSH SPECIALTY CLINIC	17,620	7,934,922	0.002221	0	0	90.02
90.03	04952 UNDER THE RAINBOW	0	0	0.000000	0	0	90.03
90.04	09002 SPASTICITY CLINIC	3,298	686,203	0.004806	0	0	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	0	0	0.000000	0	0	90.05
90.06	09003 MSH SPECIALTY CLINIC AT SCHWAB	3,906	456,128	0.008563	0	0	90.06
91.00	09100 EMERGENCY	590,027	115,136,853	0.005125	5,286,500	27,093	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	877,018	15,878,739	0.055232	352,509	19,470	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50 through 199)	8,313,336	972,849,446		58,750,593	480,720	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0018		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part III Date/Time Prepared: 11/27/2018 1:18 pm		
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	161,894	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.01	
32.00	03200	CORONARY CARE UNIT	0	0	0	86,118	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00	
200.00		Total (lines 30 through 199)	0	0	0	248,012	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 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	161,894	39,526	4.10	3,202	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	4,137	0.00	752	31.00	
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	5,489	0.00	0	31.01	
32.00	03200	CORONARY CARE UNIT		86,118	3,763	22.89	2,905	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	0	7,782	0.00	833	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00	
43.00	04300	NURSERY		0	3,554	0.00	0	43.00	
44.00	04400	SKILLED NURSING FACILITY		0	0	0.00	0	44.00	
45.00	04500	NURSING FACILITY		0	0	0.00	0	45.00	
200.00		Total (lines 30 through 199)		248,012	64,251		7,692	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	13,128						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0						31.01
32.00	03200	CORONARY CARE UNIT	66,495						32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
42.00	04200	SUBPROVIDER	0						42.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
45.00	04500	NURSING FACILITY	0						45.00
200.00		Total (lines 30 through 199)	79,623						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0018	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/27/2018 1:18 pm
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Cost Center Description	Title XVIII						Total
	Hospital		PPS				
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments			
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
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
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
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
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	0	65.01
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
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	161,895	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	0	0	0	0	0	10,341	90.01
90.02 04951 MSH SPECIALTY CLINIC	0	0	0	0	0	0	90.02
90.03 04952 UNDER THE RAINBOW	0	0	0	0	0	0	90.03
90.04 09002 SPASTICITY CLINIC	0	0	0	0	0	0	90.04
90.05 09001 HEM/ONC CLINIC @ ARCHER	0	0	0	0	0	0	90.05
90.06 09003 MSH SPECIALTY CLINIC AT SCHWAB	0	0	0	0	0	96,459	90.06
91.00 09100 EMERGENCY	0	0	0	0	0	39,251	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	28,840	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	336,786	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0018	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/27/2018 1:18 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	91,086,953	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	37,313,695	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	45,377,276	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	35,195,759	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	62,280,356	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	12,944,374	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	5,543,291	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	62,436,700	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	12,157,544	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	21,379,105	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	159,970,031	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	5,169,404	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	39,015,449	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	10,792,745	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	2,431,736	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,082,739	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,267,639	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	30,757,841	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,326,390	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	31,488,933	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	31,491,926	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	161,895	161,895	98,772,398	0.001639	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	20,587,054	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	10,341	10,341	6,887,263	0.001501	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	0	0	7,934,922	0.000000	90.02
90.03	04952	UNDER THE RAINBOW	0	0	0	0	0.000000	90.03
90.04	09002	SPASTICITY CLINIC	0	0	0	686,203	0.000000	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	0	0	0	0.000000	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	96,459	96,459	456,128	0.211474	90.06
91.00	09100	EMERGENCY	0	39,251	39,251	115,136,853	0.000341	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	28,840	28,840	15,878,739	0.001816	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)	0	336,786	336,786	972,849,446		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0018	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/27/2018 1:18 pm
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Cost Center Description		Title XVIII					Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)				
		9.00	10.00	11.00	12.00	13.00				
ANCILLARY SERVICE COST CENTERS										
50.00	05000 OPERATING ROOM	0.000000	5,926,525	0	6,636,020	0	50.00			
51.00	05100 RECOVERY ROOM	0.000000	1,393,629	0	2,084,431	0	51.00			
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	28,395	0	4,314	0	52.00			
53.00	05300 ANESTHESIOLOGY	0.000000	1,652,947	0	974,063	0	53.00			
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	2,505,522	0	3,570,885	0	54.00			
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	160,185	0	1,891,249	0	55.00			
56.00	05600 RADIOISOTOPE	0.000000	155,432	0	604,331	0	56.00			
57.00	05700 CT SCAN	0.000000	4,045,074	0	4,329,461	0	57.00			
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	836,596	0	643,680	0	58.00			
59.00	05900 CARDIAC CATHETERIZATION	0.000000	2,724,837	0	1,060,540	0	59.00			
60.00	06000 LABORATORY	0.000000	9,447,014	0	3,371,519	0	60.00			
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01			
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00			
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	374,012	0	37,962	0	62.00			
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00			
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00			
65.00	06500 RESPIRATORY THERAPY	0.000000	4,012,999	0	206,260	0	65.00			
65.01	03560 PULMONARY FUNCTION TESTING	0.000000	1,943,156	0	588,341	0	65.01			
66.00	06600 PHYSICAL THERAPY	0.000000	386,768	0	57,510	0	66.00			
67.00	06700 OCCUPATIONAL THERAPY	0.000000	324,090	0	47,908	0	67.00			
68.00	06800 SPEECH PATHOLOGY	0.000000	307,179	0	46,041	0	68.00			
69.00	06900 ELECTROCARDIOLOGY	0.000000	2,079,806	0	2,213,455	0	69.00			
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	105,117	0	28,488	0	70.00			
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	5,145,538	0	1,237,058	0	71.00			
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,336,520	0	1,290,485	0	72.00			
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001639	6,365,902	10,434	8,228,332	13,486	73.00			
74.00	07400 RENAL DIALYSIS	0.000000	854,341	0	108,100	0	74.00			
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00			
OUTPATIENT SERVICE COST CENTERS										
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00			
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00			
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00			
90.01	04950 OUTPATIENT CHEMOTHERAPY	0.001501	0	0	460,403	691	90.01			
90.02	04951 MSH SPECIALTY CLINIC	0.000000	0	0	577,609	0	90.02			
90.03	04952 UNDER THE RAINBOW	0.000000	0	0	0	0	90.03			
90.04	09002 SPASTICITY CLINIC	0.000000	0	0	39,439	0	90.04			
90.05	09001 HEM/ONC CLINIC @ ARCHER	0.000000	0	0	0	0	90.05			
90.06	09003 MSH SPECIALTY CLINIC AT SCHWAB	0.211474	0	0	39,005	8,249	90.06			
91.00	09100 EMERGENCY	0.000341	5,286,500	1,803	5,307,587	1,810	91.00			
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.001816	352,509	640	2,021,338	3,671	92.00			
OTHER REIMBURSABLE COST CENTERS										
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00			
95.00	09500 AMBULANCE SERVICES						95.00			
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00			
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00			
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00			
200.00	Total (lines 50 through 199)		58,750,593	12,877	47,705,814	27,907	200.00			

