

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 9:39 am
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1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
1.00	Street: 1775 W. DEMPSTER STREET	PO Box:	Zip Code: 60068-	1.00
2.00	City: PARK RIDGE	State: IL	County: COOK	2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	ADVOCATE LUTHERAN GENERAL HOSPITAL	140223	16974	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF	ADVOCATE LUTHERAN GENERAL HOSPITAL	14S223	16974	4	07/01/1984	N	P	0	4.00
5.00	Subprovider - IRF	ADVOCATE LUTHERAN GENERAL HOSPITAL	14T223	16974	5	07/01/1984	N	P	0	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:		
						1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2018	12/31/2018	20.00	
21.00	Type of Control (see instructions)					1		21.00	

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

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	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
	1.00	2.00	3.00	4.00	5.00	6.00				
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.	3,679	9,823	0	65	15,537	368	24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	131	542	0	0	295		25.00		
							Urban/Rural	S	Date of Geogr	
							1.00		2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00		
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2	12/03/2018	27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00		
							Beginning:	Ending:		
							1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00		
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00		
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01		
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00		
							Y/N	Y/N		
							1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00		
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00		
							V	XVIII	XIX	
							1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital										
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00	
Teaching Hospitals										
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Wkst. E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00	

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		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	Y					60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1			60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1			60.02
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted FTE Count	IME	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	5.00	
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)					Y	63.00

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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		10.41	73.07	0.124701		64.00
		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	
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)	FAMILY MEDICINE	1350	9.97	26.06	0.276714	
65.01		INTERNAL MEDICINE	1400	11.35	54.94	0.171217	
65.02		INTERNAL MEDICINE	3900	2.17	7.43	0.226042	
65.03		PEDIATRICS	2000	7.34	35.78	0.170223	
			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)		4.85	83.87	0.054666		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)	FAMILY MEDICINE	1350	8.02	18.02	0.307988	
67.01		INTERNAL MEDICINE	1400	8.37	48.42	0.147385	
67.02		PEDIATRICS	2000	0.13	35.90	0.003608	

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	Program Name	Program Code	Unweighted FTEs Nonprovi- der Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.03	INTERNAL MEDICINE	3900	0.00	4.90	0.000000		67.03
67.04			0.00	0.00	0.000000		67.04
67.05			0.00	0.00	0.000000		67.05
				1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			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)			Y	N	0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0	76.00
				1.00			
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.				N		81.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.				N		87.00
				V	XIX		
				1.00	2.00		
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. 1, 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. 1, 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. 1 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

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			V	XIX		
			1.00	2.00		
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. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.		N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N			108.00
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	
					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	
					1.00	
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			
					1.00	
					2.00	
					3.00	
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.		N		0	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N			
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N			
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1			
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	1,180,736	22,212,500	-1,821,782		
				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			
119.00	DO NOT USE THIS LINE					
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	
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			
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.		Y		5.06	
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			
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.					
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.					
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.					
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.					

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0223		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 9:39 am	
		1.00		2.00			
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		14H036		140.00	
		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: ADVOCATE HEALTH CARE	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 06101		141.00	
142.00	Street: 3075 HIGHLAND PARKWAY, SUITE 600	PO Box:				142.00	
143.00	City: DOWNERS GROVE	State: IL		Zip Code: 60515		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
						1.00	
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.	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	
		1.00		2.00		3.00	
						Title XIX	
						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	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC	N		N		N	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						Zip Code	
						3.00	
						CBSA	
						4.00	
						FTE/Campus	
						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	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
168.01	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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 9:39 am	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		01/01/2018	12/31/2018	170.00
			1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0223		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part II Date/Time Prepared: 5/30/2019 9:39 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		03/27/2019		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	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.	Y					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					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.				Y		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				Y		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/15/2019		Y	03/15/2019	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/30/2019 9:39 am		
		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			N	N	21.00
					1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions					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.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					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.					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					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					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.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
Provider-Based Physicians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					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.					35.00
				Y/N	Date	
				1.00	2.00	
Home Office Costs						
36.00	Were home office costs claimed on the cost report?					36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00
		1.00		2.00		
Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ELLEN		SCHULTZ		41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH AND HOSPITALS CORP.				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-929-9254		ELLEN.SCHULTZ@ADVOCATEHEALTH.COM		43.00

		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.	SENIOR REIMBURSEMENT SPECIALIST	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: 14-0223

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2019 9:39 am

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	415	152,373	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)		415	152,373	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	33	11,021	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	32	11,680	0.00	0	9.00
9.01 NEONATAL CARE UNIT	32.01	54	19,710	0.00	0	9.01
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)		534	194,784	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	50	18,250		0	16.00
17.00 SUBPROVIDER - IRF	41.00	45	16,425		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						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		629				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)		17	6,205			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: 14-0223

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2019 9:39 am

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)	37,885	4,816	109,666			1.00
2.00 HMO and other (see instructions)	12,851	17,461				2.00
3.00 HMO IPF Subprovider	685	1,255				3.00
4.00 HMO IRF Subprovider	801	441				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	37,885	4,816	109,666			7.00
8.00 INTENSIVE CARE UNIT	1,253	1,443	7,464			8.00
9.00 CORONARY CARE UNIT	4,658	1,069	9,375			9.00
9.01 NEONATAL CARE UNIT	0	2,912	12,067			9.01
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		1,475	7,294			13.00
14.00 Total (see instructions)	43,796	11,715	145,866	210.66	3,295.45	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,743	1,067	9,696	1.82	78.07	16.00
17.00 SUBPROVIDER - IRF	6,012	376	12,288	0.00	72.65	17.00
18.00 SUBPROVIDER		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						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			1,143			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0	0	0	212.48	3,446.17	27.00
28.00 Observation Bed Days		543	13,377			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	368	2,097			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: 14-0223

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2019 9:39 am

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	8,333	1,144	27,333	1.00
2.00 HMO and other (see instructions)				2,232	4,154		2.00
3.00 HMO IPF Subprovider					196		3.00
4.00 HMO IRF Subprovider					30		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
9.01 NEONATAL CARE UNIT							9.01
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	8,333	1,144		27,333	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	244	90		1,259	16.00
17.00 SUBPROVIDER - IRF	0.00	0	467	23		907	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							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC	0.00						25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 14-0223		Period: From 01/01/2018 To 12/31/2018		Worksheet S-3 Part II Date/Time Prepared: 5/30/2019 9:39 am	
	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	255,610,631	0	255,610,631	7,117,885.00	35.91	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		3,257,538	0	3,257,538	24,860.00	131.04	4.00
4.01	Physicians - Part A - Teaching		6,959,765	0	6,959,765	55,969.00	124.35	4.01
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	12,728,369	0	12,728,369	441,958.00	28.80	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		12,231,755	-619,586	11,612,169	339,082.00	34.25	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		460,402	0	460,402	4,827.00	95.38	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		3,763,615	0	3,763,615	26,259.00	143.33	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		25,765,526	0	25,765,526	413,300.00	62.34	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		55,927,671	0	55,927,671			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		2,867,017	0	2,867,017			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		617,099	0	617,099			22.00
22.01	Physician Part A - Teaching		1,181,185	0	1,181,185			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		2,625,225	0	2,625,225			25.00
25.50	Home office wage-related (core)		4,840,854	0	4,840,854			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	3,318,563	-2,628,209	690,354	22,693.00	30.42	26.00
27.00	Administrative & General	5.00	21,931,274	1,502,834	23,434,108	548,995.00	42.69	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0223

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2019 9:39 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		2,091,580	0	2,091,580	10,698.00	195.51	28.00
29.00	Maintenance & Repairs	6.00	5,086,172	28,115	5,114,287	162,906.00	31.39	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	5,755,083	-39,628	5,715,455	338,520.00	16.88	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	4,297,025	-2,334,621	1,962,404	103,028.00	19.05	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	2,334,621	2,334,621	122,569.00	19.05	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,779,443	1,245,041	4,024,484	64,952.00	61.96	38.00
39.00	Central Services and Supply	14.00	1,374,167	0	1,374,167	65,666.00	20.93	39.00
40.00	Pharmacy	15.00	9,789,042	-251,845	9,537,197	207,038.00	46.06	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	1,954,884	0	1,954,884	49,317.00	39.64	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0223

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

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2019 9:39 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	238,014,077	0	238,014,077	6,630,656.00	35.90	1.00
2.00	Excluded area salaries (see instructions)	12,231,755	-619,586	11,612,169	339,082.00	34.25	2.00
3.00	Subtotal salaries (line 1 minus line 2)	225,782,322	619,586	226,401,908	6,291,574.00	35.98	3.00
4.00	Subtotal other wages & related costs (see inst.)	29,989,543	0	29,989,543	444,386.00	67.49	4.00
5.00	Subtotal wage-related costs (see inst.)	61,385,624	0	61,385,624	0.00	27.11	5.00
6.00	Total (sum of lines 3 thru 5)	317,157,489	619,586	317,777,075	6,735,960.00	47.18	6.00
7.00	Total overhead cost (see instructions)	58,377,233	-143,692	58,233,541	1,696,382.00	34.33	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2019 9:39 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			5,595,538 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			5,673,600 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			296,497 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			0 8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)			0 8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)			24,165,605 8.02
8.03	Health Insurance (Purchased)			0 8.03
9.00	Prescription Drug Plan			5,949,618 9.00
10.00	Dental, Hearing and Vision Plan			845,821 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			293,622 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)			1,719,052 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			3,692,300 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			17,979,995 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			-251,027 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))			255,108 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			1,189,160 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			67,404,889 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: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part V Date/Time Prepared: 5/30/2019 9:39 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		460,402	67,404,889
2.00	Hospital		460,402	64,342,447
3.00	Subprovider - IPF		0	1,647,720
4.00	Subprovider - IRF		0	1,414,722
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF		0	0
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA			
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC		0	0
17.00	Renal Dialysis		0	0
18.00	Other		0	0

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet S-10 Date/Time Prepared: 5/30/2019 9:39 am
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			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.243774	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		68,505,153	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		396,545,372	6.00
7.00	Medicaid cost (line 1 times line 6)		96,667,452	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)		28,162,299	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)		28,162,299	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)	46,127,924	6,817,689	52,945,613
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	11,244,789	6,817,689	18,062,478
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	11,244,789	6,817,689	18,062,478
			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)		24,325,767	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,461,571	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		2,248,570	27.01
28.00	Non-Medicare bad debt expense (see instructions)		22,077,197	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		6,168,846	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		24,231,324	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		52,393,623	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet A Date/Time Prepared: 5/30/2019 9:39 am
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		0	0	19,482,443	19,482,443	1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		0	0	13,079,459	13,079,459	2.00
3.00 00300 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	3,318,563	48,260,086	51,578,649	-2,628,209	48,950,440	4.00
5.03 00560 PURCHASING RECEIVING AND STORES	1,677,412	2,039,939	3,717,351	4,379	3,721,730	5.03
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	1,388	26,660,652	26,662,040	0	26,662,040	5.05
5.06 00590 OTHER ADMIN AND GENERAL	20,252,474	192,445,078	212,697,552	-16,012,862	196,684,690	5.06
6.00 00600 MAINTENANCE & REPAIRS	5,086,172	20,808,038	25,894,210	-65,004	25,829,206	6.00
7.00 00700 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	0	2,647,262	2,647,262	8.00
9.00 00900 HOUSEKEEPING	5,755,083	4,384,969	10,140,052	-2,713,978	7,426,074	9.00
10.00 01000 DIETARY	4,297,025	3,584,095	7,881,120	-2,323,091	5,558,029	10.00
11.00 01100 CAFETERIA	0	0	0	2,281,912	2,281,912	11.00
13.00 01300 NURSING ADMINISTRATION	2,779,443	1,205,563	3,985,006	1,232,298	5,217,304	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,374,167	2,434,055	3,808,222	-438,576	3,369,646	14.00
15.00 01500 PHARMACY	9,789,042	42,177,499	51,966,541	-37,989,343	13,977,198	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	745,010	745,010	-1,008	744,002	16.00
17.00 01700 SOCIAL SERVICE	1,954,884	619,046	2,573,930	0	2,573,930	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	12,728,369	3,311,359	16,039,728	0	16,039,728	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	6,959,765	5,154,004	12,113,769	-16,761	12,097,008	22.00
23.00 02300 PARAMED ED PRGM-PASTORAL EDUC.	1,153,675	138,171	1,291,846	-1,040,527	251,319	23.00
23.01 02301 PARAMED ED PRGM-PHARMACY	0	0	0	322,132	322,132	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	56,323,353	6,943,180	63,266,533	-3,895,283	59,371,250	30.00
31.00 03100 INTENSIVE CARE UNIT	6,962,846	1,258,979	8,221,825	-70,819	8,151,006	31.00
32.00 03200 CORONARY CARE UNIT	7,594,305	1,539,628	9,133,933	-157,318	8,976,615	32.00
32.01 03201 NEONATAL CARE UNIT	8,422,641	1,288,727	9,711,368	-90,852	9,620,516	32.01
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	5,825,474	568,377	6,393,851	15,783	6,409,634	40.00
41.00 04100 SUBPROVIDER - I RF	5,001,715	530,720	5,532,435	-192,879	5,339,556	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	1,559,822	1,559,822	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	12,526,633	5,011,389	17,538,022	-2,315,859	15,222,163	50.00
51.00 05100 RECOVERY ROOM	1,676,178	144,863	1,821,041	-511	1,820,530	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	5,324,070	729,145	6,053,215	-183,945	5,869,270	52.00
53.00 05300 ANESTHESIOLOGY	659,109	727,892	1,387,001	-76,533	1,310,468	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	9,525,022	2,413,105	11,938,127	-1,733,209	10,204,918	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	1,166,941	5,688,827	6,855,768	-518,607	6,337,161	55.00
56.00 05600 RADIOISOTOPE	1,589,535	1,191,189	2,780,724	-39,918	2,740,806	56.00
57.00 05700 CT SCAN	2,003,976	846,994	2,850,970	-25,217	2,825,753	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1,622,683	386,400	2,009,083	-101,739	1,907,344	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,873,674	951,934	2,825,608	-1,453,605	1,372,003	59.00
60.00 06000 LABORATORY	0	16,066,073	16,066,073	0	16,066,073	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,089,845	2,089,845	0	2,089,845	62.00
65.00 06500 RESPIRATORY THERAPY	7,533,533	951,874	8,485,407	-111,914	8,373,493	65.00
66.00 06600 PHYSICAL THERAPY	6,063,091	583,986	6,647,077	53,671	6,700,748	66.00
67.00 06700 OCCUPATIONAL THERAPY	7,908,941	780,702	8,689,643	103,768	8,793,411	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	3,307,772	798,857	4,106,629	-144,765	3,961,864	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,055,583	685,182	1,740,765	-53,241	1,687,524	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	47,627,329	47,627,329	466,991	48,094,320	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	35,547,540	35,547,540	0	35,547,540	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	37,534,473	37,534,473	73.00
74.00 07400 RENAL DIALYSIS	716,006	383,920	1,099,926	-31,548	1,068,378	74.00
75.00 07500 ASC (NON-DISTINCT PART)	3,187,799	343,826	3,531,625	-35,075	3,496,550	75.00
76.00 03950 REHAB MEDICINE	648,323	69,567	717,890	0	717,890	76.00
76.20 03951 DAY HOSPITAL	779,107	65,972	845,079	0	845,079	76.20
76.45 03340 GASTROINTESTINAL SERVICES	2,710,743	1,644,351	4,355,094	-1,250,230	3,104,864	76.45
76.97 07697 CARDIAC REHABILITATION	450,129	61,568	511,697	-19,018	492,679	76.97
76.99 07699 LI THOTRI PER	0	1,133,340	1,133,340	0	1,133,340	76.99
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	1,565,630	1,565,630	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 DIABETES CARE CENTER	184,267	15,276	199,543	0	199,543	90.01
90.02 09002 OUTPATIENT CENTER	1,787,864	308,920	2,096,784	-53,485	2,043,299	90.02
90.03 09003 PAIN CLINIC	494,415	111,053	605,468	-21,372	584,096	90.03
90.05 09004 WOUND CARE CENTER	434,728	32,147	466,875	-466,875	0	90.05
90.06 09005 ANTI-COAG LAB	663,127	51,976	715,103	18,921	734,024	90.06

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0223

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

Worksheet A
Date/Time Prepared:
5/30/2019 9:39 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	12,208,695	2,334,132	14,542,827	-412,759	14,130,068	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	255,359,740	495,876,349	751,236,089	3,683,009	754,919,098	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	250,891	3,842,812	4,093,703	-3,683,009	410,694	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	255,610,631	499,719,161	755,329,792	0	755,329,792	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0223

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

Worksheet A
Date/Time Prepared:
5/30/2019 9:39 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	4,914,728	24,397,171	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	4,190,534	17,269,993	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	9,590,910	58,541,350	4.00
5.03	00560	PURCHASING RECEIVING AND STORES	-55	3,721,675	5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-790	26,661,250	5.05
5.06	00590	OTHER ADMIN AND GENERAL	-115,345,278	81,339,412	5.06
6.00	00600	MAINTENANCE & REPAIRS	-233,861	25,595,345	6.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,647,262	8.00
9.00	00900	HOUSEKEEPING	0	7,426,074	9.00
10.00	01000	DIETARY	-2,056,020	3,502,009	10.00
11.00	01100	CAFETERIA	0	2,281,912	11.00
13.00	01300	NURSING ADMINISTRATION	-3,398	5,213,906	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,369,646	14.00
15.00	01500	PHARMACY	-197,446	13,779,752	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-638	743,364	16.00
17.00	01700	SOCIAL SERVICE	-465,784	2,108,146	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	16,039,728	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-457,614	11,639,394	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	-31,235	220,084	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	322,132	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-649,682	58,721,568	30.00
31.00	03100	INTENSIVE CARE UNIT	-14,383	8,136,623	31.00
32.00	03200	CORONARY CARE UNIT	-3,875	8,972,740	32.00
32.01	03201	NEONATAL CARE UNIT	-5,005	9,615,511	32.01
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	-125,111	6,284,523	40.00
41.00	04100	SUBPROVIDER - I RF	-2,072	5,337,484	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,559,822	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-2,580	15,219,583	50.00
51.00	05100	RECOVERY ROOM	0	1,820,530	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-24	5,869,246	52.00
53.00	05300	ANESTHESIOLOGY	-172,402	1,138,066	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-25,222	10,179,696	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-6,735	6,330,426	55.00
56.00	05600	RADIOISOTOPE	-8	2,740,798	56.00
57.00	05700	CT SCAN	0	2,825,753	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,907,344	58.00
59.00	05900	CARDIAC CATHETERIZATION	-35	1,371,968	59.00
60.00	06000	LABORATORY	0	16,066,073	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,089,845	62.00
65.00	06500	RESPIRATORY THERAPY	-520	8,372,973	65.00
66.00	06600	PHYSICAL THERAPY	0	6,700,748	66.00
67.00	06700	OCCUPATIONAL THERAPY	-5,320	8,788,091	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-139,519	3,822,345	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	725	1,688,249	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	48,094,320	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	35,547,540	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	37,534,473	73.00
74.00	07400	RENAL DIALYSIS	-4	1,068,374	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	3,496,550	75.00
76.00	03950	REHAB MEDICINE	-1,493	716,397	76.00
76.20	03951	DAY HOSPITAL	-21,249	823,830	76.20
76.45	03340	GASTROINTESTINAL SERVICES	0	3,104,864	76.45
76.97	07697	CARDIAC REHABILITATION	0	492,679	76.97
76.99	07699	LITHOTRIPER	0	1,133,340	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	1,565,630	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	199,543	90.01
90.02	09002	OUTPATIENT CENTER	-4,517	2,038,782	90.02
90.03	09003	PAIN CLINIC	0	584,096	90.03
90.05	09004	WOUND CARE CENTER	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	734,024	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	90.07
91.00	09100	EMERGENCY	-389,191	13,740,877	91.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0223

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

Worksheet A
Date/Time Prepared:
5/30/2019 9:39 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6.00	7.00	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
99.00	09900	CMHC	0	0	99.00
SPECIAL PURPOSE COST CENTERS					
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-101,664,169	653,254,929	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	410,694	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-101,664,169	653,665,623	200.00

RECLASSIFICATIONS

Provider CCN: 14-0223

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

Worksheet A-6

Date/Time Prepared:
5/30/2019 9:39 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	116	1.00
	O		0	116	
B - DRUGS CHARGES					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	37,534,473	1.00
	O		0	37,534,473	
C - LINEN					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	2,647,262	1.00
	O		0	2,647,262	
D - RADIOLOGY ADMIN					
1.00	RADIOLOGY-THERAPEUTIC	55.00	45,794	2,385	1.00
2.00	RADIOISOTOPE	56.00	49,974	2,603	2.00
3.00	CT SCAN	57.00	69,479	3,619	3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	57,424	2,991	4.00
	O		222,671	11,598	
E - PARAMEDIC CHAPLAIN					
1.00	OTHER ADMIN AND GENERAL	5.06	931,506	121,867	1.00
	O		931,506	121,867	
F - REHAB DIRECTORS					
1.00	PHYSICAL THERAPY	66.00	29,305	34,671	1.00
2.00	OCCUPATIONAL THERAPY	67.00	38,899	46,022	2.00
	O		68,204	80,693	
G - OTHER REHAB ADMIN					
1.00	OCCUPATIONAL THERAPY	67.00	32,270	0	1.00
	O		32,270	0	
H - NURSERY					
1.00	NURSERY	43.00	1,428,311	131,511	1.00
	O		1,428,311	131,511	
I - CAFETERIA COSTS					
1.00	CAFETERIA	11.00	2,334,621	1,832,149	1.00
	O		2,334,621	1,832,149	
J - CAFETERIA REVENUE OFFSET					
1.00	DIETARY	10.00	0	1,884,858	1.00
	O		0	1,884,858	
K - NURSING ADMIN PERSONNEL					
1.00	NURSING ADMINISTRATION	13.00	1,045,878	43,757	1.00
	O		1,045,878	43,757	
L - PARAMEDIC PHARMACY					
1.00	PARAMED ED PRGM-PHARMACY	23.01	295,072	27,060	1.00
2.00		0.00	0	0	2.00
	O		295,072	27,060	
M - CHILD LIFE/PRENATAL					
1.00	ADULTS & PEDIATRICS	30.00	24,216	30,843	1.00
	O		24,216	30,843	
N - WOUND CARE COSTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	434,728	32,147	1.00
	O		434,728	32,147	
O - BOOK DEPRECIATION RECLASS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	15,439,179	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	13,079,459	2.00
	O		0	28,518,638	
Q - RECLASS BUILDING RENT					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	4,043,264	1.00
2.00		0.00	0	0	2.00
	O		0	4,043,264	
R - RECLASSIFY EQUIPMENT DEPRECIATION					
1.00	OTHER ADMIN AND GENERAL	5.06	0	11,286,410	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

RECLASSIFICATIONS

Provider CCN: 14-0223

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

Worksheet A-6

Date/Time Prepared:
5/30/2019 9:39 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
0			0	11,286,410	
S - OIG FRAUD EMPLOYEES					
1.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	39,628	0	1.00
0			39,628	0	
T - LT, MGT, AND ASSOCIATE INCENTIVE					
1.00	PURCHASING RECEIVING AND STORES	5.03	4,379	0	1.00
2.00	OTHER ADMIN AND GENERAL	5.06	1,637,628	0	2.00
3.00	MAINTENANCE & REPAIRS	6.00	28,115	0	3.00
4.00	NURSING ADMINISTRATION	13.00	199,163	0	4.00
5.00	PHARMACY	15.00	42,642	0	5.00
6.00	PARAMED PRGM-PASTORAL EDUC.	23.00	13,214	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	131,719	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	46,725	0	8.00
9.00	CORONARY CARE UNIT	32.00	13,331	0	9.00
10.00	NEONATAL CARE UNIT	32.01	32,210	0	10.00
11.00	SUBPROVIDER - IPF	40.00	16,105	0	11.00
12.00	SUBPROVIDER - IRF	41.00	16,105	0	12.00
13.00	OPERATING ROOM	50.00	124,165	0	13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	16,105	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	49,053	0	15.00
16.00	RESPIRATORY THERAPY	65.00	46,697	0	16.00
17.00	PHYSICAL THERAPY	66.00	31,810	0	17.00
18.00	OCCUPATIONAL THERAPY	67.00	48,330	0	18.00
19.00	ELECTROCARDIOLOGY	69.00	31,415	0	19.00
20.00	RENAL DIALYSIS	74.00	15,310	0	20.00
21.00	GASTROINTESTINAL SERVICES	76.45	15,310	0	21.00
22.00	ANTI-COAG LAB	90.06	18,921	0	22.00
23.00	EMERGENCY	91.00	49,757	0	23.00
	TOTALS		2,628,209	0	
U - ALLOGENEIC BONE MARROW ACQUISITION					
1.00	ALLOGENEIC STEM CELL ACQUISITION	77.00	0	1,565,630	1.00
	TOTALS		0	1,565,630	
500.00	Grand Total: Increases		9,485,314	89,792,276	500.00

RECLASSIFICATIONS

Provider CCN: 14-0223

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

Worksheet A-6
Date/Time Prepared:
5/30/2019 9:39 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	116	0		1.00
	O		0	116			
B - DRUGS CHARGES							
1.00	PHARMACY	15.00	0	37,534,473	0		1.00
	O		0	37,534,473			
C - LINEN							
1.00	HOUSEKEEPING	9.00	0	2,647,262	0		1.00
	O		0	2,647,262			
D - RADIOLOGY ADMIN							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	222,671	11,598	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	O		222,671	11,598			
E - PARAMEDIC CHAPLAIN							
1.00	PARAMED ED PRGM-PASTORAL EDUC.	23.00	931,506	121,867	0		1.00
	O		931,506	121,867			
F - REHAB DIRECTORS							
1.00	SUBPROVIDER - IRF	41.00	68,204	80,693	0		1.00
2.00		0.00	0	0	0		2.00
	O		68,204	80,693			
G - OTHER REHAB ADMIN							
1.00	PHYSICAL THERAPY	66.00	32,270	0	0		1.00
	O		32,270	0			
H - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,428,311	131,511	0		1.00
	O		1,428,311	131,511			
I - CAFETERIA COSTS							
1.00	DIETARY	10.00	2,334,621	1,832,149	0		1.00
	O		2,334,621	1,832,149			
J - CAFETERIA REVENUE OFFSET							
1.00	CAFETERIA	11.00	0	1,884,858	0		1.00
	O		0	1,884,858			
K - NURSING ADMIN PERSONNEL							
1.00	OTHER ADMIN AND GENERAL	5.06	1,045,878	43,757	0		1.00
	O		1,045,878	43,757			
L - PARAMEDIC PHARMACY							
1.00	PHARMACY	15.00	294,487	27,004	0		1.00
2.00	OTHER ADMIN AND GENERAL	5.06	585	56	0		2.00
	O		295,072	27,060			
M - CHILD LIFE/PRENATAL							
1.00	OTHER ADMIN AND GENERAL	5.06	24,216	30,843	0		1.00
	O		24,216	30,843			
N - WOUND CARE COSTS							
1.00	WOUND CARE CENTER	90.05	434,728	32,147	0		1.00
	O		434,728	32,147			
O - BOOK DEPRECIATION RECLASS							
1.00	OTHER ADMIN AND GENERAL	5.06	0	28,518,638	9		1.00
2.00		0.00	0	0	9		2.00
	O		0	28,518,638			
Q - RECLASS BUILDING RENT							
1.00	OTHER ADMIN AND GENERAL	5.06	0	326,300	10		1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	3,716,964	10		2.00
	O		0	4,043,264			
R - RECLASSIFY EQUIPMENT DEPRECIATION							
1.00	MAINTENANCE & REPAIRS	6.00	0	93,119	0		1.00
2.00	HOUSEKEEPING	9.00	0	27,088	0		2.00
3.00	DIETARY	10.00	0	41,179	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	56,500	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	438,460	0		5.00
6.00	PHARMACY	15.00	0	176,021	0		6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,008	0		7.00
8.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	16,761	0		8.00
9.00	PARAMED ED PRGM-PASTORAL EDUC.	23.00	0	368	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	956,609	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	117,544	0		11.00
12.00	CORONARY CARE UNIT	32.00	0	170,649	0		12.00
13.00	NEONATAL CARE UNIT	32.01	0	123,062	0		13.00
14.00	SUBPROVIDER - IPF	40.00	0	322	0		14.00

RECLASSIFICATIONS

Provider CCN: 14-0223

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

Worksheet A-6

Date/Time Prepared:
5/30/2019 9:39 am

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
15.00	SUBPROVIDER - IRF	41.00	0	60,087	0		15.00	
16.00	OPERATING ROOM	50.00	0	2,440,024	0		16.00	
17.00	RECOVERY ROOM	51.00	0	511	0		17.00	
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	200,050	0		18.00	
19.00	ANESTHESIOLOGY	53.00	0	76,533	0		19.00	
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,547,993	0		20.00	
21.00	RADIOLOGY-THERAPEUTIC	55.00	0	566,786	0		21.00	
22.00	RADIOISOTOPE	56.00	0	92,495	0		22.00	
23.00	CT SCAN	57.00	0	98,315	0		23.00	
24.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	162,154	0		24.00	
25.00	CARDIAC CATHETERIZATION	59.00	0	1,453,605	0		25.00	
26.00	RESPIRATORY THERAPY	65.00	0	158,611	0		26.00	
27.00	PHYSICAL THERAPY	66.00	0	9,845	0		27.00	
28.00	OCCUPATIONAL THERAPY	67.00	0	61,753	0		28.00	
29.00	ELECTROCARDIOLOGY	69.00	0	176,180	0		29.00	
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	53,241	0		30.00	
31.00	RENAL DIALYSIS	74.00	0	46,858	0		31.00	
32.00	ASC (NON-DISTINCT PART)	75.00	0	35,075	0		32.00	
33.00	GASTROINTESTINAL SERVICES	76.45	0	1,265,540	0		33.00	
34.00	CARDIAC REHABILITATION	76.97	0	19,018	0		34.00	
35.00	OUTPATIENT CENTER	90.02	0	53,485	0		35.00	
36.00	PAIN CLINIC	90.03	0	21,372	0		36.00	
37.00	EMERGENCY	91.00	0	462,516	0		37.00	
38.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	5,673	0		38.00	
			0	11,286,410				
S - OIG FRAUD EMPLOYEES								
1.00	HOUSEKEEPING	9.00	39,628	0	0		1.00	
			39,628	0				
T - LT, MGT, AND ASSOCIATE INCENTIVE								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,628,209	0	0		1.00	
2.00		0.00	0	0	0		2.00	
3.00		0.00	0	0	0		3.00	
4.00		0.00	0	0	0		4.00	
5.00		0.00	0	0	0		5.00	
6.00		0.00	0	0	0		6.00	
7.00		0.00	0	0	0		7.00	
8.00		0.00	0	0	0		8.00	
9.00		0.00	0	0	0		9.00	
10.00		0.00	0	0	0		10.00	
11.00		0.00	0	0	0		11.00	
12.00		0.00	0	0	0		12.00	
13.00		0.00	0	0	0		13.00	
14.00		0.00	0	0	0		14.00	
15.00		0.00	0	0	0		15.00	
16.00		0.00	0	0	0		16.00	
17.00		0.00	0	0	0		17.00	
18.00		0.00	0	0	0		18.00	
19.00		0.00	0	0	0		19.00	
20.00		0.00	0	0	0		20.00	
21.00		0.00	0	0	0		21.00	
22.00		0.00	0	0	0		22.00	
23.00		0.00	0	0	0		23.00	
	TOTALS		2,628,209	0				
U - ALLOGENEIC BONE MARROW ACQUISITION								
1.00	ADULTS & PEDIATRICS	30.00	0	1,565,630	0		1.00	
	TOTALS		0	1,565,630				
500.00	Grand Total: Decreases		9,485,314	89,792,276			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0223

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

Worksheet A-7
Part I
Date/Time Prepared:
5/30/2019 9:39 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	613,158	225,000	0	225,000	0	1.00
2.00	Land Improvements	19,227,150	422,049	0	422,049	0	2.00
3.00	Buildings and Fixtures	523,551,841	15,848,249	0	15,848,249	61,060	3.00
4.00	Building Improvements	5,201,038	0	0	0	0	4.00
5.00	Fixed Equipment	169,786,178	6,998,491	0	6,998,491	2,707,072	5.00
6.00	Movable Equipment	685,152	32,995	0	32,995	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	719,064,517	23,526,784	0	23,526,784	2,768,132	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	719,064,517	23,526,784	0	23,526,784	2,768,132	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	838,158	0				1.00
2.00	Land Improvements	19,649,199	6,744,306				2.00
3.00	Buildings and Fixtures	539,339,030	183,731,450				3.00
4.00	Building Improvements	5,201,038	0				4.00
5.00	Fixed Equipment	174,077,597	95,958,040				5.00
6.00	Movable Equipment	718,147	529,133				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	739,823,169	286,962,929				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	739,823,169	286,962,929				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0223

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

Worksheet A-7
Part II
Date/Time Prepared:
5/30/2019 9:39 am

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0223

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

Worksheet A-7
Part III
Date/Time Prepared:
5/30/2019 9:39 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	564,189,267	0	564,189,267	0.763465	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	174,795,743	0	174,795,743	0.236535	0	2.00
3.00	Total (sum of lines 1-2)	738,985,010	0	738,985,010	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	20,381,563	4,015,608	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	17,269,993	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	37,651,556	4,015,608	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	24,397,171	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	17,269,993	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	41,667,164	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0223

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

Worksheet A-8

Date/Time Prepared:
5/30/2019 9:39 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst.	A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)		0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-209,378	OTHER ADMIN AND GENERAL	5.06		0	7.00
8.00 Television and radio service (chapter 21)	A	-231,659	MAINTENANCE & REPAIRS	6.00		0	8.00
9.00 Parking lot (chapter 21)		0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-40,395,503				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	-14,378,020				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		ORESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	3,277,887	NEW CAP REL COSTS-BLDG & FIXT	1.00		9	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	30,169	NEW CAP REL COSTS-MVBLE EQUIP	2.00		9	27.00
28.00 Non-physician Anesthetist		0	0*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant		0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)		-615,383	ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00			31.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0223