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0018	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/27/2018 1:18 pm			
		Title XVIII	Hospital	PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.238111	6,636,020	0	0	1,580,109	50.00
51.00	05100 RECOVERY ROOM	0.086832	2,084,431	0	0	180,995	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.189646	4,314	0	0	818	52.00
53.00	05300 ANESTHESIOLOGY	0.140566	974,063	0	0	136,920	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.226394	3,570,885	0	0	808,427	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.146824	1,891,249	0	0	277,681	55.00
56.00	05600 RADIOISOTOPE	0.227478	604,331	0	0	137,472	56.00
57.00	05700 CT SCAN	0.047465	4,329,461	0	0	205,498	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.076909	643,680	0	0	49,505	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.094055	1,060,540	0	0	99,749	59.00
60.00	06000 LABORATORY	0.129781	3,371,519	0	0	437,559	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.511832	37,962	0	0	19,430	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.108832	206,260	0	0	22,448	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.059636	588,341	0	0	35,086	65.01
66.00	06600 PHYSICAL THERAPY	0.377822	57,510	0	0	21,729	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.297992	47,908	0	0	14,276	67.00
68.00	06800 SPEECH PATHOLOGY	0.155968	46,041	0	0	7,181	68.00
69.00	06900 ELECTROCARDIOLOGY	0.084735	2,213,455	0	0	187,557	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.176019	28,488	0	0	5,014	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.280473	1,237,058	0	0	346,961	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.281417	1,290,485	0	0	363,164	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.166285	8,228,332	0	0	1,368,248	73.00
74.00	07400 RENAL DIALYSIS	0.212060	108,100	0	0	22,924	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0.324491	460,403	0	0	149,397	90.01
90.02	04951 MSH SPECIALTY CLINIC	0.102784	577,609	0	0	59,369	90.02
90.03	04952 UNDER THE RAINBOW	0.000000	0	0	0	0	90.03
90.04	09002 SPASTICITY CLINIC	0.302714	39,439	0	0	11,939	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	0.000000	0	0	0	0	90.05
90.06	09003 MSH SPECIALTY CLINIC AT SCHWAB	0.741822	39,005	0	0	28,935	90.06
91.00	09100 EMERGENCY	0.155701	5,307,587	0	0	826,397	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.596080	2,021,338	0	0	1,204,879	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00	Subtotal (see instructions)		47,705,814	0	0	8,609,667	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		47,705,814	0	0	8,609,667	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0018		Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/27/2018 1:18 pm
		Title XVIII		Hospital	PPS
Cost Center Description		Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
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
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	0	90.02
90.03	04952	UNDER THE RAINBOW	0	0	90.03
90.04	09002	SPASTICITY CLINIC	0	0	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	0	90.06
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00		Net Charges (line 200 - line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0018 Component CCN: 14-S018		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part II Date/Time Prepared: 11/27/2018 1:18 pm	
Title XVIII				Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,402,982	91,086,953	0.015403	6,360	98 50.00
51.00	05100	RECOVERY ROOM	128,338	37,313,695	0.003439	3,817	13 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	418,009	45,377,276	0.009212	0	0 52.00
53.00	05300	ANESTHESIOLOGY	151,694	35,195,759	0.004310	2,314	10 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	872,048	62,280,356	0.014002	9,005	126 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	174,414	12,944,374	0.013474	0	0 55.00
56.00	05600	RADIOISOTOPE	118,175	5,543,291	0.021319	0	0 56.00
57.00	05700	CT SCAN	109,607	62,436,700	0.001755	18,284	32 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	61,093	12,157,544	0.005025	4,860	24 58.00
59.00	05900	CARDIAC CATHETERIZATION	142,302	21,379,105	0.006656	4,144	28 59.00
60.00	06000	LABORATORY	1,256,246	159,970,031	0.007853	253,859	1,994 60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	55,998	5,169,404	0.010833	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	168,598	39,015,449	0.004321	1,230	5 65.00
65.01	03560	PULMONARY FUNCTION TESTING	62,220	10,792,745	0.005765	1,647	9 65.01
66.00	06600	PHYSICAL THERAPY	116,476	2,431,736	0.047898	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	134,066	3,082,739	0.043489	119,169	5,183 67.00
68.00	06800	SPEECH PATHOLOGY	32,964	2,267,639	0.014537	807	12 68.00
69.00	06900	ELECTROCARDIOLOGY	218,426	30,757,841	0.007101	8,376	59 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	62,993	4,326,390	0.014560	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	308,686	31,488,933	0.009803	5,788	57 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	310,122	31,491,926	0.009848	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	324,558	98,772,398	0.003286	257,363	846 73.00
74.00	07400	RENAL DIALYSIS	148,506	20,587,054	0.007214	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0 75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0 89.00
90.00	09000	CLINIC	0	0	0.000000	0	0 90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	42,946	6,887,263	0.006236	0	0 90.01
90.02	04951	MSH SPECIALTY CLINIC	17,620	7,934,922	0.002221	0	0 90.02
90.03	04952	UNDER THE RAINBOW	0	0	0.000000	0	0 90.03
90.04	09002	SPASTICITY CLINIC	3,298	686,203	0.004806	0	0 90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	0	0.000000	0	0 90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	3,906	456,128	0.008563	0	0 90.06
91.00	09100	EMERGENCY	590,027	115,136,853	0.005125	234,305	1,201 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	15,878,739	0.000000	287	0 92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0 97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0 98.00
200.00		Total (lines 50 through 199)	7,436,318	972,849,446		931,615	9,697 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0018 Component CCN: 14-S018	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/27/2018 1:18 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	161,895	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	0	0	0	10,341	90.01
90.02	04951 MSH SPECIALTY CLINIC	0	0	0	0	0	90.02
90.03	04952 UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04	09002 SPASTICITY CLINIC	0	0	0	0	0	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	0	0	0	0	0	90.05
90.06	09003 MSH SPECIALTY CLINIC AT SCHWAB	0	0	0	0	96,459	90.06