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

Worksheet A-8

Date/Time Prepared:
5/30/2019 9:39 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
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
33.02 OTHER ADJUSTMENTS (SPECIFY (3)		0			0.00	0 33.02
33.03 COMMUNITY RELATIONS	A	-2,169	OTHER ADMIN AND GENERAL	5.06		0 33.03
33.04 OTHER ADJUSTMENTS (SPECIFY (3)		0	OTHER ADMIN AND GENERAL	5.06		0 33.04
33.08 OTHER ADJUSTMENTS (SPECIFY (3)		0			0.00	0 33.08
33.10 OTHER ADJUSTMENTS (SPECIFY (3)		0			0.00	0 33.10
33.11 OTHER ADJUSTMENTS (SPECIFY (3)	A	0			0.00	0 33.11
33.12 OTHER ADJUSTMENTS (SPECIFY (3)		0			0.00	0 33.12
33.13 OTHER ADJUSTMENTS (SPECIFY (3)		0			0.00	0 33.13
33.14 OTHER ADJUSTMENTS (SPECIFY (3)		0			0.00	0 33.14
33.15 OTHER ADJUSTMENTS (SPECIFY (3)		0			0.00	0 33.15
33.17 PUBLIC AID ASSESSMENT EXPENSE	A	-29,704,763	OTHER ADMIN AND GENERAL	5.06		0 33.17
33.18 RESEARCH COSTS IN EXCESS OF FUNDING	A	-364,780	OTHER ADMIN AND GENERAL	5.06		0 33.18
33.19 OFFSET MEN'S ASSOCIATION	A	-4,553	OTHER ADMIN AND GENERAL	5.06		0 33.19
33.21 CENTER FOR PEDS BRAIN TUMOR	A	-21,139	OTHER ADMIN AND GENERAL	5.06		0 33.21
33.23 OTHER ADJUSTMENTS (SPECIFY (3)		0			0.00	0 33.23
33.24 PHYSICIAN COMPONENT BILLING	A	-36,001	OTHER ADMIN AND GENERAL	5.06		0 33.24
33.25 LOBBYING COSTS ABOVE ACCOUNTING	A	5,057	OTHER ADMIN AND GENERAL	5.06		0 33.25
33.26 KOHLS MUSEUM	A	-5,000	OTHER ADMIN AND GENERAL	5.06		0 33.26
33.27 OFFSET INTEREST EXPENSE	A	-5,855,306	OTHER ADMIN AND GENERAL	5.06		11 33.27
33.28 OTHER ADJUSTMENT	A	0			0.00	0 33.28
33.29 PRIOR YEARS MEDICARE WORKPAPER	A	263,258	NEW CAP REL COSTS-BLDG & FIXT	1.00		9 33.29
33.30 ADJUST PARKSIDE RENT TO COST	A	-27,656	NEW CAP REL COSTS-BLDG & FIXT	1.00		10 33.30
33.31 OTHER ADJUSTMENTS (SPECIFY (3)		0			0.00	0 33.31
43.01 OTHER ADJUSTMENTS (SPECIFY (3)		0			0.00	0 43.01
43.02 OTHER ADJUSTMENTS (SPECIFY (3)		0			0.00	0 43.02
43.03 OTHER ADJUSTMENTS (SPECIFY (3)		0			0.00	0 43.03
43.04 MISC INC	B	-55	PURCHASING RECEIVING AND STORES	5.03		0 43.04
43.05 MISC INC	B	-790	CASHIERING/ACCOUNTS RECEIVABLE	5.05		0 43.05
43.06 MISC INC	B	-1,703,796	OTHER ADMIN AND GENERAL	5.06		0 43.06
43.07 MISC INC	B	-2,202	MAINTENANCE & REPAIRS	6.00		0 43.07
43.08 MISC INC	B	-2,053,116	DIETARY	10.00		0 43.08
43.09 MISC INC	B	-197,088	PHARMACY	15.00		0 43.09
43.10 MISC INC	B	-638	MEDICAL RECORDS & LIBRARY	16.00		0 43.10
43.11 MISC INC	B	-365,526	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00		0 43.11
43.13 MISC INC	B	-15,055	PARAMED ED PRGM-PASTORAL EDUC.	23.00		0 43.13
43.14 MISC INC	B	-17,219	ADULTS & PEDIATRICS	30.00		0 43.14
43.16 MISC INC	B	-24,561	SUBPROVIDER - I PF	40.00		0 43.16
43.18 MISC INC	B	-593	SUBPROVIDER - I RF	41.00		0 43.18
43.19 MISC INC	B	-735	OPERATING ROOM	50.00		0 43.19
43.20 MISC INC	B	-23,508	RADIOLOGY-DIAGNOSTIC	54.00		0 43.20
43.21 MISC INC	B	-34	CARDIAC CATHETERIZATION	59.00		0 43.21
43.22 MISC INC	B	-520	RESPIRATORY THERAPY	65.00		0 43.22
43.23 MISC INC	B	-5,170	OCCUPATIONAL THERAPY	67.00		0 43.23
43.24 MISC INC	B	-3,560	ELECTROCARDIOLOGY	69.00		0 43.24

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	
43.25 MI SC INC	B	725	ELECTROENCEPHALOGRAPHY	70.00	0	43.25
43.26 MI SC INC	B	-1,370	REHAB MEDICINE	76.00	0	43.26
43.27 MI SC INC	B	-20,810	DAY HOSPITAL	76.20	0	43.27
43.29 MI SC INC	B	-275,100	EMERGENCY	91.00	0	43.29
43.30 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.30
43.31 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.31
43.32 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.32
43.33 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.33
43.34 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.34
43.35 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.35
43.37 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.37
44.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.00
44.01 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.01
44.02 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.02
44.04 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.04
44.05 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.05
44.06 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.06
44.10 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.10
44.11 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.11
44.12 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.12
44.13 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.13
44.14 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.14
44.15 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.15
44.18 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.18
44.19 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.19
44.21 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.21
44.22 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.22
44.23 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.23
44.24 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.24
44.25 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.25
44.26 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.26
44.27 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.27
44.28 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-30,061	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.28
44.29 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-8,179,534	OTHER ADMIN AND GENERAL	5.06	0	44.29
44.30 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-2,904	DIETARY	10.00	0	44.30
45.02 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-465,784	SOCIAL SERVICE	17.00	0	45.02
45.03 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-92,088	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	45.03

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	
45.04 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-16,180	PARAMED ED PRGM-PASTORAL EDUC.	23.00	0 45.04
45.05 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-17,080	ADULTS & PEDIATRICS	30.00	0 45.05
45.06 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-14,383	INTENSIVE CARE UNIT	31.00	0 45.06
45.08 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-3,875	CORONARY CARE UNIT	32.00	0 45.08
45.09 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-5,005	NEONATAL CARE UNIT	32.01	0 45.09
45.10 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-716	SUBPROVIDER - IPF	40.00	0 45.10
45.11 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-1,479	SUBPROVIDER - IRF	41.00	0 45.11
45.12 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-1,845	OPERATING ROOM	50.00	0 45.12
45.13 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-24	DELIVERY ROOM & LABOR ROOM	52.00	0 45.13
45.14 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-442	RADIOLOGY-DIAGNOSTIC	54.00	0 45.14
45.15 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-6,735	RADIOLOGY-THERAPEUTIC	55.00	0 45.15
45.16 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-8	RADIOISOTOPE	56.00	0 45.16
45.17 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-1	CARDIAC CATHETERIZATION	59.00	0 45.17
45.18 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-150	OCCUPATIONAL THERAPY	67.00	0 45.18
45.19 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-4	RENAL DIALYSIS	74.00	0 45.19
45.20 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-439	DAY HOSPITAL	76.20	0 45.20
45.21 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-779	OUTPATIENT CENTER	90.02	0 45.21
45.22 FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-7,893	EMERGENCY	91.00	0 45.22
45.23 OTHER ADJUSTMENTS (SPECIFY) (3)	A	0		0.00	0 45.23
45.24 ADD ON POST EMP COST (60626 & 60629)	A	168,900	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 45.24
45.25 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.25
45.26 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.26
45.27 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.27
45.28 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.28
45.29 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.29
45.30 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.30
45.31 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.31
45.32 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.32
45.33 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.33
45.34 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.34
45.35 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.35
45.36 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.36
45.37 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.37
45.38 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.38
45.39 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 45.39

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	
45.40 OTHER ADJUSTMENTS (SPECI FY) (3)		0		0.00	0 45.40
45.41 OTHER ADJUSTMENTS (SPECI FY) (3)		0		0.00	0 45.41
45.42 OTHER ADJUSTMENTS (SPECI FY) (3)		0		0.00	0 45.42
45.43 OTHER ADJUSTMENTS (SPECI FY) (3)		0		0.00	0 45.43
45.44 OTHER ADJUSTMENTS (SPECI FY) (3)		0		0.00	0 45.44
45.46 OTHER ADJUSTMENTS (SPECI FY) (3)		0		0.00	0 45.46
45.47 OTHER ADJUSTMENTS (SPECI FY) (3)		0		0.00	0 45.47
45.48 OTHER ADJUSTMENTS (SPECI FY) (3)		0		0.00	0 45.48
45.49 OTHER ADJUSTMENTS (SPECI FY) (3)		0		0.00	0 45.49
45.50 OTHER ADJUSTMENTS (SPECI FY) (3)		0		0.00	0 45.50
45.51 OTHER ADJUSTMENTS (SPECI FY) (3)		0		0.00	0 45.51
45.52 OTHER ADJUSTMENTS (SPECI FY) (3)		0		0.00	0 45.52
45.53 OTHER ADJUSTMENTS (SPECI FY) (3)		0		0.00	0 45.53
45.55 OTHER ADJUSTMENTS (SPECI FY) (3)		0		0.00	0 45.55
45.56 OTHER ADJUSTMENTS (SPECI FY) (3)		0		0.00	0 45.56
45.57 OTHER ADJUSTMENTS (SPECI FY) (3)		0		0.00	0 45.57
45.58 OTHER ADJUSTMENTS (SPECI FY) (3)		0		0.00	0 45.58
45.59 OTHER ADJUSTMENTS (SPECI FY) (3)		0		0.00	0 45.59
45.60 OTHER ADJUSTMENTS (SPECI FY) (3)		0		0.00	0 45.60
45.61 OTHER ADJUSTMENTS (SPECI FY) (3)		0		0.00	0 45.61
45.63 OTHER ADJUSTMENTS (SPECI FY) (3)		0		0.00	0 45.63
45.64 OTHER ADJUSTMENTS (SPECI FY) (3)		0		0.00	0 45.64
45.65 OTHER ADJUSTMENTS (SPECI FY) (3)		0		0.00	0 45.65
45.66 OTHER ADJUSTMENTS (SPECI FY) (3)		0		0.00	0 45.66
45.67 OTHER ADJUSTMENTS (SPECI FY) (3)		0		0.00	0 45.67
45.68 OTHER ADJUSTMENTS (SPECI FY) (3)		0		0.00	0 45.68
45.69 OTHER ADJUSTMENTS (SPECI FY) (3)		0		0.00	0 45.69
45.70 OTHER ADJUSTMENTS (SPECI FY) (3)		0		0.00	0 45.70
45.71 OTHER ADJUSTMENTS (SPECI FY) (3)		0		0.00	0 45.71
45.72 OTHER ADJUSTMENTS (SPECI FY) (3)		0		0.00	0 45.72
45.73 OTHER ADJUSTMENTS (SPECI FY) (3)		0		0.00	0 45.73
45.74 OTHER ADJUSTMENTS (SPECI FY) (3)		0		0.00	0 45.74
45.75 OTHER ADJUSTMENTS (SPECI FY) (3)		0		0.00	0 45.75
45.76 OTHER ADJUSTMENTS (SPECI FY) (3)		0		0.00	0 45.76
45.77 OTHER ADJUSTMENTS (SPECI FY) (3)		0		0.00	0 45.77

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0223

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

Worksheet A-8

Date/Time Prepared:
5/30/2019 9:39 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
	1.00	2.00	3.00	4.00	5.00	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-101,664,169				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: 14-0223

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2019 9:39 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	NEW CAPITAL BUILDING	1,401,239	0
2.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	NEW CAPITAL EQUIPMENT	4,160,365	0
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	BENEFITS	9,452,071	0
3.01	0.00			0	0
4.00	5.00	OTHER ADMIN AND GENERAL	A&G	30,637,113	60,028,808
5.00	0			45,650,788	60,028,808

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

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

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

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

6.00	B	LUTHERAN GENER.	100.00	AHCS	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0223

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2019 9:39 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1,401,239	9		1.00
2.00	4,160,365	9		2.00
3.00	9,452,071	0		3.00
3.01	0	0		3.01
4.00	-29,391,695	0		4.00
5.00	-14,378,020			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	HEALTH CARE		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: 14-0223

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2019 9:39 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMIN AND GENERAL	42,289,524	145,628	42,143,896	211,500	23,773	1.00
2.00	13.00	NURSING ADMINISTRATION	3,500	0	3,500	211,500	1	2.00
3.00	15.00	PHARMACY	460	0	460	211,500	1	3.00
4.00	40.00	SUBPROVIDER - IPF	99,921	0	99,921	181,300	1	4.00
5.00	53.00	ANESTHESIOLOGY	172,517	0	172,517	239,400	1	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	1,403	0	1,403	271,900	1	6.00
7.00	76.00	REHAB MEDICINE	225	0	225	211,500	1	7.00
8.00	69.00	ELECTROCARDIOLOGY	136,061	0	136,061	211,500	1	8.00
9.00	90.02	OUTPATIENT CENTER	3,840	0	3,840	211,500	1	9.00
10.00	91.00	EMERGENCY	106,300	0	106,300	211,500	1	10.00
200.00			42,813,751	145,628	42,668,123		23,782	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	OTHER ADMIN AND GENERAL	2,417,303	120,865	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	102	5	0	0	0	2.00
3.00	15.00	PHARMACY	102	5	0	0	0	3.00
4.00	40.00	SUBPROVIDER - IPF	87	4	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	115	6	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	131	7	0	0	0	6.00
7.00	76.00	REHAB MEDICINE	102	5	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	102	5	0	0	0	8.00
9.00	90.02	OUTPATIENT CENTER	102	5	0	0	0	9.00
10.00	91.00	EMERGENCY	102	5	0	0	0	10.00
200.00			2,418,248	120,912	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.06	OTHER ADMIN AND GENERAL	0	2,417,303	39,726,593	39,872,221	1.00
2.00	13.00	NURSING ADMINISTRATION	0	102	3,398	3,398	2.00
3.00	15.00	PHARMACY	0	102	358	358	3.00
4.00	40.00	SUBPROVIDER - IPF	0	87	99,834	99,834	4.00
5.00	53.00	ANESTHESIOLOGY	0	115	172,402	172,402	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	131	1,272	1,272	6.00
7.00	76.00	REHAB MEDICINE	0	102	123	123	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	102	135,959	135,959	8.00
9.00	90.02	OUTPATIENT CENTER	0	102	3,738	3,738	9.00
10.00	91.00	EMERGENCY	0	102	106,198	106,198	10.00
200.00			0	2,418,248	40,249,875	40,395,503	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0223

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2019 9:39 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.03	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	24,397,171	24,397,171			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	17,269,993		17,269,993		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	58,541,350	127,036	89,924	58,758,310	4.00
5.03 00560	PURCHASING RECEIVING AND STORES	3,721,675	516,692	365,750	387,648	4,991,765
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	26,661,250	153,894	108,937	320	6
5.06 00590	OTHER ADMIN AND GENERAL	81,339,412	2,889,889	2,045,662	5,013,524	166,013
6.00 00600	MAINTENANCE & REPAIRS	25,595,345	6,250,171	4,424,304	1,178,828	70,299
7.00 00700	OPERATION OF PLANT	0	0	0	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	2,647,262	0	0	0	0
9.00 00900	HOUSEKEEPING	7,426,074	280,283	198,404	1,317,395	36,229
10.00 01000	DIETARY	3,502,009	226,368	160,238	452,328	73,699
11.00 01100	CAFETERIA	2,281,912	299,156	211,763	538,123	85,823
13.00 01300	NURSING ADMINISTRATION	5,213,906	162,096	114,743	927,631	611
14.00 01400	CENTRAL SERVICES & SUPPLY	3,369,646	208,904	147,876	316,741	64,827
15.00 01500	PHARMACY	13,779,752	136,679	96,751	2,198,295	8,320
16.00 01600	MEDICAL RECORDS & LIBRARY	743,364	107,617	76,178	0	4
17.00 01700	SOCIAL SERVICE	2,108,146	23,893	16,913	450,595	254
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	16,039,728	0	0	2,933,851	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	11,639,394	706,972	500,443	1,604,205	6,425
23.00 02300	PARAMED ED PRGM-PASTORAL EDUC.	220,084	10,588	7,495	54,255	546
23.01 02301	PARAMED ED PRGM-PHARMACY	322,132	2,237	1,583	68,013	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	58,721,568	4,665,885	3,302,834	12,689,038	17,896
31.00 03100	INTENSIVE CARE UNIT	8,136,623	390,286	276,271	1,615,685	3,274
32.00 03200	CORONARY CARE UNIT	8,972,740	458,070	324,254	1,753,537	2,726
32.01 03201	NEONATAL CARE UNIT	9,615,511	315,924	223,632	1,948,818	19,286
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 - IPF	6,284,523	470,282	332,898	1,346,466	1,010
41.00 04100	SUBPROVIDER - IRF	5,337,484	454,541	321,755	1,140,872	910
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	1,559,822	18,392	13,019	329,221	73
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	15,219,583	804,067	569,174	2,915,971	27,259
51.00 05100	RECOVERY ROOM	1,820,530	68,861	48,745	386,354	220
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,869,246	369,011	261,211	1,230,894	2,679
53.00 05300	ANESTHESIOLOGY	1,138,066	29,195	20,666	151,923	186
54.00 05400	RADIOLOGY-DIAGNOSTIC	10,179,696	759,314	537,494	2,155,471	1,660
55.00 05500	RADIOLOGY-THERAPEUTIC	6,330,426	358,523	253,787	279,532	128
56.00 05600	RADIOISOTOPE	2,740,798	151,922	107,541	377,902	47
57.00 05700	CT SCAN	2,825,753	87,220	61,740	477,925	386
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,907,344	178,814	126,577	387,260	825
59.00 05900	CARDIAC CATHETERIZATION	1,371,968	497,687	352,297	431,876	1,464
60.00 06000	LABORATORY	16,066,073	62,449	44,206	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,089,845	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	8,372,973	47,222	33,427	1,747,220	2,727
66.00 06600	PHYSICAL THERAPY	6,700,748	8,517	6,029	1,404,173	362
67.00 06700	OCCUPATIONAL THERAPY	8,788,091	171,060	121,088	1,850,531	1,763
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	3,822,345	113,117	80,072	769,673	1,089
70.00 07000	ELECTROENCEPHALOGRAPHY	1,688,249	39,252	27,785	243,309	90
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	48,094,320	5,004	3,542	100,203	2,509,043
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	35,547,540	0	0	0	1,872,680
73.00 07300	DRUGS CHARGED TO PATIENTS	37,534,473	0	0	0	0
74.00 07400	RENAL DIALYSIS	1,068,374	55,374	39,198	168,566	165
75.00 07500	ASC (NON-DIAGNOSTIC PART)	3,496,550	235,994	167,053	734,778	808
76.00 03950	REHAB MEDICINE	716,397	66,558	47,114	149,437	1,053
76.20 03951	DAY HOSPITAL	823,830	69,110	48,921	179,582	217
76.45 03340	GASTROINTESTINAL SERVICES	3,104,864	175,517	124,243	628,347	1,755
76.97 07697	CARDIAC REHABILITATION	492,679	31,399	22,226	103,753	141
76.99 07699	LITHOTRIPER	1,133,340	0	0	0	0
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	1,565,630	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	DIABETES CARE CENTER	199,543	8,599	6,087	42,473	20
90.02 09002	OUTPATIENT CENTER	2,038,782	140,324	99,331	412,097	989
90.03 09003	PAIN CLINIC	584,096	31,001	21,945	113,961	259

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0223

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2019 9:39 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.03	
90.05 09004 WOUND CARE CENTER	0	0	0	0	0	90.05
90.06 09005 ANTI-COAG LAB	734,024	0	0	157,210	61	90.06
90.07 09006 HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00 09100 EMERGENCY	13,740,877	628,534	444,919	2,825,536	4,078	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00 09900 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
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
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	653,254,929	24,069,500	17,038,045	58,691,346	4,990,385	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	410,694	327,671	231,948	66,964	1,380	190.00
194.00 07950 OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	653,665,623	24,397,171	17,269,993	58,758,310	4,991,765	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part I Date/Time Prepared: 5/30/2019 9:39 am		
Cost Center	Description	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMIN AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5.05	5A.05	5.06	6.00	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	26,924,407				5.05
5.06	00590	OTHER ADMIN AND GENERAL	0	91,454,500	91,454,500		5.06
6.00	00600	MAINTENANCE & REPAIRS	0	37,518,947	6,103,170	43,622,117	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,647,262	430,627	0	8.00
9.00	00900	HOUSEKEEPING	0	9,258,385	1,506,052	845,574	9.00
10.00	01000	DIETARY	0	4,414,642	718,125	682,917	10.00
11.00	01100	CAFETERIA	0	3,416,777	555,804	902,508	11.00
13.00	01300	NURSING ADMINISTRATION	0	6,418,987	1,044,170	489,019	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,107,994	668,243	630,231	14.00
15.00	01500	PHARMACY	0	16,219,797	2,638,458	412,340	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	927,163	150,821	324,663	16.00
17.00	01700	SOCIAL SERVICE	0	2,599,801	422,907	72,081	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	18,973,579	3,086,413	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	14,457,439	2,351,777	2,132,829	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	292,968	47,657	31,941	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	393,965	64,086	6,748	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,037,927	83,435,148	13,572,488	14,076,280	30.00
31.00	03100	INTENSIVE CARE UNIT	710,164	11,132,303	1,810,881	1,177,435	31.00
32.00	03200	CORONARY CARE UNIT	588,315	12,099,642	1,968,237	1,381,930	32.00
32.01	03201	NEONATAL CARE UNIT	771,406	12,894,577	2,097,548	953,095	32.01
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	282,282	8,717,461	1,418,061	1,418,770	40.00
41.00	04100	SUBPROVIDER - I RF	325,061	7,580,623	1,233,132	1,371,283	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	111,359	2,031,886	330,525	55,485	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,397,393	20,933,447	3,405,223	2,425,750	50.00
51.00	05100	RECOVERY ROOM	206,089	2,530,799	411,683	207,744	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	330,965	8,064,006	1,311,764	1,113,252	52.00
53.00	05300	ANESTHESIOLOGY	690,712	2,030,748	330,340	88,076	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,583,099	15,216,734	2,475,291	2,290,736	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	630,254	7,852,650	1,277,383	1,081,610	55.00
56.00	05600	RADIOISOTOPE	368,438	3,746,648	609,463	458,327	56.00
57.00	05700	CT SCAN	1,485,208	4,938,232	803,297	263,130	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	711,330	3,312,150	538,784	539,456	58.00
59.00	05900	CARDIAC CATHETERIZATION	585,501	3,240,793	527,177	1,501,448	59.00
60.00	06000	LABORATORY	1,640,303	17,813,031	2,897,628	188,400	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	406,535	2,496,380	406,084	0	62.00
65.00	06500	RESPIRATORY THERAPY	664,669	10,868,238	1,767,925	142,462	65.00
66.00	06600	PHYSICAL THERAPY	361,533	8,481,362	1,379,655	25,693	66.00
67.00	06700	OCCUPATIONAL THERAPY	446,345	11,378,878	1,850,991	516,062	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	508,320	5,294,616	861,270	341,259	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	173,870	2,172,555	353,407	118,418	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	665,314	51,377,426	8,357,515	15,096	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	921,111	38,341,331	6,236,946	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,464,884	40,999,357	6,669,324	0	73.00
74.00	07400	RENAL DIALYSIS	61,344	1,393,021	226,601	167,055	74.00
75.00	07500	ASC (NON-DISTINCT PART)	403,417	5,038,600	819,624	711,959	75.00
76.00	03950	REHAB MEDICINE	34,998	1,015,557	165,200	200,796	76.00
76.20	03951	DAY HOSPITAL	34,802	1,156,462	188,121	208,494	76.20
76.45	03340	GASTROINTESTINAL SERVICES	637,966	4,672,692	760,102	529,508	76.45
76.97	07697	CARDIAC REHABILITATION	42,694	692,892	112,712	94,725	76.97
76.99	07699	LITHOTRIPER	39,574	1,172,914	190,797	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	23,478	1,589,108	258,499	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	989	257,711	41,922	25,943	90.01
90.02	09002	OUTPATIENT CENTER	112,217	2,803,740	456,082	423,337	90.02
90.03	09003	PAIN CLINIC	61,316	812,578	132,181	93,525	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	22,045	913,340	148,572	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	90.07
91.00	09100	EMERGENCY	1,381,180	19,025,124	3,094,798	1,896,192	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0223

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

Worksheet B
Part I
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Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMIN AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5.05	5A.05	5.06	6.00	7.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS							
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
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	26,924,407	652,626,966	91,285,543	42,633,582	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,038,657	168,957	988,535	0	190.00
194.00	07950 OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments		0				200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	26,924,407	653,665,623	91,454,500	43,622,117	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0223		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part I Date/Time Prepared: 5/30/2019 9:39 am	
Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN 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	3,077,889					8.00
9.00	00900	HOUSEKEEPING	0	11,610,011				9.00
10.00	01000	DIETARY	0	185,351	6,001,035			10.00
11.00	01100	CAFETERIA	0	244,950	0	5,120,039		11.00
13.00	01300	NURSING ADMINISTRATION	0	132,725	0	95,239	8,180,140	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	171,051	0	32,520	3,402	14.00
15.00	01500	PHARMACY	0	111,913	0	225,698	22,298	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	88,117	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	19,563	0	46,262	4,239	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	301,217	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	578,873	0	164,703	34	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	8,669	0	5,570	4,515	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	1,832	0	6,983	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,010,961	3,820,454	4,370,324	1,302,675	3,657,694	30.00
31.00	03100	INTENSIVE CARE UNIT	136,868	319,568	297,449	165,881	382,274	31.00
32.00	03200	CORONARY CARE UNIT	171,911	375,071	373,605	180,035	415,469	32.00
32.01	03201	NEONATAL CARE UNIT	221,274	258,680	0	200,084	428,120	32.01
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	177,797	385,069	386,397	138,241	252,362	40.00
41.00	04100	SUBPROVIDER - IRF	225,327	372,181	489,692	117,133	313,833	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	133,751	15,059	0	33,801	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	658,375	0	299,381	615,115	50.00
51.00	05100	RECOVERY ROOM	0	56,384	0	39,667	86,297	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	302,148	83,568	126,375	304,817	52.00
53.00	05300	ANESTHESIOLOGY	0	23,905	0	15,598	40,474	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	621,730	0	221,301	82,715	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	293,561	0	28,699	484	55.00
56.00	05600	RADIOISOTOPE	0	124,395	0	38,799	1,471	56.00
57.00	05700	CT SCAN	0	71,416	0	49,068	9,144	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	146,414	0	39,760	9,641	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	407,509	0	44,340	84,770	59.00
60.00	06000	LABORATORY	0	51,134	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	38,666	0	179,386	4,502	65.00
66.00	06600	PHYSICAL THERAPY	0	6,973	0	144,166	8,906	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	140,065	0	189,993	13,214	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	92,621	0	79,022	172,769	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	32,140	0	24,980	7,945	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,097	0	10,288	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	45,341	0	17,307	36,593	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	193,233	0	75,439	187,072	75.00
76.00	03950	REHAB MEDICINE	0	54,498	0	15,343	1,370	76.00
76.20	03951	DAY HOSPITAL	0	56,588	0	18,438	21,030	76.20
76.45	03340	GASTROINTESTINAL SERVICES	0	143,714	0	64,512	156,262	76.45
76.97	07697	CARDIAC REHABILITATION	0	25,709	0	10,652	24,698	76.97
76.99	07699	LITHOTRIPER	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	7,041	0	4,361	6,693	90.01
90.02	09002	OUTPATIENT CENTER	0	114,898	0	42,310	85,117	90.02
90.03	09003	PAIN CLINIC	0	25,384	0	11,700	31,926	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	0	0	16,141	141	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	514,647	0	290,096	702,700	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

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

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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	13.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,077,889	11,341,712	6,001,035	5,113,164	8,180,106
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	268,299	0	6,875	34
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	3,077,889	11,610,011	6,001,035	5,120,039	8,180,140

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
		14.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN 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
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,613,441				14.00
15.00	01500	PHARMACY	0	19,630,504			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,490,764		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	3,164,853	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	22,361,209
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1	0	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	201,760	222,717	2,304,841	16,963,676
31.00	03100	INTENSIVE CARE UNIT	0	47,066	39,347	156,870	0
32.00	03200	CORONARY CARE UNIT	0	26,545	32,596	197,034	0
32.01	03201	NEONATAL CARE UNIT	0	33,175	42,741	0	0
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 - IPF	0	514	15,640	203,780	1,547,310
41.00	04100	SUBPROVIDER - IRF	0	4,012	18,010	258,256	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	6,170	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	93,326	77,424	0	1,968,952
51.00	05100	RECOVERY ROOM	0	6,635	11,419	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	37,037	18,337	44,072	0
53.00	05300	ANESTHESIOLOGY	0	216,636	38,270	0	259,174
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	69,217	87,713	0	9,026
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,803	34,920	0	0
56.00	05600	RADIOISOTOPE	0	461,351	20,414	0	0
57.00	05700	CT SCAN	0	162,696	82,289	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	28,043	39,412	0	2,579
59.00	05900	CARDIAC CATHETERIZATION	0	12,087	32,440	0	0
60.00	06000	LABORATORY	0	0	90,883	0	687,264
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	22,524	0	0
65.00	06500	RESPIRATORY THERAPY	0	4,707	36,827	0	0
66.00	06600	PHYSICAL THERAPY	0	3	20,031	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	10,601	24,730	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	82,849	28,164	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	9,633	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,214,338	409	36,862	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,399,103	0	51,035	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	17,633,908	191,975	0	0
74.00	07400	RENAL DIALYSIS	0	83,624	3,399	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	23,594	22,352	0	0
76.00	03950	REHAB MEDICINE	0	0	1,939	0	0
76.20	03951	DAY HOSPITAL	0	0	1,928	0	0
76.45	03340	GASTROINTESTINAL SERVICES	0	45,365	35,347	0	0
76.97	07697	CARDIAC REHABILITATION	0	28	2,365	0	0
76.99	07699	LITHOTRIPER	0	0	2,193	0	0
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	1,301	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	DIABETES CARE CENTER	0	0	55	0	0
90.02	09002	OUTPATIENT CENTER	0	34,842	6,218	0	0
90.03	09003	PAIN CLINIC	0	14,078	3,397	0	0
90.05	09004	WOUND CARE CENTER	0	0	0	0	0
90.06	09005	ANTI-COAG LAB	0	0	1,221	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0223

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

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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
			14.00	15.00	16.00	17.00	21.00	
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	293,592	76,526	0	923,228	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,613,441	19,630,504	1,490,764	3,164,853	22,361,209	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,613,441	19,630,504	1,490,764	3,164,853	22,361,209	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part I Date/Time Prepared: 5/30/2019 9:39 am		
Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM-PASTORAL EDUC.	PARAMED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
		SERVICES-OTHER PRGM COSTS						
		22.00	23.00	23.01	24.00	25.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN 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
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	19,685,656					22.00
23.00	02300	PARAMED PRGM-PASTORAL EDUC.		391,320				23.00
23.01	02301	PARAMED PRGM-PHARMACY			473,614			23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,933,946	264,730	267,732	161,405,426	-31,897,622	30.00
31.00	03100	INTENSIVE CARE UNIT	0	17,832	91,503	15,775,277	0	31.00
32.00	03200	CORONARY CARE UNIT	0	22,398	0	17,244,473	0	32.00
32.01	03201	NEONATAL CARE UNIT	0	28,829	0	17,158,123	0	32.01
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	1,362,172	23,164	0	16,046,738	-2,909,482	40.00
41.00	04100	SUBPROVIDER - IRF	0	29,357	0	12,012,839	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	2,606,677	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,733,364	0	0	32,210,357	-3,702,316	50.00
51.00	05100	RECOVERY ROOM	0	0	0	3,350,628	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,010	0	11,410,386	0	52.00
53.00	05300	ANESTHESIOLOGY	228,164	0	0	3,271,385	-487,338	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,946	0	0	21,082,409	-16,972	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	10,572,110	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	5,460,868	0	56.00
57.00	05700	CT SCAN	0	0	0	6,379,272	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,270	0	0	4,658,509	-4,849	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	5,850,564	0	59.00
60.00	06000	LABORATORY	605,031	0	0	22,333,371	-1,292,295	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	2,924,988	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	13,042,713	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	10,066,789	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	14,124,534	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	6,952,570	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,719,078	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	63,016,031	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	47,028,415	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	68,627	65,563,191	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,972,941	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	7,071,873	0	75.00
76.00	03950	REHAB MEDICINE	0	0	0	1,454,703	0	76.00
76.20	03951	DAY HOSPITAL	0	0	0	1,651,061	0	76.20
76.45	03340	GASTROINTESTINAL SERVICES	0	0	0	6,407,502	0	76.45
76.97	07697	CARDIAC REHABILITATION	0	0	0	963,781	0	76.97
76.99	07699	LITHOTRIPER	0	0	0	1,365,904	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	1,848,908	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	0	0	343,726	0	90.01
90.02	09002	OUTPATIENT CENTER	0	0	0	3,966,544	0	90.02
90.03	09003	PAIN CLINIC	0	0	0	1,124,769	0	90.03

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM-PASTORAL EDUC.	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		22.00	23.00	23.01	24.00	25.00	
90.05	09004 WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005 ANTI-COAG LAB	0	0	0	1,079,415	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00	09100 EMERGENCY	812,763	0	45,752	27,675,418	-1,735,991	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS							
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
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	19,685,656	391,320	473,614	651,194,266	-42,046,865	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	2,471,357	0	190.00
194.00	07950 OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
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)	19,685,656	391,320	473,614	653,665,623	-42,046,865	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 OTHER ADMIN 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
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM-PASTORAL EDUC.		23.00
23.01	02301 PARAMED ED PRGM-PHARMACY		23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	129,507,804	30.00
31.00	03100 INTENSIVE CARE UNIT	15,775,277	31.00
32.00	03200 CORONARY CARE UNIT	17,244,473	32.00
32.01	03201 NEONATAL CARE UNIT	17,158,123	32.01
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	13,137,256	40.00
41.00	04100 SUBPROVIDER - I RF	12,012,839	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	2,606,677	43.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	28,508,041	50.00
51.00	05100 RECOVERY ROOM	3,350,628	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	11,410,386	52.00
53.00	05300 ANESTHESIOLOGY	2,784,047	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	21,065,437	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	10,572,110	55.00
56.00	05600 RADIOISOTOPE	5,460,868	56.00
57.00	05700 CT SCAN	6,379,272	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	4,653,660	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,850,564	59.00
60.00	06000 LABORATORY	21,041,076	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,924,988	62.00
65.00	06500 RESPIRATORY THERAPY	13,042,713	65.00
66.00	06600 PHYSICAL THERAPY	10,066,789	66.00
67.00	06700 OCCUPATIONAL THERAPY	14,124,534	67.00
68.00	06800 SPEECH PATHOLOGY	0	68.00
69.00	06900 ELECTROCARDIOLOGY	6,952,570	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,719,078	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	63,016,031	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	47,028,415	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	65,563,191	73.00
74.00	07400 RENAL DIALYSIS	1,972,941	74.00
75.00	07500 ASC (NON-DISTINCT PART)	7,071,873	75.00
76.00	03950 REHAB MEDICINE	1,454,703	76.00
76.20	03951 DAY HOSPITAL	1,651,061	76.20
76.45	03340 GASTROINTESTINAL SERVICES	6,407,502	76.45
76.97	07697 CARDIAC REHABILITATION	963,781	76.97
76.99	07699 LI THOTRI PER	1,365,904	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	1,848,908	77.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.01	09001 DIABETES CARE CENTER	343,726	90.01
90.02	09002 OUTPATIENT CENTER	3,966,544	90.02
90.03	09003 PAIN CLINIC	1,124,769	90.03
90.05	09004 WOUND CARE CENTER	0	90.05
90.06	09005 ANTI-COAG LAB	1,079,415	90.06
90.07	09006 HEART RISK ASSESSMENT	0	90.07
91.00	09100 EMERGENCY	25,939,427	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Total	
		26.00	
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0	95.00
99.00	09900 CMHC	0	99.00
SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	609,147,401	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,471,357	190.00
194.00	07950 OTHER NONREIMBURSABLE	0	194.00
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	611,618,758	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/30/2019 9:39 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	127,036	89,924	216,960	4.00
5.03 00560	PURCHASING RECEIVING AND STORES	116	516,692	365,750	882,558	5.03
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	153,894	108,937	262,831	5.05
5.06 00590	OTHER ADMIN AND GENERAL	490,873	2,889,889	2,045,662	5,426,424	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	6,250,171	4,424,304	10,674,475	6.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	280,283	198,404	478,687	9.00
10.00 01000	DIETARY	50,991	226,368	160,238	437,597	10.00
11.00 01100	CAFETERIA	0	299,156	211,763	510,919	11.00
13.00 01300	NURSING ADMINISTRATION	532,639	162,096	114,743	809,478	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	312,295	208,904	147,876	669,075	14.00
15.00 01500	PHARMACY	18,104	136,679	96,751	251,534	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	229,613	107,617	76,178	413,408	16.00
17.00 01700	SOCIAL SERVICE	0	23,893	16,913	40,806	17.00
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	706,972	500,443	1,207,415	22.00
23.00 02300	PARAMED ED PRGM-PASTORAL EDUC.	0	10,588	7,495	18,083	23.00
23.01 02301	PARAMED ED PRGM-PHARMACY	0	2,237	1,583	3,820	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	4,665,885	3,302,834	7,968,719	30.00
31.00 03100	INTENSIVE CARE UNIT	0	390,286	276,271	666,557	31.00
32.00 03200	CORONARY CARE UNIT	0	458,070	324,254	782,324	32.00
32.01 03201	NEONATAL CARE UNIT	0	315,924	223,632	539,556	32.01
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 - IPF	0	470,282	332,898	803,180	40.00
41.00 04100	SUBPROVIDER - IRF	41,681	454,541	321,755	817,977	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	18,392	13,019	31,411	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	16,383	804,067	569,174	1,389,624	50.00
51.00 05100	RECOVERY ROOM	0	68,861	48,745	117,606	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	369,011	261,211	630,222	52.00
53.00 05300	ANESTHESIOLOGY	0	29,195	20,666	49,861	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,534	759,314	537,494	1,299,342	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	358,523	253,787	612,310	55.00
56.00 05600	RADIOISOTOPE	0	151,922	107,541	259,463	56.00
57.00 05700	CT SCAN	0	87,220	61,740	148,960	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	178,814	126,577	305,391	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	497,687	352,297	849,984	59.00
60.00 06000	LABORATORY	0	62,449	44,206	106,655	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00 06500	RESPIRATORY THERAPY	140,163	47,222	33,427	220,812	65.00
66.00 06600	PHYSICAL THERAPY	0	8,517	6,029	14,546	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	171,060	121,088	292,148	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	113,117	80,072	193,189	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	33,468	39,252	27,785	100,505	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,004	3,542	8,546	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	55,374	39,198	94,572	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	235,994	167,053	403,047	75.00
76.00 03950	REHAB MEDICINE	0	66,558	47,114	113,672	76.00
76.20 03951	DAY HOSPITAL	0	69,110	48,921	118,031	76.20
76.45 03340	GASTRO INTESTINAL SERVICES	695	175,517	124,243	300,455	76.45
76.97 07697	CARDIAC REHABILITATION	0	31,399	22,226	53,625	76.97
76.99 07699	LITHOTRIPER	0	0	0	0	76.99
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	DIABETES CARE CENTER	0	8,599	6,087	14,686	90.01
90.02 09002	OUTPATIENT CENTER	0	140,324	99,331	239,655	90.02
90.03 09003	PAIN CLINIC	0	31,001	21,945	52,946	90.03
90.05 09004	WOUND CARE CENTER	0	0	0	0	90.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0223