91.00	09100 EMERGENCY	0	0	0	0	39,251	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50 through 199)	0	0	0	0	307,946	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0018 Component CCN: 14-S018		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/27/2018 1:18 pm		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	91,086,953	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	37,313,695	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	45,377,276	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	35,195,759	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	62,280,356	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	12,944,374	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	5,543,291	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	62,436,700	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	12,157,544	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	21,379,105	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	159,970,031	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	5,169,404	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	39,015,449	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	10,792,745	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	2,431,736	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,082,739	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,267,639	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	30,757,841	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,326,390	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	31,488,933	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	31,491,926	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	161,895	161,895	98,772,398	0.001639	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	20,587,054	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	10,341	10,341	6,887,263	0.001501	90.01
90.02	04951	MSH SPECIALTY CLINIC	0	0	0	7,934,922	0.000000	90.02
90.03	04952	UNDER THE RAINBOW	0	0	0	0	0.000000	90.03
90.04	09002	SPASTICITY CLINIC	0	0	0	686,203	0.000000	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0	0	0	0	0.000000	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0	96,459	96,459	456,128	0.211474	90.06
91.00	09100	EMERGENCY	0	39,251	39,251	115,136,853	0.000341	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	15,878,739	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)	0	307,946	307,946	972,849,446		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0018 Component CCN: 14-S018		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/27/2018 1:18 pm	
		Title XVIII		Subprovider - IPF		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	6,360	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	3,817	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	2,314	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	9,005	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	18,284	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	4,860	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	4,144	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	253,859	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	1,230	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.000000	1,647	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	119,169	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	807	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	8,376	0	0	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	5,788	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001639	257,363	422	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0.001501	0	0	0	0	90.01
90.02	04951 MSH SPECIALTY CLINIC	0.000000	0	0	0	0	90.02
90.03	04952 UNDER THE RAINBOW	0.000000	0	0	0	0	90.03
90.04	09002 SPASTICITY CLINIC	0.000000	0	0	0	0	90.04
90.05	09001 HEM/ONC CLINIC @ ARCHER	0.000000	0	0	0	0	90.05
90.06	09003 MSH SPECIALTY CLINIC AT SCHWAB	0.211474	0	0	0	0	90.06
91.00	09100 EMERGENCY	0.000341	234,305	80	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	287	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00	Total (lines 50 through 199)		931,615	502	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0018	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/27/2018 1:18 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		39,526	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		39,526	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.		120	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		32,365	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)		3,202	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)		53,133,576	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)		53,133,576	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		60,561,508	28.00
29.00	Private room charges (excluding swing-bed charges)		230,558	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		60,330,950	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.877349	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,921.32	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,864.08	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		57.24	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		50.22	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		6,026	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		53,127,550	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)		1,344.27	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,304,353	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)		4,304,353	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0018		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		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	6,526,455	4,137	1,577.58	752	1,186,340	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	6,508,555	5,489	1,185.75	0	0	43.01
44.00	CORONARY CARE UNIT	6,422,551	3,763	1,706.76	2,905	4,958,138	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					9,801,591	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					20,250,422	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)					867,294	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					493,597	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,360,891	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					18,889,531	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)					7,041	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,344.27	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					9,465,005	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0018		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/27/2018 1:18 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,923,328	53,133,576	0.092659	9,465,005	877,018	90.00
91.00	Nursing School cost	0	53,133,576	0.000000	9,465,005	0	91.00
92.00	Allied health cost	161,894	53,133,576	0.003047	9,465,005	28,840	92.00
93.00	All other Medical Education	0	53,133,576	0.000000	9,465,005	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0018 Component CCN: 14-S018	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/27/2018 1:18 pm