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2019 9:39 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
90.06 09005 ANTI-COAG LAB	0	0	0	0	580	90.06
90.07 09006 HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00 09100 EMERGENCY	0	628,534	444,919	1,073,453	10,432	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00 09900 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
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
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	1,869,555	24,069,500	17,038,045	42,977,100	216,713	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,664,964	327,671	231,948	4,224,583	247	190.00
194.00 07950 OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	5,534,519	24,397,171	17,269,993	47,201,683	216,960	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0223		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/30/2019 9:39 am	
Cost Center Description			PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMIN AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.03	5.05	5.06	6.00	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03	00560	PURCHASING RECEIVING AND STORES	883,989					5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1	262,833				5.05
5.06	00590	OTHER ADMIN AND GENERAL	29,398	0	5,474,332			5.06
6.00	00600	MAINTENANCE & REPAIRS	12,449	0	365,322	11,056,598		6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	25,776	0	0	8.00
9.00	00900	HOUSEKEEPING	6,416	0	90,149	214,322	0	9.00
10.00	01000	DIETARY	13,051	0	42,985	173,094	0	10.00
11.00	01100	CAFETERIA	15,198	0	33,269	228,753	0	11.00
13.00	01300	NURSING ADMINISTRATION	108	0	62,502	123,948	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,480	0	40,000	159,740	0	14.00
15.00	01500	PHARMACY	1,473	0	157,932	104,513	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1	0	9,028	82,290	0	16.00
17.00	01700	SOCIAL SERVICE	45	0	25,314	18,270	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	184,746	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,138	0	140,772	540,593	0	22.00
23.00	02300	PARAMED PRGM-PASTORAL EDUC.	97	0	2,853	8,096	0	23.00
23.01	02301	PARAMED PRGM-PHARMACY	0	0	3,836	1,710	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,169	39,808	812,493	3,567,821	0	30.00
31.00	03100	INTENSIVE CARE UNIT	580	6,920	108,395	298,436	0	31.00
32.00	03200	CORONARY CARE UNIT	483	5,733	117,814	350,268	0	32.00
32.01	03201	NEONATAL CARE UNIT	3,415	7,517	125,554	241,574	0	32.01
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	179	2,751	84,882	359,606	0	40.00
41.00	04100	SUBPROVIDER - IRF	161	3,168	73,813	347,570	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	13	1,085	19,784	14,063	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,827	13,617	203,829	614,838	0	50.00
51.00	05100	RECOVERY ROOM	39	2,008	24,642	52,656	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	474	3,225	78,519	282,168	0	52.00
53.00	05300	ANESTHESIOLOGY	33	6,731	19,773	22,324	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	294	15,427	148,165	580,617	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	23	6,142	76,461	274,148	0	55.00
56.00	05600	RADIOISOTOPE	8	3,590	36,481	116,169	0	56.00
57.00	05700	CT SCAN	68	14,473	48,084	66,694	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	146	6,932	32,250	136,732	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	259	5,706	31,556	380,562	0	59.00
60.00	06000	LABORATORY	0	15,984	173,445	47,752	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	3,962	24,307	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	483	6,477	105,824	36,109	0	65.00
66.00	06600	PHYSICAL THERAPY	64	3,523	82,583	6,512	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	312	4,350	110,796	130,803	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	193	4,953	51,554	86,496	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16	1,694	21,154	30,015	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	444,337	6,483	500,262	3,826	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	331,623	8,976	373,330	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	33,765	399,211	0	0	73.00
74.00	07400	RENAL DIALYSIS	29	598	13,564	42,342	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	143	3,931	49,061	180,455	0	75.00
76.00	03950	REHAB MEDICINE	187	341	9,888	50,894	0	76.00
76.20	03951	DAY HOSPITAL	38	339	11,260	52,846	0	76.20
76.45	03340	GASTROINTESTINAL SERVICES	311	6,217	45,498	134,211	0	76.45
76.97	07697	CARDIAC REHABILITATION	25	416	6,747	24,009	0	76.97
76.99	07699	LITHOTRIPER	0	386	11,421	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	229	15,473	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	4	10	2,509	6,576	0	90.01
90.02	09002	OUTPATIENT CENTER	175	1,094	27,300	107,300	0	90.02
90.03	09003	PAIN CLINIC	46	598	7,912	23,705	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	11	215	8,893	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	722	13,459	185,248	480,615	0	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0223

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

Worksheet B
Part II
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Cost Center Description		PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMIN AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5.03	5.05	5.06	6.00	7.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS							
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
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	883,745	262,833	5,464,219	10,806,041	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	244	0	10,113	250,557	0	190.00
194.00	07950 OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	883,989	262,833	5,474,332	11,056,598	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0223		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/30/2019 9:39 am	
Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN 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	25,776					8.00
9.00	00900	HOUSEKEEPING	0	794,438				9.00
10.00	01000	DIETARY	0	12,683	681,080			10.00
11.00	01100	CAFETERIA	0	16,761	0	806,887		11.00
13.00	01300	NURSING ADMINISTRATION	0	9,082	0	15,007	1,023,550	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	11,705	0	5,124	426	14.00
15.00	01500	PHARMACY	0	7,658	0	35,564	2,790	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,030	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,339	0	7,290	530	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	47,464	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	39,610	0	25,953	4	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	593	0	878	565	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	125	0	1,100	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,841	261,422	496,004	205,369	457,675	30.00
31.00	03100	INTENSIVE CARE UNIT	1,146	21,867	33,759	26,139	47,833	31.00
32.00	03200	CORONARY CARE UNIT	1,440	25,665	42,402	28,369	51,986	32.00
32.01	03201	NEONATAL CARE UNIT	1,853	17,701	0	31,528	53,569	32.01
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	1,489	26,349	43,854	21,783	31,577	40.00
41.00	04100	SUBPROVIDER - IRF	1,887	25,467	55,577	18,457	39,269	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,120	1,030	0	5,326	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	45,051	0	47,175	76,967	50.00
51.00	05100	RECOVERY ROOM	0	3,858	0	6,250	10,798	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	20,675	9,484	19,914	38,141	52.00
53.00	05300	ANESTHESIOLOGY	0	1,636	0	2,458	5,064	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	42,543	0	34,871	10,350	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	20,087	0	4,522	61	55.00
56.00	05600	RADIOISOTOPE	0	8,512	0	6,114	184	56.00
57.00	05700	CT SCAN	0	4,887	0	7,732	1,144	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	10,019	0	6,265	1,206	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	27,885	0	6,987	10,607	59.00
60.00	06000	LABORATORY	0	3,499	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	2,646	0	28,267	563	65.00
66.00	06600	PHYSICAL THERAPY	0	477	0	22,717	1,114	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	9,584	0	29,938	1,653	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,338	0	12,452	21,618	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,199	0	3,936	994	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	280	0	1,621	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	3,103	0	2,727	4,579	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	13,222	0	11,887	23,408	75.00
76.00	03950	REHAB MEDICINE	0	3,729	0	2,418	171	76.00
76.20	03951	DAY HOSPITAL	0	3,872	0	2,905	2,631	76.20
76.45	03340	GASTROINTESTINAL SERVICES	0	9,834	0	10,165	19,553	76.45
76.97	07697	CARDIAC REHABILITATION	0	1,759	0	1,679	3,090	76.97
76.99	07699	LITHOTRIPER	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	482	0	687	837	90.01
90.02	09002	OUTPATIENT CENTER	0	7,862	0	6,667	10,650	90.02
90.03	09003	PAIN CLINIC	0	1,737	0	1,844	3,995	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	0	0	2,543	18	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	35,216	0	45,712	87,926	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0223

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	13.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	25,776	776,079	681,080	805,804	1,023,546
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	18,359	0	1,083	4
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	25,776	794,438	681,080	806,887	1,023,550

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/30/2019 9:39 am		
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES
		14.00	15.00	16.00	17.00	21.00
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMIN 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
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	898,719			14.00
15.00	01500	PHARMACY	0	569,580		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	510,757	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	95,258
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	0	0	0
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	5,854	77,456	69,372
31.00	03100	INTENSIVE CARE UNIT	0	1,366	13,445	4,722
32.00	03200	CORONARY CARE UNIT	0	770	11,138	5,930
32.01	03201	NEONATAL CARE UNIT	0	963	14,605	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	15	5,344	6,134
41.00	04100	SUBPROVIDER - IRF	0	116	6,154	7,773
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	0	0	2,108	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	2,708	26,456	0
51.00	05100	RECOVERY ROOM	0	193	3,902	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,075	6,266	1,327
53.00	05300	ANESTHESIOLOGY	0	6,286	13,077	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,008	29,972	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	81	11,932	0
56.00	05600	RADIOISOTOPE	0	13,386	6,976	0
57.00	05700	CT SCAN	0	4,721	28,119	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	814	13,467	0
59.00	05900	CARDIAC CATHETERIZATION	0	351	11,085	0
60.00	06000	LABORATORY	0	0	31,055	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	7,697	0
65.00	06500	RESPIRATORY THERAPY	0	137	12,584	0
66.00	06600	PHYSICAL THERAPY	0	0	6,845	0
67.00	06700	OCCUPATIONAL THERAPY	0	308	8,451	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	2,404	9,624	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	3,292	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	514,628	12	12,596	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	384,091	0	17,439	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	511,646	65,600	0
74.00	07400	RENAL DIALYSIS	0	2,426	1,161	0
75.00	07500	ASC (NON-DISTINCT PART)	0	685	7,638	0
76.00	03950	REHAB MEDICINE	0	0	663	0
76.20	03951	DAY HOSPITAL	0	0	659	0
76.45	03340	GASTROINTESTINAL SERVICES	0	1,316	12,078	0
76.97	07697	CARDIAC REHABILITATION	0	1	808	0
76.99	07699	LITHOTRIPER	0	0	749	0
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	445	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0
90.01	09001	DIABETES CARE CENTER	0	0	19	0
90.02	09002	OUTPATIENT CENTER	0	1,011	2,125	0
90.03	09003	PAIN CLINIC	0	408	1,161	0
90.05	09004	WOUND CARE CENTER	0	0	0	0
90.06	09005	ANTI-COAG LAB	0	0	417	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0223

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2019 9:39 am

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0		90.07
91.00	09100	EMERGENCY	0	8,519	26,149	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
99.00	09900	CMHC	0	0	0	0		99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	898,719	569,580	510,757	95,258	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0		194.00
200.00		Cross Foot Adjustments					243,042	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	898,719	569,580	510,757	95,258	243,042	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/30/2019 9:39 am	
Cost Center Description	INTERNS & RESIDENTS	SERVICES-OTHER PRGM COSTS	PARAMED PRGM-PASTORAL EDUC.	PARAMED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	22.00					
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMIN 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
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,961,408			22.00
23.00	02300	PARAMED PRGM-PASTORAL EDUC.		31,365		23.00
23.01	02301	PARAMED PRGM-PHARMACY			10,842	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS			14,028,877	0 30.00
31.00	03100	INTENSIVE CARE UNIT			1,237,130	0 31.00
32.00	03200	CORONARY CARE UNIT			1,430,796	0 32.00
32.01	03201	NEONATAL CARE UNIT			1,045,030	0 32.01
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 - IPF			1,392,114	0 40.00
41.00	04100	SUBPROVIDER - IRF			1,401,601	0 41.00
42.00	04200	SUBPROVIDER			0	0 42.00
43.00	04300	NURSERY			77,155	0 43.00
44.00	04400	SKILLED NURSING FACILITY			0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM			2,435,858	0 50.00
51.00	05100	RECOVERY ROOM			223,378	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			1,096,034	0 52.00
53.00	05300	ANESTHESIOLOGY			127,804	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			2,171,547	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			1,006,799	0 55.00
56.00	05600	RADIOISOTOPE			452,278	0 56.00
57.00	05700	CT SCAN			326,647	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)			514,652	0 58.00
59.00	05900	CARDIAC CATHETERIZATION			1,326,576	0 59.00
60.00	06000	LABORATORY			378,390	0 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS			35,966	0 62.00
65.00	06500	RESPIRATORY THERAPY			420,353	0 65.00
66.00	06600	PHYSICAL THERAPY			143,565	0 66.00
67.00	06700	OCCUPATIONAL THERAPY			595,175	0 67.00
68.00	06800	SPEECH PATHOLOGY			0	0 68.00
69.00	06900	ELECTROCARDIOLOGY			391,663	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			164,703	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			1,492,961	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT			1,115,459	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			1,010,222	0 73.00
74.00	07400	RENAL DIALYSIS			165,723	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)			696,190	0 75.00
76.00	03950	REHAB MEDICINE			182,515	0 76.00
76.20	03951	DAY HOSPITAL			193,244	0 76.20
76.45	03340	GASTROINTESTINAL SERVICES			541,958	0 76.45
76.97	07697	CARDIAC REHABILITATION			92,542	0 76.97
76.99	07699	LITHOTRIPER			12,556	0 76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION			16,147	0 77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC			0	0 90.00
90.01	09001	DIABETES CARE CENTER			25,967	0 90.01
90.02	09002	OUTPATIENT CENTER			405,360	0 90.02
90.03	09003	PAIN CLINIC			94,773	0 90.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0223

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2019 9:39 am

Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM-PASTORAL EDUC.	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		22.00	23.00	23.01	24.00	25.00	
90.05	09004	WOUND CARE CENTER			0	0	90.05
90.06	09005	ANTI-COAG LAB			12,677	0	90.06
90.07	09006	HEART RISK ASSESSMENT			0	0	90.07
91.00	09100	EMERGENCY			1,967,451	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES			0	0	95.00
99.00	09900	CMHC			0	0	99.00
SPECIAL PURPOSE COST CENTERS							
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	40,449,836	0
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			4,505,190	0	190.00
194.00	07950	OTHER NONREIMBURSABLE			0	0	194.00
200.00		Cross Foot Adjustments	1,961,408	31,365	10,842	2,246,657	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	1,961,408	31,365	10,842	47,201,683	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/30/2019 9:39 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 OTHER ADMIN 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
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM-PASTORAL EDUC.		23.00
23.01	02301 PARAMED ED PRGM-PHARMACY		23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	14,028,877	30.00
31.00	03100 INTENSIVE CARE UNIT	1,237,130	31.00
32.00	03200 CORONARY CARE UNIT	1,430,796	32.00
32.01	03201 NEONATAL CARE UNIT	1,045,030	32.01
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	1,392,114	40.00
41.00	04100 SUBPROVIDER - I RF	1,401,601	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	77,155	43.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	2,435,858	50.00
51.00	05100 RECOVERY ROOM	223,378	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,096,034	52.00
53.00	05300 ANESTHESIOLOGY	127,804	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,171,547	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,006,799	55.00
56.00	05600 RADIOISOTOPE	452,278	56.00
57.00	05700 CT SCAN	326,647	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	514,652	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,326,576	59.00
60.00	06000 LABORATORY	378,390	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	35,966	62.00
65.00	06500 RESPIRATORY THERAPY	420,353	65.00
66.00	06600 PHYSICAL THERAPY	143,565	66.00
67.00	06700 OCCUPATIONAL THERAPY	595,175	67.00
68.00	06800 SPEECH PATHOLOGY	0	68.00
69.00	06900 ELECTROCARDIOLOGY	391,663	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	164,703	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,492,961	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,115,459	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,010,222	73.00
74.00	07400 RENAL DIALYSIS	165,723	74.00
75.00	07500 ASC (NON-DISTINCT PART)	696,190	75.00
76.00	03950 REHAB MEDICINE	182,515	76.00
76.20	03951 DAY HOSPITAL	193,244	76.20
76.45	03340 GASTROINTESTINAL SERVICES	541,958	76.45
76.97	07697 CARDIAC REHABILITATION	92,542	76.97
76.99	07699 LI THOTRI PER	12,556	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	16,147	77.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.01	09001 DIABETES CARE CENTER	25,967	90.01
90.02	09002 OUTPATIENT CENTER	405,360	90.02
90.03	09003 PAIN CLINIC	94,773	90.03
90.05	09004 WOUND CARE CENTER	0	90.05
90.06	09005 ANTI-COAG LAB	12,677	90.06
90.07	09006 HEART RISK ASSESSMENT	0	90.07
91.00	09100 EMERGENCY	1,967,451	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0223

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

Worksheet B
Part II
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Cost Center Description		Total	
		26.00	
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0	95.00
99.00	09900 CMHC	0	99.00
SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	40,449,836	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,505,190	190.00
194.00	07950 OTHER NONREIMBURSABLE	0	194.00
200.00	Cross Foot Adjustments	2,246,657	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	47,201,683	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0223

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

Worksheet B-1

Date/Time Prepared:
5/30/2019 9:39 am

Cost Center Description	CAPITAL RELATED COSTS					EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (PURCHASED REQUISITE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)							
	1.00	2.00	4.00	5.03	5.05				
GENERAL SERVICE COST CENTERS									
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	1,472,447							1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		1,472,447						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	7,667	7,667	254,920,277					4.00
5.03 00560	PURCHASING RECEIVING AND STORES	31,184	31,184	1,681,791	94,754,903				5.03
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	9,288	9,288	1,388	117	2,498,824,646			5.05
5.06 00590	OTHER ADMIN AND GENERAL	174,414	174,414	21,750,929	3,151,285				5.06
6.00 00600	MAINTENANCE & REPAIRS	377,218	377,218	5,114,287	1,334,432				6.00
7.00 00700	OPERATION OF PLANT	0	0	0	0				7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0				8.00
9.00 00900	HOUSEKEEPING	16,916	16,916	5,715,455	687,701				9.00
10.00 01000	DIETARY	13,662	13,662	1,962,404	1,398,968				10.00
11.00 01100	CAFETERIA	18,055	18,055	2,334,621	1,629,101				11.00
13.00 01300	NURSING ADMINISTRATION	9,783	9,783	4,024,484	11,603				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	12,608	12,608	1,374,167	1,230,565				14.00
15.00 01500	PHARMACY	8,249	8,249	9,537,197	157,938				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	6,495	6,495	0	67				16.00
17.00 01700	SOCIAL SERVICE	1,442	1,442	1,954,884	4,824				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	12,728,369	0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	42,668	42,668	6,959,765	121,962				22.00
23.00 02300	PARAMED ED PRGM-PASTORAL EDUC.	639	639	235,383	10,365				23.00
23.01 02301	PARAMED ED PRGM-PHARMACY	135	135	295,072	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00 03000	ADULTS & PEDIATRICS	281,601	281,601	55,050,977	339,704	374,789,507			30.00
31.00 03100	INTENSIVE CARE UNIT	23,555	23,555	7,009,571	62,145	65,908,449			31.00
32.00 03200	CORONARY CARE UNIT	27,646	27,646	7,607,636	51,739	54,599,972			32.00
32.01 03201	NEONATAL CARE UNIT	19,067	19,067	8,454,851	366,086	71,592,250			32.01
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	28,383	28,383	5,841,579	19,168	26,197,875			40.00
41.00 04100	SUBPROVIDER - I RF	27,433	27,433	4,949,616	17,273	30,168,039			41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0			42.00
43.00 04300	NURSERY	1,110	1,110	1,428,311	1,380	10,334,940			43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0			44.00
ANCILLARY SERVICE COST CENTERS									
50.00 05000	OPERATING ROOM	48,528	48,528	12,650,798	517,441	129,688,434			50.00
51.00 05100	RECOVERY ROOM	4,156	4,156	1,676,178	4,181	19,126,610			51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	22,271	22,271	5,340,175	50,856	30,715,985			52.00
53.00 05300	ANESTHESIOLOGY	1,762	1,762	659,109	3,526	64,103,195			53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	45,827	45,827	9,351,404	31,516	146,923,335			54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	21,638	21,638	1,212,735	2,438	58,492,263			55.00
56.00 05600	RADIOISOTOPE	9,169	9,169	1,639,509	899	34,193,798			56.00
57.00 05700	CT SCAN	5,264	5,264	2,073,455	7,328	137,838,323			57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	10,792	10,792	1,680,107	15,655	66,016,696			58.00
59.00 05900	CARDIAC CATHETERIZATION	30,037	30,037	1,873,674	27,798	54,338,804			59.00
60.00 06000	LABORATORY	3,769	3,769	0	0	152,232,287			60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	37,729,451			62.00
65.00 06500	RESPIRATORY THERAPY	2,850	2,850	7,580,230	51,760	61,686,185			65.00
66.00 06600	PHYSICAL THERAPY	514	514	6,091,936	6,865	33,552,915			66.00
67.00 06700	OCCUPATIONAL THERAPY	10,324	10,324	8,028,440	33,471	41,424,141			67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0			68.00
69.00 06900	ELECTROCARDIOLOGY	6,827	6,827	3,339,187	20,663	47,175,841			69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	2,369	2,369	1,055,583	1,704	16,136,425			70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	302	302	434,728	47,627,425	61,746,100			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	35,547,540	85,485,974			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	321,566,963			73.00
74.00 07400	RENAL DIALYSIS	3,342	3,342	731,316	3,139	5,693,225			74.00
75.00 07500	ASC (NON-DIAGNOSTIC PART)	14,243	14,243	3,187,799	15,329	37,440,074			75.00
76.00 03950	REHAB MEDICINE	4,017	4,017	648,323	19,997	3,248,070			76.00
76.20 03951	DAY HOSPITAL	4,171	4,171	779,107	4,114	3,229,905			76.20
76.45 03340	GASTROINTESTINAL SERVICES	10,593	10,593	2,726,053	33,312	59,207,986			76.45
76.97 07697	CARDIAC REHABILITATION	1,895	1,895	450,129	2,683	3,962,280			76.97
76.99 07699	LITHOTRIPER	0	0	0	0	3,672,770			76.99
77.00 07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	2,178,969			77.00
OUTPATIENT SERVICE COST CENTERS									
90.00 09000	CLINIC	0	0	0	0	0			90.00
90.01 09001	DIABETES CARE CENTER	519	519	184,267	383	91,753			90.01
90.02 09002	OUTPATIENT CENTER	8,469	8,469	1,787,864	18,772	10,414,604			90.02
90.03 09003	PAIN CLINIC	1,871	1,871	494,415	4,915	5,690,555			90.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0223

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

Worksheet B-1

Date/Time Prepared:
5/30/2019 9:39 am

Cost Center Description	CAPITAL RELATED COSTS					
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (PURCHASED REQUIREMENT)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUES)	
	1.00	2.00	4.00	5.03	5.05	
90.05 09004 WOUND CARE CENTER	0	0	0	0	0	90.05
90.06 09005 ANTI-COAG LAB	0	0	682,048	1,164	2,045,940	90.06
90.07 09006 HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00 09100 EMERGENCY	37,934	37,934	12,258,452	77,402	128,183,758	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00 09900 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
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
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	1,452,671	1,452,671	254,629,758	94,728,699	2,498,824,646	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,776	19,776	290,519	26,204	0	190.00
194.00 07950 OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	24,397,171	17,269,993	58,758,310	4,991,765	26,924,407	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	16.569134	11.728771	0.230497	0.052681	0.010775	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			216,960	883,989	262,833	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000851	0.009329	0.000105	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: 14-0223

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

Worksheet B-1

Date/Time Prepared:
5/30/2019 9:39 am

Cost Center Description		Reconciliation	OTHER ADMIN AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)		
		5A.06	5.06	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00590	OTHER ADMIN AND GENERAL	-91,454,500	562,211,123			5.06	
6.00	00600	MAINTENANCE & REPAIRS	0	37,518,947	872,676		6.00	
7.00	00700	OPERATION OF PLANT	0	0	0	872,676	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,647,262	0	167,850	8.00	
9.00	00900	HOUSEKEEPING	0	9,258,385	16,916	0	9.00	
10.00	01000	DIETARY	0	4,414,642	13,662	13,662	10.00	
11.00	01100	CAFETERIA	0	3,416,777	18,055	18,055	11.00	
13.00	01300	NURSING ADMINISTRATION	0	6,418,987	9,783	9,783	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,107,994	12,608	12,608	14.00	
15.00	01500	PHARMACY	0	16,219,797	8,249	8,249	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	927,163	6,495	6,495	16.00	
17.00	01700	SOCIAL SERVICE	0	2,599,801	1,442	1,442	17.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	18,973,579	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	14,457,439	42,668	42,668	22.00	
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	292,968	639	639	23.00	
23.01	02301	PARAMED ED PRGM-PHARMACY	0	393,965	135	135	23.01	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	83,435,148	281,601	281,601	109,666	30.00
31.00	03100	INTENSIVE CARE UNIT	0	11,132,303	23,555	23,555	7,464	31.00
32.00	03200	CORONARY CARE UNIT	0	12,099,642	27,646	27,646	9,375	32.00
32.01	03201	NEONATAL CARE UNIT	0	12,894,577	19,067	19,067	12,067	32.01
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	8,717,461	28,383	28,383	9,696	40.00
41.00	04100	SUBPROVIDER - IRF	0	7,580,623	27,433	27,433	12,288	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	2,031,886	1,110	1,110	7,294	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	20,933,447	48,528	48,528	0	50.00
51.00	05100	RECOVERY ROOM	0	2,530,799	4,156	4,156	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,064,006	22,271	22,271	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,030,748	1,762	1,762	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	15,216,734	45,827	45,827	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,852,650	21,638	21,638	0	55.00
56.00	05600	RADIOISOTOPE	0	3,746,648	9,169	9,169	0	56.00
57.00	05700	CT SCAN	0	4,938,232	5,264	5,264	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,312,150	10,792	10,792	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,240,793	30,037	30,037	0	59.00
60.00	06000	LABORATORY	0	17,813,031	3,769	3,769	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,496,380	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	10,868,238	2,850	2,850	0	65.00
66.00	06600	PHYSICAL THERAPY	0	8,481,362	514	514	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,378,878	10,324	10,324	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,294,616	6,827	6,827	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,172,555	2,369	2,369	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	51,377,426	302	302	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	38,341,331	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	40,999,357	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,393,021	3,342	3,342	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	5,038,600	14,243	14,243	0	75.00
76.00	03950	REHAB MEDICINE	0	1,015,557	4,017	4,017	0	76.00
76.20	03951	DAY HOSPITAL	0	1,156,462	4,171	4,171	0	76.20
76.45	03340	GASTROINTESTINAL SERVICES	0	4,672,692	10,593	10,593	0	76.45
76.97	07697	CARDIAC REHABILITATION	0	692,892	1,895	1,895	0	76.97
76.99	07699	LITHOTRIPER	0	1,172,914	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	1,589,108	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	257,711	519	519	0	90.01
90.02	09002	OUTPATIENT CENTER	0	2,803,740	8,469	8,469	0	90.02
90.03	09003	PAIN CLINIC	0	812,578	1,871	1,871	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	913,340	0	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0223

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

Worksheet B-1

Date/Time Prepared:
5/30/2019 9:39 am

Cost Center Description			Reconciliation	OTHER ADMIN AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	
			5A.06	5.06	6.00	7.00	8.00	
91.00	09100	EMERGENCY	0	19,025,124	37,934	37,934	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-91,454,500	561,172,466	852,900	852,900	167,850	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,038,657	19,776	19,776	0	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)		91,454,500	43,622,117	0	3,077,889	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.162669	49.986612	0.000000	18.337140	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		5,474,332	11,056,598	0	25,776	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.009737	12.669763	0.000000	0.153566	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: 14-0223

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

Worksheet B-1

Date/Time Prepared:
5/30/2019 9:39 am

Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYSADJUSTED)	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN 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	855,760					9.00
10.00	01000	DIETARY	13,662	150,586				10.00
11.00	01100	CAFETERIA	18,055	0	216,359,402			11.00
13.00	01300	NURSING ADMINISTRATION	9,783	0	4,024,484	3,820,834		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,608	0	1,374,167	1,589	83,174,965	14.00
15.00	01500	PHARMACY	8,249	0	9,537,197	10,415	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,495	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,442	0	1,954,884	1,980	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	12,728,369	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	42,668	0	6,959,765	16	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	639	0	235,383	2,109	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	135	0	295,072	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	281,601	109,666	55,050,977	1,708,460	0	30.00
31.00	03100	INTENSIVE CARE UNIT	23,555	7,464	7,009,571	178,555	0	31.00
32.00	03200	CORONARY CARE UNIT	27,646	9,375	7,607,636	194,060	0	32.00
32.01	03201	NEONATAL CARE UNIT	19,067	0	8,454,851	199,969	0	32.01
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	28,383	9,696	5,841,579	117,875	0	40.00
41.00	04100	SUBPROVIDER - IRF	27,433	12,288	4,949,616	146,587	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,110	0	1,428,311	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	48,528	0	12,650,798	287,312	0	50.00
51.00	05100	RECOVERY ROOM	4,156	0	1,676,178	40,308	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,271	2,097	5,340,175	142,376	0	52.00
53.00	05300	ANESTHESIOLOGY	1,762	0	659,109	18,905	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,827	0	9,351,404	38,635	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	21,638	0	1,212,735	226	0	55.00
56.00	05600	RADIOISOTOPE	9,169	0	1,639,509	687	0	56.00
57.00	05700	CT SCAN	5,264	0	2,073,455	4,271	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,792	0	1,680,107	4,503	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	30,037	0	1,873,674	39,595	0	59.00
60.00	06000	LABORATORY	3,769	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	2,850	0	7,580,230	2,103	0	65.00
66.00	06600	PHYSICAL THERAPY	514	0	6,091,936	4,160	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,324	0	8,028,440	6,172	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,827	0	3,339,187	80,698	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,369	0	1,055,583	3,711	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	302	0	434,728	0	47,627,425	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	35,547,540	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,342	0	731,316	17,092	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	14,243	0	3,187,799	87,379	0	75.00
76.00	03950	REHAB MEDICINE	4,017	0	648,323	640	0	76.00
76.20	03951	DAY HOSPITAL	4,171	0	779,107	9,823	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	10,593	0	2,726,053	72,988	0	76.45
76.97	07697	CARDIAC REHABILITATION	1,895	0	450,129	11,536	0	76.97
76.99	07699	LITHOTRIPER	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	519	0	184,267	3,126	0	90.01
90.02	09002	OUTPATIENT CENTER	8,469	0	1,787,864	39,757	0	90.02
90.03	09003	PAIN CLINIC	1,871	0	494,415	14,912	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	0	682,048	66	0	90.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0223

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

Worksheet B-1

Date/Time Prepared:
5/30/2019 9:39 am

Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYSADJUSTED)	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
			9.00	10.00	11.00	13.00	14.00	
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	37,934	0	12,258,452	328,222	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	835,984	150,586	216,068,883	3,820,818	83,174,965	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,776	0	290,519	16	0	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	11,610,011	6,001,035	5,120,039	8,180,140	5,613,441	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.566901	39.851215	0.023665	2.140930	0.067490	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	794,438	681,080	806,887	1,023,550	898,719	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.928342	4.522864	0.003729	0.267887	0.010805	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: 14-0223

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

Worksheet B-1
Date/Time Prepared:
5/30/2019 9:39 am

Cost Center Description	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYSADJUSTED)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	15.00	16.00	17.00	21.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMIN 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
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	41,066,474					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	2,498,824,646				16.00
17.00 01700 SOCIAL SERVICE	0	0	150,586			17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	17,342		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	3	0	0	0	17,342	22.00
23.00 02300 PARAMED ED PRGM-PASTORAL EDUC.	0	0	0	0	0	23.00
23.01 02301 PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	422,077	374,789,507	109,666	13,156	13,156	30.00
31.00 03100 INTENSIVE CARE UNIT	98,460	65,908,449	7,464	0	0	31.00
32.00 03200 CORONARY CARE UNIT	55,532	54,599,972	9,375	0	0	32.00
32.01 03201 NEONATAL CARE UNIT	69,401	71,592,250	0	0	0	32.01
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	1,076	26,197,875	9,696	1,200	1,200	40.00
41.00 04100 SUBPROVIDER - IRF	8,392	30,168,039	12,288	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	10,334,940	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	195,236	129,688,434	0	1,527	1,527	50.00
51.00 05100 RECOVERY ROOM	13,881	19,126,610	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	77,480	30,715,985	2,097	0	0	52.00
53.00 05300 ANESTHESIOLOGY	453,196	64,103,195	0	201	201	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	144,799	146,923,335	0	7	7	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	5,864	58,492,263	0	0	0	55.00
56.00 05600 RADIOISOTOPE	965,134	34,193,798	0	0	0	56.00
57.00 05700 CT SCAN	340,356	137,838,323	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	58,665	66,016,696	0	2	2	58.00
59.00 05900 CARDIAC CATHETERIZATION	25,286	54,338,804	0	286	0	59.00
60.00 06000 LABORATORY	0	152,232,287	0	533	533	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	37,729,451	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	9,846	61,686,185	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	6	33,552,915	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	22,177	41,424,141	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	173,318	47,175,841	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	16,136,425	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	856	61,746,100	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	85,485,974	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	36,889,649	321,566,963	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	174,940	5,693,225	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	49,357	37,440,074	0	0	0	75.00
76.00 03950 REHAB MEDICINE	0	3,248,070	0	0	0	76.00
76.20 03951 DAY HOSPITAL	0	3,229,905	0	0	0	76.20
76.45 03340 GASTROINTESTINAL SERVICES	94,902	59,207,986	0	0	0	76.45
76.97 07697 CARDIAC REHABILITATION	58	3,962,280	0	0	0	76.97
76.99 07699 LI THOTRI PER	0	3,672,770	0	0	0	76.99
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	2,178,969	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 DIABETES CARE CENTER	0	91,753	0	0	0	90.01
90.02 09002 OUTPATIENT CENTER	72,889	10,414,604	0	0	0	90.02
90.03 09003 PAIN CLINIC	29,451	5,690,555	0	0	0	90.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0223

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

Worksheet B-1

Date/Time Prepared:
5/30/2019 9:39 am

Cost Center Description	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYSADJUSTED)	INTERNS & RESIDENTS		
				SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	15.00	16.00	17.00	21.00	22.00	
90.05 09004 WOUND CARE CENTER	0	0	0	0	0	90.05
90.06 09005 ANTI-COAG LAB	0	2,045,940	0	0	0	90.06
90.07 09006 HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00 09100 EMERGENCY	614,187	128,183,758	0	716	716	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00 09900 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
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
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	41,066,474	2,498,824,646	150,586	17,342	17,342	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 07950 OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	19,630,504	1,490,764	3,164,853	22,361,209	19,685,656	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.478018	0.000597	21.016914	1,289.425037	1,135.143351	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	569,580	510,757	95,258	243,042	1,961,408	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.013870	0.000204	0.632582	14.014647	113.101603	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: 14-0223