		Title XVIII	Subprovider - IPF	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)			7,782 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			7,782 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.			24 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			7,758 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)			833 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)			7,353,503 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)			7,353,503 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			14,507,644 28.00
29.00	Private room charges (excluding swing-bed charges)			46,112 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			14,461,532 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.506871 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			1,921.33 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			1,864.08 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			57.25 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			29.02 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			696 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			7,352,807 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)			944.94 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			787,135 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)			787,135 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0018	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1	
				Component CCN: 14-S018		Date/Time Prepared: 11/27/2018 1:18 pm	
				Title XVIII	Subprovider - IPF	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
43.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		43.01
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		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)					156,866	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					944,001	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)					63,491	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					10,199	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					73,690	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					870,311	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: 14-0018 Component CCN: 14-S018		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/27/2018 1:18 pm	
		Title XVIII		Subprovider - IPF		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	593,121	7,353,503	0.080658	0	0	90.00
91.00	Nursing School cost	0	7,353,503	0.000000	0	0	91.00
92.00	Allied health cost	0	7,353,503	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,353,503	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0018	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/27/2018 1:18 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		7,335,173	30.00
31.00	03100	INTENSIVE CARE UNIT		3,062,515	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		11,173,667	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.245466	5,926,525	50.00
51.00	05100	RECOVERY ROOM	0.086832	1,393,629	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.189646	28,395	52.00
53.00	05300	ANESTHESIOLOGY	0.143067	1,652,947	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.228366	2,505,522	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.146824	160,185	55.00
56.00	05600	RADIOISOTOPE	0.227478	155,432	56.00
57.00	05700	CT SCAN	0.047465	4,045,074	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.076909	836,596	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.094055	2,724,837	59.00
60.00	06000	LABORATORY	0.129960	9,447,014	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.511832	374,012	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.108832	4,012,999	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.059636	1,943,156	65.01
66.00	06600	PHYSICAL THERAPY	0.377822	386,768	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.297992	324,090	67.00
68.00	06800	SPEECH PATHOLOGY	0.155968	307,179	68.00
69.00	06900	ELECTROCARDIOLOGY	0.086000	2,079,806	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.176019	105,117	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.280473	5,145,538	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.281417	2,336,520	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.166285	6,365,902	73.00
74.00	07400	RENAL DIALYSIS	0.212060	854,341	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0.324491	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	0.102784	0	90.02
90.03	04952	UNDER THE RAINBOW	0.000000	0	90.03
90.04	09002	SPASTICITY CLINIC	0.302714	0	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0.000000	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0.741822	0	90.06
91.00	09100	EMERGENCY	0.156991	5,286,500	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.596080	352,509	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		58,750,593	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		58,750,593	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0018 Component CCN: 14-S018	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/27/2018 1:18 pm	
		Title XVIII	Subprovider - IPF	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
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		1,552,155	40.00
41.00	04100	SUBPROVIDER - IPF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.245466	6,360	50.00
51.00	05100	RECOVERY ROOM	0.086832	3,817	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.189646	0	52.00
53.00	05300	ANESTHESIOLOGY	0.143067	2,314	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.228366	9,005	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.146824	0	55.00
56.00	05600	RADIOISOTOPE	0.227478	0	56.00
57.00	05700	CT SCAN	0.047465	18,284	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.076909	4,860	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.094055	4,144	59.00
60.00	06000	LABORATORY	0.129960	253,859	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.511832	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.108832	1,230	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.059636	1,647	65.01
66.00	06600	PHYSICAL THERAPY	0.377822	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.297992	119,169	67.00
68.00	06800	SPEECH PATHOLOGY	0.155968	807	68.00
69.00	06900	ELECTROCARDIOLOGY	0.086000	8,376	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.176019	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.280473	5,788	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.281417	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.166285	257,363	73.00
74.00	07400	RENAL DIALYSIS	0.212060	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0.324491	0	90.01
90.02	04951	MSH SPECIALTY CLINIC	0.102784	0	90.02
90.03	04952	UNDER THE RAINBOW	0.000000	0	90.03
90.04	09002	SPASTICITY CLINIC	0.302714	0	90.04
90.05	09001	HEM/ONC CLINIC @ ARCHER	0.000000	0	90.05
90.06	09003	MSH SPECIALTY CLINIC AT SCHWAB	0.741822	0	90.06
91.00	09100	EMERGENCY	0.156991	234,305	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.596080	287	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		931,615	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		931,615	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0018	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/27/2018 1: 18 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		3,124,508	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		10,122,637	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)		232,396	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		7,306,014	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		216.71	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)		81.96	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		33.00	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)		2.60	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)		2.00	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)		114.36	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		111.40	10.00
11.00	FTE count for residents in dental and podiatric programs.		4.97	11.00
12.00	Current year allowable FTE (see instructions)		116.37	12.00
13.00	Total allowable FTE count for the prior year.		119.36	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.		119.36	14.00
15.00	Sum of lines 12 through 14 divided by 3.		118.36	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		118.36	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.546168	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.485809	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.485809	21.00
22.00	IME payment adjustment (see instructions)		3,110,642	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		1,715,569	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)		-2.96	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)		3,110,642	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1,715,569	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		19.33	30.00
31.00	Percentage of Medicaid patient days (see instructions)		64.68	31.00
32.00	Sum of lines 30 and 31		84.01	32.00
33.00	Allowable disproportionate share percentage (see instructions)		58.52	33.00
34.00	Disproportionate share adjustment (see instructions)		1,938,058	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0018	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/27/2018 1:18 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	5,977,483,147	6,766,695,164	35.00
35.01	Factor 3 (see instructions)	0.001175909	0.000984557	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	7,028,976	6,662,199	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,771,689	4,982,958	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	6,754,647		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)	1,415		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)	228	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	228	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	16.11		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	1,693		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	1.060777		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	447.81	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	108,307		46.00
47.00	Subtotal (see instructions)	25,391,195		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
		Amount		
		1.00		
49.00	Total payment for inpatient operating costs (see instructions)		27,106,764	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,584,088	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).		1,817,758	52.00
53.00	Nursing and Allied Health Managed Care payment		1	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).		79,623	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		12,877	58.00
59.00	Total (sum of amounts on lines 49 through 58)		30,601,111	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		30,601,111	61.00
62.00	Deductibles billed to program beneficiaries		1,132,456	62.00
63.00	Coinurance billed to program beneficiaries		108,048	63.00
64.00	Allowable bad debts (see instructions)		316,057	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		205,437	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		300,349	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		29,566,044	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)		-92,582	70.93
70.94	HRR adjustment amount (see instructions)		-55,448	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0018	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/27/2018 1:18 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
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	1.00	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)			59,085	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			29,358,929	71.00
71.01	Sequestration adjustment (see instructions)			587,179	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			29,455,006	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)			-683,256	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	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 REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0018	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/27/2018 1: 18 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		8,581,760	2.00
3.00	OPPS payments		6,970,847	3.00
4.00	Outlier payment (see instructions)		47,365	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		27,907	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a 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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	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)		7,046,119	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,453,802	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)		5,592,317	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		738,414	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)		6,330,731	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		6,330,731	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		19,362	33.00
34.00	Allowable bad debts (see instructions)		158,053	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		102,734	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		156,762	36.00
37.00	Subtotal (see instructions)		6,452,827	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		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)		6,452,827	40.00
40.01	Sequestration adjustment (see instructions)		129,057	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		6,511,093	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-187,323	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0018