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		PARAMED PRGM-PASTORAL EDUC. (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	
		23.00	23.01	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMIN 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
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED PRGM-PASTORAL EDUC.	163,796	23.00
23.01	02301	PARAMED PRGM-PHARMACY		23.01
			4,472	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	110,809	30.00
31.00	03100	INTENSIVE CARE UNIT	7,464	31.00
32.00	03200	CORONARY CARE UNIT	9,375	32.00
32.01	03201	NEONATAL CARE UNIT	12,067	32.01
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	9,696	40.00
41.00	04100	SUBPROVIDER - I RF	12,288	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
44.00	04400	SKILLED NURSING FACILITY	0	44.00
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	2,097	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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
76.00	03950	REHAB MEDICINE	0	76.00
76.20	03951	DAY HOSPITAL	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0	76.45
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.99	07699	LITHOTRIPER	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	77.00
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	77.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
90.01	09001	DIABETES CARE CENTER	0	90.01
90.02	09002	OUTPATIENT CENTER	0	90.02
90.03	09003	PAIN CLINIC	0	90.03
90.05	09004	WOUND CARE CENTER	0	90.05
90.06	09005	ANTI-COAG LAB	0	90.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0223

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

Worksheet B-1

Date/Time Prepared:
5/30/2019 9:39 am

Cost Center Description			PARAMED ED PRGM-PASTORAL EDUC. (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	
			23.00	23.01	
90.07	09006	HEART RISK ASSESSMENT	0	0	90.07
91.00	09100	EMERGENCY	0	432	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
99.00	09900	CMHC	0	0	99.00
SPECIAL PURPOSE COST CENTERS					
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
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	163,796	4,472	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	OTHER NONREIMBURSABLE	0	0	194.00
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	391,320	473,614	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.389069	105.906530	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	31,365	10,842	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.191488	2.424419	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: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/30/2019 9:39 am
			Title XVIII	Hospital	PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		129,507,804	0	129,507,804
31.00	03100 INTENSIVE CARE UNIT		15,775,277	0	15,775,277
32.00	03200 CORONARY CARE UNIT		17,244,473	0	17,244,473
32.01	03201 NEONATAL CARE UNIT		17,158,123	0	17,158,123
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0
40.00	04000 SUBPROVIDER - IPF		13,137,256	99,834	13,237,090
41.00	04100 SUBPROVIDER - IRF		12,012,839	0	12,012,839
42.00	04200 SUBPROVIDER		0	0	0
43.00	04300 NURSERY		2,606,677	0	2,606,677
44.00	04400 SKILLED NURSING FACILITY		0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		28,508,041	0	28,508,041
51.00	05100 RECOVERY ROOM		3,350,628	0	3,350,628
52.00	05200 DELIVERY ROOM & LABOR ROOM		11,410,386	0	11,410,386
53.00	05300 ANESTHESIOLOGY		2,784,047	172,402	2,956,449
54.00	05400 RADIOLOGY-DIAGNOSTIC		21,065,437	1,272	21,066,709
55.00	05500 RADIOLOGY-THERAPEUTIC		10,572,110	0	10,572,110
56.00	05600 RADIOISOTOPE		5,460,868	0	5,460,868
57.00	05700 CT SCAN		6,379,272	0	6,379,272
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		4,653,660	0	4,653,660
59.00	05900 CARDIAC CATHETERIZATION		5,850,564	0	5,850,564
60.00	06000 LABORATORY		21,041,076	0	21,041,076
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		2,924,988	0	2,924,988
65.00	06500 RESPIRATORY THERAPY	0	13,042,713	0	13,042,713
66.00	06600 PHYSICAL THERAPY	0	10,066,789	0	10,066,789
67.00	06700 OCCUPATIONAL THERAPY	0	14,124,534	0	14,124,534
68.00	06800 SPEECH PATHOLOGY	0	0	0	0
69.00	06900 ELECTROCARDIOLOGY		6,952,570	135,959	7,088,529
70.00	07000 ELECTROENCEPHALOGRAPHY		2,719,078	0	2,719,078
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		63,016,031	0	63,016,031
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		47,028,415	0	47,028,415
73.00	07300 DRUGS CHARGED TO PATIENTS		65,563,191	0	65,563,191
74.00	07400 RENAL DIALYSIS		1,972,941	0	1,972,941
75.00	07500 ASC (NON-DISTINCT PART)		7,071,873	0	7,071,873
76.00	03950 REHAB MEDICINE		1,454,703	123	1,454,826
76.20	03951 DAY HOSPITAL		1,651,061	0	1,651,061
76.45	03340 GASTROINTESTINAL SERVICES		6,407,502	0	6,407,502
76.97	07697 CARDIAC REHABILITATION		963,781	0	963,781
76.99	07699 LI THOTRIPER		1,365,904	0	1,365,904
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION		1,848,908	0	1,848,908
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC		0	0	0
90.01	09001 DIABETES CARE CENTER		343,726	0	343,726
90.02	09002 OUTPATIENT CENTER		3,966,544	3,738	3,970,282
90.03	09003 PAIN CLINIC		1,124,769	0	1,124,769
90.05	09004 WOUND CARE CENTER		0	0	0
90.06	09005 ANTI-COAG LAB		1,079,415	0	1,079,415
90.07	09006 HEART RISK ASSESSMENT		0	0	0
91.00	09100 EMERGENCY		25,939,427	106,198	26,045,625
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		14,079,828	0	14,079,828
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES		0	0	0
99.00	09900 CMHC		0	0	0
SPECIAL PURPOSE COST CENTERS					
109.00	10900 PANCREAS ACQUISITION		0	0	0
110.00	11000 INTESTINAL ACQUISITION		0	0	0
111.00	11100 ISLET ACQUISITION		0	0	0
200.00	Subtotal (see instructions)	0	623,227,229	519,526	623,746,755
201.00	Less Observation Beds		14,079,828		14,079,828
202.00	Total (see instructions)	0	609,147,401	519,526	609,666,927

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0223		Period: From 01/01/2018 To 12/31/2018		Worksheet C Part I Date/Time Prepared: 5/30/2019 9:39 am		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	331,023,082		331,023,082				30.00
31.00	03100	INTENSIVE CARE UNIT	65,908,449		65,908,449				31.00
32.00	03200	CORONARY CARE UNIT	54,599,972		54,599,972				32.00
32.01	03201	NEONATAL CARE UNIT	71,592,250		71,592,250				32.01
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	26,197,875		26,197,875				40.00
41.00	04100	SUBPROVIDER - I/RF	30,168,039		30,168,039				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	10,334,940		10,334,940				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	75,116,757	54,571,677	129,688,434	0.219819	0.000000		50.00
51.00	05100	RECOVERY ROOM	8,800,835	10,325,775	19,126,610	0.175181	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,778,101	1,937,884	30,715,985	0.371480	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	27,778,047	36,325,148	64,103,195	0.043431	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,350,681	96,572,654	146,923,335	0.143377	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,063,410	56,428,853	58,492,263	0.180744	0.000000		55.00
56.00	05600	RADIOISOTOPE	11,200,649	22,993,149	34,193,798	0.159703	0.000000		56.00
57.00	05700	CT SCAN	49,644,713	88,193,610	137,838,323	0.046281	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	17,719,795	48,296,901	66,016,696	0.070492	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	25,373,112	28,965,692	54,338,804	0.107668	0.000000		59.00
60.00	06000	LABORATORY	101,028,203	51,204,084	152,232,287	0.138217	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	29,845,435	7,884,016	37,729,451	0.077525	0.000000		62.00
65.00	06500	RESPIRATORY THERAPY	56,441,552	5,244,633	61,686,185	0.211437	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	31,847,123	1,705,792	33,552,915	0.300027	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,463,189	38,960,952	41,424,141	0.340973	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	22,424,606	24,751,235	47,175,841	0.147376	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,383,520	10,752,905	16,136,425	0.168506	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	43,664,143	18,081,957	61,746,100	1.020567	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	56,671,925	28,814,049	85,485,974	0.550130	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	220,335,295	101,231,668	321,566,963	0.203887	0.000000		73.00
74.00	07400	RENAL DIALYSIS	5,693,225	0	5,693,225	0.346542	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,071,444	34,368,630	37,440,074	0.188885	0.000000		75.00
76.00	03950	REHAB MEDICINE	1,379,550	1,868,520	3,248,070	0.447867	0.000000		76.00
76.20	03951	DAY HOSPITAL	2,235	3,227,670	3,229,905	0.511179	0.000000		76.20
76.45	03340	GASTROINTESTINAL SERVICES	8,178,060	51,029,926	59,207,986	0.108220	0.000000		76.45
76.97	07697	CARDIAC REHABILITATION	331,275	3,631,005	3,962,280	0.243239	0.000000		76.97
76.99	07699	LITHOTRIPER	34,165	3,638,605	3,672,770	0.371900	0.000000		76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1,524,264	654,705	2,178,969	0.848524	0.000000		77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	DIABETES CARE CENTER	380	91,373	91,753	3.746210	0.000000		90.01
90.02	09002	OUTPATIENT CENTER	50,539	10,364,065	10,414,604	0.380864	0.000000		90.02
90.03	09003	PAIN CLINIC	4,350	5,686,205	5,690,555	0.197655	0.000000		90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0.000000	0.000000		90.05
90.06	09005	ANTI-COAG LAB	13,500	2,032,440	2,045,940	0.527589	0.000000		90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0.000000	0.000000		90.07
91.00	09100	EMERGENCY	47,498,963	80,684,795	128,183,758	0.202361	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	12,774,840	30,991,585	43,766,425	0.321704	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
99.00	09900	CMHC	0	0	0				99.00
SPECIAL PURPOSE COST CENTERS									
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
200.00		Subtotal (see instructions)	1,537,312,488	961,512,158	2,498,824,646				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	1,537,312,488	961,512,158	2,498,824,646				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/30/2019 9:39 am
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	NEONATAL CARE UNIT			32.01
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
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.219819		50.00
51.00	05100	RECOVERY ROOM	0.175181		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.371480		52.00
53.00	05300	ANESTHESIOLOGY	0.046120		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.143386		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.180744		55.00
56.00	05600	RADIOISOTOPE	0.159703		56.00
57.00	05700	CT SCAN	0.046281		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.070492		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.107668		59.00
60.00	06000	LABORATORY	0.138217		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.077525		62.00
65.00	06500	RESPIRATORY THERAPY	0.211437		65.00
66.00	06600	PHYSICAL THERAPY	0.300027		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.340973		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.150258		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.168506		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.020567		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.550130		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.203887		73.00
74.00	07400	RENAL DIALYSIS	0.346542		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.188885		75.00
76.00	03950	REHAB MEDICINE	0.447905		76.00
76.20	03951	DAY HOSPITAL	0.511179		76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0.108220		76.45
76.97	07697	CARDIAC REHABILITATION	0.243239		76.97
76.99	07699	LITHOTRIPER	0.371900		76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.848524		77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	DIABETES CARE CENTER	3.746210		90.01
90.02	09002	OUTPATIENT CENTER	0.381223		90.02
90.03	09003	PAIN CLINIC	0.197655		90.03
90.05	09004	WOUND CARE CENTER	0.000000		90.05
90.06	09005	ANTI-COAG LAB	0.527589		90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000		90.07
91.00	09100	EMERGENCY	0.203190		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.321704		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
99.00	09900	CMHC			99.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
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: 14-0223