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

Worksheet E-1
Part I
Date/Time Prepared:
11/27/2018 1:18 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		32,750,638		6,556,682	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	06/18/2018	3,295,632	06/18/2018	45,589	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)		-3,295,632		-45,589	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)		29,455,006		6,511,093	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		683,256		187,323	6.02	
7.00	Total Medicare program liability (see instructions)		28,771,750		6,323,770	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: 14-0018
Component CCN: 14-S018

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

Worksheet E-1
Part I
Date/Time Prepared:
11/27/2018 1:18 pm

Title XVIII

Subprovider -
IPF

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		664,364		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		664,364		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		3,866		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		668,230		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		Provider CCN: 14-0018 Component CCN: 14-S018	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part II Date/Time Prepared: 11/27/2018 1:18 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			769,871 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	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 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	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 6.00
7.00	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 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			21.320548 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			769,871 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			769,871 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			769,871 18.00
19.00	Deductibles			78,364 19.00
20.00	Subtotal (line 18 minus line 19)			691,507 20.00
21.00	Coinsurance			13,579 21.00
22.00	Subtotal (line 20 minus line 21)			677,928 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			5,288 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			3,437 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			5,288 25.00
26.00	Subtotal (sum of lines 22 and 24)			681,365 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			502 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			681,867 31.00
31.01	Sequestration adjustment (see instructions)			13,637 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			664,364 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			3,866 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0018	Period: From 07/01/2017 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 11/27/2018 1:18 pm	
		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.			91.65	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			33.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			2.38	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)			0.02	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)			122.29	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			111.40	6.00
7.00	Enter the lesser of line 5 or line 6			111.40	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.	78.31	28.48	106.79	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.	78.31	28.48	106.79	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		4.97		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	78.31	33.45		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	85.42	39.20		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	87.66	32.61		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	83.80	35.09		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	83.80	35.09		17.00
18.00	Per resident amount	108,571.80	102,807.94		18.00
19.00	Approved amount for resident costs	9,098,317	3,607,531	12,705,848	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)			12,705,848	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	7,692	4,054		26.00
27.00	Total Inpatient Days (see instructions)	55,538	55,538		27.00
28.00	Ratio of inpatient days to total inpatient days	0.138500	0.072995		28.00
29.00	Program direct GME amount	1,759,760	927,463		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		131,051		30.00
31.00	Net Program direct GME amount			2,556,172	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0018	Period: From 07/01/2017 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 11/27/2018 1:18 pm
		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)		20,587,054	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)		21,194,423	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)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		21,194,423	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		8,609,667	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		8,609,667	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		29,804,090	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.711125	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.288875	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		2,556,172	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		1,817,758	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		738,414	50.00

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

Provider CCN: 14-0018

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

Worksheet G
Date/Time Prepared:
11/27/2018 1:18 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	17,000	2,393,000	0	0	1.00
2.00	Temporary investments	1,857,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	81,315,000	0	0	0	4.00
5.00	Other receivable	3,942,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-22,193,000	0	0	0	6.00
7.00	Inventory	2,621,000	0	0	0	7.00
8.00	Prepaid expenses	3,442,000	0	0	0	8.00
9.00	Other current assets	35,000	0	0	0	9.00
10.00	Due from other funds	266,000	3,371,000	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	71,302,000	5,764,000	0	0	11.00
FIXED ASSETS						
12.00	Land	3,485,000	0	0	0	12.00
13.00	Land improvements	913,000	0	0	0	13.00
14.00	Accumulated depreciation	-1,077,000	0	0	0	14.00
15.00	Buildings	168,424,000	0	0	0	15.00
16.00	Accumulated depreciation	-109,022,000	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	107,195,000	0	0	0	23.00
24.00	Accumulated depreciation	-96,872,000	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	73,046,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	16,848,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	17,054,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	33,902,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	178,250,000	5,764,000	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	52,260,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	10,454,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	17,000,000	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	23,783,000	0	0	0	43.00
44.00	Other current liabilities	22,902,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	126,399,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	94,980,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	94,980,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	221,379,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-43,887,000	0	0	0	52.00
53.00	Specific purpose fund	0	6,520,000	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-43,887,000	6,520,000	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	177,492,000	6,520,000	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0018

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

Worksheet G-1

Date/Time Prepared:
11/27/2018 1:18 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		-33,457,000		4,602,000		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-11,374,010				2.00
3.00	Total (sum of line 1 and line 2)		-44,831,010		4,602,000		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	OTHER INCREASES (DECREASES)	944,000		1,920,000		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		944,000		1,920,000		10.00
11.00	Subtotal (line 3 plus line 10)		-43,887,010		6,522,000		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0	0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-43,887,010		6,522,000		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	OTHER INCREASES (DECREASES)		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0018

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/27/2018 1:18 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	96,816,000		96,816,000	1.00
2.00	SUBPROVIDER - IPF	14,507,000		14,507,000	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	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	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	111,323,000		111,323,000	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	11,323,000		11,323,000	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	22,341,000		22,341,000	11.01
12.00	CORONARY CARE UNIT	15,866,000		15,866,000	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	49,530,000		49,530,000	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	160,853,000		160,853,000	17.00
18.00	Ancillary services	411,472,000	577,312,000	988,784,000	18.00
19.00	Outpatient services	0	1	1	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	572,325,000	577,312,001	1,149,637,001	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		286,841,011		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)		286,841,011		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0018

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

Worksheet G-3

Date/Time Prepared:
11/27/2018 1:18 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,149,637,001	1.00
2.00	Less contractual allowances and discounts on patients' accounts	843,971,000	2.00
3.00	Net patient revenues (line 1 minus line 2)	305,666,001	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	286,841,011	4.00
5.00	Net income from service to patients (line 3 minus line 4)	18,824,990	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	20,000	6.00
7.00	Income from investments	910,000	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	ALL OTHER OPERATING INCOME	23,617,000	24.00
25.00	Total other income (sum of lines 6-24)	24,547,000	25.00
26.00	Total (line 5 plus line 25)	43,371,990	26.00
27.00	PROVISION FOR BAD DEBT	54,746,000	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	54,746,000	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-11,374,010	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 14-0018

Period:

Worksheet I-1

Component CCN: 14-2302

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

Date/Time Prepared:
11/27/2018 1:18 pm

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	1,157,305	HOURS OF SERVICE	28,918.00	13.90	1.00
2.00	LICENSED PRACTICAL NURSES		HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES		HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS	223,648	HOURS OF SERVICE	9,886.00	4.75	4.00
5.00	SOCIAL WORKERS		HOURS OF SERVICE	0.00	0.00	5.00
6.00	DIETICIANS		HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS	59,754	ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	61,214	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	1,501,921				9.00
10.00	EMPLOYEE BENEFITS		SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS	42,381	PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	356,360	REQUISITIONS			14.00
15.00	DRUGS	424,550	REQUISITIONS			15.00
16.00	OTHER	148,422	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	2,473,634				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	18,523	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	30,872	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	247,859	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	864,397	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	97,630	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES	38,306	REQUISITIONS			24.00
25.00	PHARMACY		REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	594,466	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	4,365,687				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES	0		29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS		CHARGES	0		30.00
31.00	TOTAL COSTS (SUM OF LINES 27-30)	4,365,687				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 24, less the sum of columns 21 and 22, for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 14-0018

Period: From 07/01/2017

Worksheet 1-2

Component CCN: 14-2302

To 06/30/2018

Date/Time Prepared: 11/27/2018 1:18 pm

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs		
		Building	Equipment	RNs	Other				
		1.00	2.00	3.00	4.00				5.00
1.00	Total Renal Department Costs	116,153	73,253	1,157,305	223,648	247,859	424,550	1.00	
MAINTENANCE									
2.00	Hemodialysis	99,264	62,602	989,033	191,130	211,820	362,820	2.00	
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00	
TRAINING									
4.00	Hemodialysis	0	0	0	0	0	0	4.00	
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00	
6.00	CAPD	0	0	0	0	0	0	6.00	
7.00	CCPD	0	0	0	0	0	0	7.00	
HOME									
8.00	Hemodialysis	0	0	0	0	0	0	8.00	
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00	
10.00	CAPD	0	0	0	0	0	0	10.00	
11.00	CCPD	0	0	0	0	0	0	11.00	
OTHER BILLABLE SERVICES									
12.00	Inpatient Dialysis	16,889	10,651	168,272	32,518	36,039	61,730	12.00	
13.00	Method II Home Patient	0	0	0	0	0	0	13.00	
14.00	ESAs (included in Renal Department)							14.00	
15.00	Other	0	0	0	0	0	0	15.00	
16.00	Total (sum of lines 2 through 16)	116,153	73,253	1,157,305	223,648	247,859	424,550	16.00	
17.00	Medical Educational Program Costs							17.00	
18.00	Total Renal Costs (line 17 + line 18)							18.00	
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)			
		7.00	8.00	9.00	10.00	11.00			
1.00	Total Renal Department Costs	394,666	0	2,637,434	1,728,253	4,365,687		1.00	
MAINTENANCE									
2.00	Hemodialysis	337,282	0	2,253,951	1,476,965	3,730,916		2.00	
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00	
TRAINING									
4.00	Hemodialysis	0	0	0	0	0		4.00	
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00	
6.00	CAPD	0	0	0	0	0		6.00	
7.00	CCPD	0	0	0	0	0		7.00	
HOME									
8.00	Hemodialysis	0	0	0	0	0		8.00	
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00	
10.00	CAPD	0	0	0	0	0		10.00	
11.00	CCPD	0	0	0	0	0		11.00	
OTHER BILLABLE SERVICES									
12.00	Inpatient Dialysis	57,384	0	383,483	251,288	634,771		12.00	
13.00	Method II Home Patient	0	0	0	0	0		13.00	
14.00	ESAs (included in Renal Department)							14.00	
15.00	Other	0	0	0	0	0		15.00	
16.00	Total (sum of lines 2 through 16)	394,666	0	2,637,434	1,728,253	4,365,687		16.00	
17.00	Medical Educational Program Costs					0		17.00	
18.00	Total Renal Costs (line 17 + line 18)					4,365,687		18.00	

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0018

Period: From 07/01/2017

Worksheet 1-3

Component CCN: 14-2302

To 06/30/2018

Date/Time Prepared: 11/27/2018 1:18 pm

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department (Salary)	
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)		
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	116,153	73,253	1,157,305	223,648	247,859	1.00
MAINTENANCE							
2.00	Hemodialysis	8,546	8,546.00	8,546.00	8,546.00	8,546	2.00
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
TRAINING							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	0	0.00	0.00	0.00	0	6.00
7.00	CCPD	0	0.00	0.00	0.00	0	7.00
HOME							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	0	0.00	0.00	0.00	0	10.00
11.00	CCPD	0	0.00	0.00	0.00	0	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	2,089	1,454	1,454.00	1,454.00	1,454	12.00
13.00	Method II Home Patient	0	0.00	0.00	0.00	0	13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis	10,000	10,000.00	10,000.00	10,000.00	10,000	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	11.615300	7.325300	115.730500	22.364800	24.785900	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	424,550	394,666	0	2,637,434	1,728,253	1.00
MAINTENANCE							
2.00	Hemodialysis	8,546	8,546	8,546			2.00
3.00	Intermittent Peritoneal	0	0	0			3.00
TRAINING							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	0	0			6.00
7.00	CCPD	0	0	0			7.00
HOME							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCPD	0	0	0			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	1,454	1,454	1,454			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	10,000	10,000	10,000		2,637,434	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	42.455000	39.466600	0.000000		0.655278	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 14-0018

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

Worksheet 1-4

Component CCN: 14-2302

Date/Time Prepared:
11/27/2018 1:18 pm

		Rate 0		Renal Dialysis			
	Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
1.00	Maintenance - Hemodialysis	12,278	3,730,916	303.87	5,732	1,741,783	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - CAPD	0	0	0.00	0	0	5.00
6.00	Training - CCPD	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - CAPD	0	0	0.00	0	0	9.00
10.00	Home Program - CCPD	0	0	0.00	0	0	10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	12,278	3,730,916		5,732	1,741,783	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	12,278					12.00
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)				
		6.00	7.00				
1.00	Maintenance - Hemodialysis	1,427,986	249.13				1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00				2.00
3.00	Training - Hemodialysis	0	0.00				3.00
4.00	Training - Peritoneal Dialysis	0	0.00				4.00
5.00	Training - CAPD	0	0.00				5.00
6.00	Training - CCPD	0	0.00				6.00
7.00	Home Program - Hemodialysis	0	0.00				7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00				8.00
		6.00	7.00				
9.00	Home Program - CAPD	0	0.00				9.00
10.00	Home Program - CCPD	0	0.00				10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	1,427,986					11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)						12.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 14-0018	Period: From 07/01/2017 To 06/30/2018	Worksheet I-5 Date/Time Prepared: 11/27/2018 1:18 pm
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	1,741,783		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	1,427,986	1,427,986	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	1,427,986	1,427,986	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	29,787	29,787	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	29,787	29,787	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	19,362		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	29,285		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	-29,787	8.00
9.00	Program payment (see instructions)	1,142,389	1,142,389	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	19,362		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	3,730,916		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	3,730,916		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0018	Period: From 07/01/2017 To 06/30/2018	Worksheet L Parts I-III Date/Time Prepared: 11/27/2018 1:18 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,067,561	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		8,154	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)		130.84	3.00
4.00	Number of interns & residents (see instructions)		118.36	4.00
5.00	Indirect medical education percentage (see instructions)		29.08	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)		310,447	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30)(see instructions)		19.33	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		64.68	8.00
9.00	Sum of lines 7 and 8		84.01	9.00
10.00	Allowable disproportionate share percentage (see instructions)		18.54	10.00
11.00	Disproportionate share adjustment (see instructions)		197,926	11.00
12.00	Total prospective capital payments (see instructions)		1,584,088	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