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2019 9:39 am

		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	129,507,804	129,507,804	0	129,507,804	30.00
31.00	03100 INTENSIVE CARE UNIT	15,775,277	15,775,277	0	15,775,277	31.00
32.00	03200 CORONARY CARE UNIT	17,244,473	17,244,473	0	17,244,473	32.00
32.01	03201 NEONATAL CARE UNIT	17,158,123	17,158,123	0	17,158,123	32.01
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 - IPF	13,137,256	13,137,256	99,834	13,237,090	40.00
41.00	04100 SUBPROVIDER - IRF	12,012,839	12,012,839	0	12,012,839	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	42.00
43.00	04300 NURSERY	2,606,677	2,606,677	0	2,606,677	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	28,508,041	28,508,041	0	28,508,041	50.00
51.00	05100 RECOVERY ROOM	3,350,628	3,350,628	0	3,350,628	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	11,410,386	11,410,386	0	11,410,386	52.00
53.00	05300 ANESTHESIOLOGY	2,784,047	2,784,047	172,402	2,956,449	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	21,065,437	21,065,437	1,272	21,066,709	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	10,572,110	10,572,110	0	10,572,110	55.00
56.00	05600 RADIOISOTOPE	5,460,868	5,460,868	0	5,460,868	56.00
57.00	05700 CT SCAN	6,379,272	6,379,272	0	6,379,272	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	4,653,660	4,653,660	0	4,653,660	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,850,564	5,850,564	0	5,850,564	59.00
60.00	06000 LABORATORY	21,041,076	21,041,076	0	21,041,076	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,924,988	2,924,988	0	2,924,988	62.00
65.00	06500 RESPIRATORY THERAPY	13,042,713	13,042,713	0	13,042,713	65.00
66.00	06600 PHYSICAL THERAPY	10,066,789	10,066,789	0	10,066,789	66.00
67.00	06700 OCCUPATIONAL THERAPY	14,124,534	14,124,534	0	14,124,534	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	6,952,570	6,952,570	135,959	7,088,529	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,719,078	2,719,078	0	2,719,078	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	63,016,031	63,016,031	0	63,016,031	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	47,028,415	47,028,415	0	47,028,415	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	65,563,191	65,563,191	0	65,563,191	73.00
74.00	07400 RENAL DIALYSIS	1,972,941	1,972,941	0	1,972,941	74.00
75.00	07500 ASC (NON-DISTINCT PART)	7,071,873	7,071,873	0	7,071,873	75.00
76.00	03950 REHAB MEDICINE	1,454,703	1,454,703	123	1,454,826	76.00
76.20	03951 DAY HOSPITAL	1,651,061	1,651,061	0	1,651,061	76.20
76.45	03340 GASTROINTESTINAL SERVICES	6,407,502	6,407,502	0	6,407,502	76.45
76.97	07697 CARDIAC REHABILITATION	963,781	963,781	0	963,781	76.97
76.99	07699 LI THOTRIPER	1,365,904	1,365,904	0	1,365,904	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	1,848,908	1,848,908	0	1,848,908	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0	0	90.00
90.01	09001 DIABETES CARE CENTER	343,726	343,726	0	343,726	90.01
90.02	09002 OUTPATIENT CENTER	3,966,544	3,966,544	3,738	3,970,282	90.02
90.03	09003 PAIN CLINIC	1,124,769	1,124,769	0	1,124,769	90.03
90.05	09004 WOUND CARE CENTER	0	0	0	0	90.05
90.06	09005 ANTI-COAG LAB	1,079,415	1,079,415	0	1,079,415	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	0	0	90.07
91.00	09100 EMERGENCY	25,939,427	25,939,427	106,198	26,045,625	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	14,079,828	14,079,828	0	14,079,828	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0	0	95.00
99.00	09900 CMHC	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00
200.00	Subtotal (see instructions)	623,227,229	623,227,229	519,526	623,746,755	200.00
201.00	Less Observation Beds	14,079,828	14,079,828	0	14,079,828	201.00
202.00	Total (see instructions)	609,147,401	609,147,401	519,526	609,666,927	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0223		Period: From 01/01/2018 To 12/31/2018		Worksheet C Part I Date/Time Prepared: 5/30/2019 9:39 am		
			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	331,023,082		331,023,082				30.00
31.00	03100	INTENSIVE CARE UNIT	65,908,449		65,908,449				31.00
32.00	03200	CORONARY CARE UNIT	54,599,972		54,599,972				32.00
32.01	03201	NEONATAL CARE UNIT	71,592,250		71,592,250				32.01
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	26,197,875		26,197,875				40.00
41.00	04100	SUBPROVIDER - I/RF	30,168,039		30,168,039				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	10,334,940		10,334,940				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	75,116,757	54,571,677	129,688,434	0.219819	0.000000		50.00
51.00	05100	RECOVERY ROOM	8,800,835	10,325,775	19,126,610	0.175181	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,778,101	1,937,884	30,715,985	0.371480	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	27,778,047	36,325,148	64,103,195	0.043431	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,350,681	96,572,654	146,923,335	0.143377	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,063,410	56,428,853	58,492,263	0.180744	0.000000		55.00
56.00	05600	RADIOISOTOPE	11,200,649	22,993,149	34,193,798	0.159703	0.000000		56.00
57.00	05700	CT SCAN	49,644,713	88,193,610	137,838,323	0.046281	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	17,719,795	48,296,901	66,016,696	0.070492	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	25,373,112	28,965,692	54,338,804	0.107668	0.000000		59.00
60.00	06000	LABORATORY	101,028,203	51,204,084	152,232,287	0.138217	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	29,845,435	7,884,016	37,729,451	0.077525	0.000000		62.00
65.00	06500	RESPIRATORY THERAPY	56,441,552	5,244,633	61,686,185	0.211437	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	31,847,123	1,705,792	33,552,915	0.300027	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,463,189	38,960,952	41,424,141	0.340973	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	22,424,606	24,751,235	47,175,841	0.147376	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,383,520	10,752,905	16,136,425	0.168506	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	43,664,143	18,081,957	61,746,100	1.020567	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	56,671,925	28,814,049	85,485,974	0.550130	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	220,335,295	101,231,668	321,566,963	0.203887	0.000000		73.00
74.00	07400	RENAL DIALYSIS	5,693,225	0	5,693,225	0.346542	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,071,444	34,368,630	37,440,074	0.188885	0.000000		75.00
76.00	03950	REHAB MEDICINE	1,379,550	1,868,520	3,248,070	0.447867	0.000000		76.00
76.20	03951	DAY HOSPITAL	2,235	3,227,670	3,229,905	0.511179	0.000000		76.20
76.45	03340	GASTROINTESTINAL SERVICES	8,178,060	51,029,926	59,207,986	0.108220	0.000000		76.45
76.97	07697	CARDIAC REHABILITATION	331,275	3,631,005	3,962,280	0.243239	0.000000		76.97
76.99	07699	LITHOTRIPER	34,165	3,638,605	3,672,770	0.371900	0.000000		76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1,524,264	654,705	2,178,969	0.848524	0.000000		77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	DIABETES CARE CENTER	380	91,373	91,753	3.746210	0.000000		90.01
90.02	09002	OUTPATIENT CENTER	50,539	10,364,065	10,414,604	0.380864	0.000000		90.02
90.03	09003	PAIN CLINIC	4,350	5,686,205	5,690,555	0.197655	0.000000		90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0.000000	0.000000		90.05
90.06	09005	ANTI-COAG LAB	13,500	2,032,440	2,045,940	0.527589	0.000000		90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0.000000	0.000000		90.07
91.00	09100	EMERGENCY	47,498,963	80,684,795	128,183,758	0.202361	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	12,774,840	30,991,585	43,766,425	0.321704	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
99.00	09900	CMHC	0	0	0				99.00
SPECIAL PURPOSE COST CENTERS									
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
200.00		Subtotal (see instructions)	1,537,312,488	961,512,158	2,498,824,646				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	1,537,312,488	961,512,158	2,498,824,646				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/30/2019 9:39 am	
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
32.00	03200	CORONARY CARE UNIT				32.00
32.01	03201	NEONATAL CARE UNIT				32.01
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
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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
76.00	03950	REHAB MEDICINE	0.000000			76.00
76.20	03951	DAY HOSPITAL	0.000000			76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0.000000			76.45
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.99	07699	LITHOTRIPER	0.000000			76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000			77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	DIABETES CARE CENTER	0.000000			90.01
90.02	09002	OUTPATIENT CENTER	0.000000			90.02
90.03	09003	PAIN CLINIC	0.000000			90.03
90.05	09004	WOUND CARE CENTER	0.000000			90.05
90.06	09005	ANTI-COAG LAB	0.000000			90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000			90.07
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
99.00	09900	CMHC				99.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
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: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/30/2019 9:39 am
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Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Hospital			
				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	129,507,804		129,507,804	0	129,507,804	30.00
31.00	03100 INTENSIVE CARE UNIT	15,775,277		15,775,277	0	15,775,277	31.00
32.00	03200 CORONARY CARE UNIT	17,244,473		17,244,473	0	17,244,473	32.00
32.01	03201 NEONATAL CARE UNIT	17,158,123		17,158,123	0	17,158,123	32.01
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 - IPF	13,137,256		13,137,256	99,834	13,237,090	40.00
41.00	04100 SUBPROVIDER - IRF	12,012,839		12,012,839	0	12,012,839	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	2,606,677		2,606,677	0	2,606,677	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	28,508,041		28,508,041	0	28,508,041	50.00
51.00	05100 RECOVERY ROOM	3,350,628		3,350,628	0	3,350,628	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	11,410,386		11,410,386	0	11,410,386	52.00
53.00	05300 ANESTHESIOLOGY	2,784,047		2,784,047	172,402	2,956,449	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	21,065,437		21,065,437	1,272	21,066,709	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	10,572,110		10,572,110	0	10,572,110	55.00
56.00	05600 RADIOISOTOPE	5,460,868		5,460,868	0	5,460,868	56.00
57.00	05700 CT SCAN	6,379,272		6,379,272	0	6,379,272	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	4,653,660		4,653,660	0	4,653,660	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,850,564		5,850,564	0	5,850,564	59.00
60.00	06000 LABORATORY	21,041,076		21,041,076	0	21,041,076	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,924,988		2,924,988	0	2,924,988	62.00
65.00	06500 RESPIRATORY THERAPY	13,042,713	0	13,042,713	0	13,042,713	65.00
66.00	06600 PHYSICAL THERAPY	10,066,789	0	10,066,789	0	10,066,789	66.00
67.00	06700 OCCUPATIONAL THERAPY	14,124,534	0	14,124,534	0	14,124,534	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	6,952,570		6,952,570	135,959	7,088,529	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,719,078		2,719,078	0	2,719,078	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	63,016,031		63,016,031	0	63,016,031	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	47,028,415		47,028,415	0	47,028,415	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	65,563,191		65,563,191	0	65,563,191	73.00
74.00	07400 RENAL DIALYSIS	1,972,941		1,972,941	0	1,972,941	74.00
75.00	07500 ASC (NON-DISTINCT PART)	7,071,873		7,071,873	0	7,071,873	75.00
76.00	03950 REHAB MEDICINE	1,454,703		1,454,703	123	1,454,826	76.00
76.20	03951 DAY HOSPITAL	1,651,061		1,651,061	0	1,651,061	76.20
76.45	03340 GASTROINTESTINAL SERVICES	6,407,502		6,407,502	0	6,407,502	76.45
76.97	07697 CARDIAC REHABILITATION	963,781		963,781	0	963,781	76.97
76.99	07699 LI THOTRI PER	1,365,904		1,365,904	0	1,365,904	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	1,848,908		1,848,908	0	1,848,908	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 DIABETES CARE CENTER	343,726		343,726	0	343,726	90.01
90.02	09002 OUTPATIENT CENTER	3,966,544		3,966,544	3,738	3,970,282	90.02
90.03	09003 PAIN CLINIC	1,124,769		1,124,769	0	1,124,769	90.03
90.05	09004 WOUND CARE CENTER	0		0	0	0	90.05
90.06	09005 ANTI-COAG LAB	1,079,415		1,079,415	0	1,079,415	90.06
90.07	09006 HEART RISK ASSESSMENT	0		0	0	0	90.07
91.00	09100 EMERGENCY	25,939,427		25,939,427	106,198	26,045,625	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	14,079,828		14,079,828	0	14,079,828	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0		0	0	0	95.00
99.00	09900 CMHC	0		0	0	0	99.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
200.00	Subtotal (see instructions)	623,227,229	0	623,227,229	519,526	623,746,755	200.00
201.00	Less Observation Beds	14,079,828		14,079,828		14,079,828	201.00
202.00	Total (see instructions)	609,147,401	0	609,147,401	519,526	609,666,927	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0223		Period: From 01/01/2018 To 12/31/2018		Worksheet C Part I Date/Time Prepared: 5/30/2019 9:39 am	
			Title V			Hospital		
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	331,023,082		331,023,082			30.00
31.00	03100	INTENSIVE CARE UNIT	65,908,449		65,908,449			31.00
32.00	03200	CORONARY CARE UNIT	54,599,972		54,599,972			32.00
32.01	03201	NEONATAL CARE UNIT	71,592,250		71,592,250			32.01
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	26,197,875		26,197,875			40.00
41.00	04100	SUBPROVIDER - I/RF	30,168,039		30,168,039			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	10,334,940		10,334,940			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	75,116,757	54,571,677	129,688,434	0.219819	0.000000	50.00
51.00	05100	RECOVERY ROOM	8,800,835	10,325,775	19,126,610	0.175181	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,778,101	1,937,884	30,715,985	0.371480	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	27,778,047	36,325,148	64,103,195	0.043431	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,350,681	96,572,654	146,923,335	0.143377	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,063,410	56,428,853	58,492,263	0.180744	0.000000	55.00
56.00	05600	RADIOISOTOPE	11,200,649	22,993,149	34,193,798	0.159703	0.000000	56.00
57.00	05700	CT SCAN	49,644,713	88,193,610	137,838,323	0.046281	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	17,719,795	48,296,901	66,016,696	0.070492	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	25,373,112	28,965,692	54,338,804	0.107668	0.000000	59.00
60.00	06000	LABORATORY	101,028,203	51,204,084	152,232,287	0.138217	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	29,845,435	7,884,016	37,729,451	0.077525	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	56,441,552	5,244,633	61,686,185	0.211437	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	31,847,123	1,705,792	33,552,915	0.300027	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,463,189	38,960,952	41,424,141	0.340973	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	22,424,606	24,751,235	47,175,841	0.147376	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,383,520	10,752,905	16,136,425	0.168506	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	43,664,143	18,081,957	61,746,100	1.020567	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	56,671,925	28,814,049	85,485,974	0.550130	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	220,335,295	101,231,668	321,566,963	0.203887	0.000000	73.00
74.00	07400	RENAL DIALYSIS	5,693,225	0	5,693,225	0.346542	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,071,444	34,368,630	37,440,074	0.188885	0.000000	75.00
76.00	03950	REHAB MEDICINE	1,379,550	1,868,520	3,248,070	0.447867	0.000000	76.00
76.20	03951	DAY HOSPITAL	2,235	3,227,670	3,229,905	0.511179	0.000000	76.20
76.45	03340	GASTROINTESTINAL SERVICES	8,178,060	51,029,926	59,207,986	0.108220	0.000000	76.45
76.97	07697	CARDIAC REHABILITATION	331,275	3,631,005	3,962,280	0.243239	0.000000	76.97
76.99	07699	LITHOTRIPER	34,165	3,638,605	3,672,770	0.371900	0.000000	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1,524,264	654,705	2,178,969	0.848524	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	DIABETES CARE CENTER	380	91,373	91,753	3.746210	0.000000	90.01
90.02	09002	OUTPATIENT CENTER	50,539	10,364,065	10,414,604	0.380864	0.000000	90.02
90.03	09003	PAIN CLINIC	4,350	5,686,205	5,690,555	0.197655	0.000000	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0.000000	0.000000	90.05
90.06	09005	ANTI-COAG LAB	13,500	2,032,440	2,045,940	0.527589	0.000000	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0.000000	0.000000	90.07
91.00	09100	EMERGENCY	47,498,963	80,684,795	128,183,758	0.202361	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	12,774,840	30,991,585	43,766,425	0.321704	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
99.00	09900	CMHC	0	0	0			99.00
SPECIAL PURPOSE COST CENTERS								
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
200.00		Subtotal (see instructions)	1,537,312,488	961,512,158	2,498,824,646			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,537,312,488	961,512,158	2,498,824,646			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/30/2019 9:39 am
Cost Center Description			PPS Inpatient Ratio 11.00	Title V	Hospital
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
32.01	03201	NEONATAL CARE UNIT			32.01
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
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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
76.00	03950	REHAB MEDICINE	0.000000		76.00
76.20	03951	DAY HOSPITAL	0.000000		76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0.000000		76.45
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.99	07699	LITHOTRIPER	0.000000		76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000		77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	DIABETES CARE CENTER	0.000000		90.01
90.02	09002	OUTPATIENT CENTER	0.000000		90.02
90.03	09003	PAIN CLINIC	0.000000		90.03
90.05	09004	WOUND CARE CENTER	0.000000		90.05
90.06	09005	ANTI-COAG LAB	0.000000		90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000		90.07
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
99.00	09900	CMHC			99.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
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: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part I Date/Time Prepared: 5/30/2019 9:39 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	14,028,877	0	14,028,877	123,043	114.02	30.00
31.00	INTENSIVE CARE UNIT	1,237,130		1,237,130	7,464	165.75	31.00
32.00	CORONARY CARE UNIT	1,430,796		1,430,796	9,375	152.62	32.00
32.01	NEONATAL CARE UNIT	1,045,030		1,045,030	12,067	86.60	32.01
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	1,392,114	0	1,392,114	9,696	143.58	40.00
41.00	SUBPROVIDER - IRF	1,401,601	0	1,401,601	12,288	114.06	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	77,155		77,155	7,294	10.58	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	20,612,703		20,612,703	181,227		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	37,885	4,319,648				
31.00	INTENSIVE CARE UNIT	1,253	207,685				
32.00	CORONARY CARE UNIT	4,658	710,904				
32.01	NEONATAL CARE UNIT	0	0				
33.00	BURN INTENSIVE CARE UNIT	0	0				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	2,743	393,840				
41.00	SUBPROVIDER - IRF	6,012	685,729				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	52,551	6,317,806				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0223

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

Worksheet D
Part II
Date/Time Prepared:
5/30/2019 9:39 am

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,435,858	129,688,434	0.018782	29,177,243	548,007	50.00
51.00	05100 RECOVERY ROOM	223,378	19,126,610	0.011679	3,197,451	37,343	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,096,034	30,715,985	0.035683	39,834	1,421	52.00
53.00	05300 ANESTHESIOLOGY	127,804	64,103,195	0.001994	7,404,696	14,765	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,171,547	146,923,335	0.014780	17,859,995	263,971	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,006,799	58,492,263	0.017213	1,016,549	17,498	55.00
56.00	05600 RADIOISOTOPE	452,278	34,193,798	0.013227	4,430,143	58,598	56.00
57.00	05700 CT SCAN	326,647	137,838,323	0.002370	19,497,687	46,210	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	514,652	66,016,696	0.007796	5,783,777	45,090	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,326,576	54,338,804	0.024413	10,313,784	251,790	59.00
60.00	06000 LABORATORY	378,390	152,232,287	0.002486	30,087,918	74,799	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	35,966	37,729,451	0.000953	7,754,438	7,390	62.00
65.00	06500 RESPIRATORY THERAPY	420,353	61,686,185	0.006814	14,102,467	96,094	65.00
66.00	06600 PHYSICAL THERAPY	143,565	33,552,915	0.004279	7,807,607	33,409	66.00
67.00	06700 OCCUPATIONAL THERAPY	595,175	41,424,141	0.014368	30,863	443	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	391,663	47,175,841	0.008302	8,493,983	70,517	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	164,703	16,136,425	0.010207	1,582,570	16,153	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,492,961	61,746,100	0.024179	14,791,501	357,644	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,115,459	85,485,974	0.013048	24,982,175	325,967	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,010,222	321,566,963	0.003142	64,009,549	201,118	73.00
74.00	07400 RENAL DIALYSIS	165,723	5,693,225	0.029109	2,346,414	68,302	74.00
75.00	07500 ASC (NON-DISTINCT PART)	696,190	37,440,074	0.018595	571,260	10,623	75.00
76.00	03950 REHAB MEDICINE	182,515	3,248,070	0.056192	92,136	5,177	76.00
76.20	03951 DAY HOSPITAL	193,244	3,229,905	0.059830	0	0	76.20
76.45	03340 GASTROINTESTINAL SERVICES	541,958	59,207,986	0.009153	3,638,631	33,304	76.45
76.97	07697 CARDIAC REHABILITATION	92,542	3,962,280	0.023356	119,430	2,789	76.97
76.99	07699 LI THOTRI PER	12,556	3,672,770	0.003419	6,678	23	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	16,147	2,178,969	0.007410	251,955	1,867	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 DIABETES CARE CENTER	25,967	91,753	0.283010	0	0	90.01
90.02	09002 OUTPATIENT CENTER	405,360	10,414,604	0.038922	30,962	1,205	90.02
90.03	09003 PAIN CLINIC	94,773	5,690,555	0.016654	4,280	71	90.03
90.05	09004 WOUND CARE CENTER	0	0	0.000000	0	0	90.05
90.06	09005 ANTI-COAG LAB	12,677	2,045,940	0.006196	3,669	23	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	0.000000	0	0	90.07
91.00	09100 EMERGENCY	1,967,451	128,183,758	0.015349	17,626,172	270,544	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,525,197	43,766,425	0.034849	4,997,170	174,146	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	21,362,330	1,909,000,039		302,052,987	3,036,301	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part III Date/Time Prepared: 5/30/2019 9:39 am
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Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost
	1A	1.00	2A	2.00	3.00

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	532,462	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	109,335	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	22,398	0	32.00
32.01	03201	NEONATAL CARE UNIT	0	0	0	28,829	0	32.01
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	23,164	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	29,357	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
200.00		Total (lines 30 through 199)	0	0	0	745,545	0	200.00

Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days
	4.00	5.00	6.00	7.00	8.00

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	532,462	123,043	4.33	37,885	30.00
31.00	03100	INTENSIVE CARE UNIT		109,335	7,464	14.65	1,253	31.00
32.00	03200	CORONARY CARE UNIT		22,398	9,375	2.39	4,658	32.00
32.01	03201	NEONATAL CARE UNIT		28,829	12,067	2.39	0	32.01
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	23,164	9,696	2.39	2,743	40.00
41.00	04100	SUBPROVIDER - IRF	0	29,357	12,288	2.39	6,012	41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00
43.00	04300	NURSERY		0	7,294	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0.00	0	44.00
200.00		Total (lines 30 through 199)		745,545	181,227		52,551	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	164,042					30.00
31.00	03100	INTENSIVE CARE UNIT	18,356					31.00
32.00	03200	CORONARY CARE UNIT	11,133					32.00
32.01	03201	NEONATAL CARE UNIT	0					32.01
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	6,556					40.00
41.00	04100	SUBPROVIDER - IRF	14,369					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
200.00		Total (lines 30 through 199)	214,456					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 9:39 am
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Cost Center Description	Title XVIII				Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health			
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00	
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	5,010	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	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00	
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 PATIENT	0	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	68,627	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	
76.00 03950 REHAB MEDICINE	0	0	0	0	0	0	76.00	
76.20 03951 DAY HOSPITAL	0	0	0	0	0	0	76.20	
76.45 03340 GASTROINTESTINAL SERVICES	0	0	0	0	0	0	76.45	
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97	
76.99 07699 LI THOTRI PER	0	0	0	0	0	0	76.99	
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS								
90.00 09000 CLINIC	0	0	0	0	0	0	90.00	
90.01 09001 DIABETES CARE CENTER	0	0	0	0	0	0	90.01	
90.02 09002 OUTPATIENT CENTER	0	0	0	0	0	0	90.02	
90.03 09003 PAIN CLINIC	0	0	0	0	0	0	90.03	
90.05 09004 WOUND CARE CENTER	0	0	0	0	0	0	90.05	
90.06 09005 ANTI-COAG LAB	0	0	0	0	0	0	90.06	
90.07 09006 HEART RISK ASSESSMENT	0	0	0	0	0	0	90.07	
91.00 09100 EMERGENCY	0	0	0	0	0	45,752	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	57,882	92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00	
200.00 Total (lines 50 through 199)	0	0	0	0	0	177,271	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 9:39 am
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Cost Center Description		Title XVIII				Hospital	PPS	
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	129,688,434	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	19,126,610	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,010	5,010	30,715,985	0.000163	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	64,103,195	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	146,923,335	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	58,492,263	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	34,193,798	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	137,838,323	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	66,016,696	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	54,338,804	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	152,232,287	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	37,729,451	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	61,686,185	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	33,552,915	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	41,424,141	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	47,175,841	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	16,136,425	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	61,746,100	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	85,485,974	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	68,627	68,627	321,566,963	0.000213	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	5,693,225	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	37,440,074	0.000000	75.00
76.00	03950	REHAB MEDICINE	0	0	0	3,248,070	0.000000	76.00
76.20	03951	DAY HOSPITAL	0	0	0	3,229,905	0.000000	76.20
76.45	03340	GASTROINTESTINAL SERVICES	0	0	0	59,207,986	0.000000	76.45
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,962,280	0.000000	76.97
76.99	07699	LITHOTRIPER	0	0	0	3,672,770	0.000000	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	2,178,969	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	DIABETES CARE CENTER	0	0	0	91,753	0.000000	90.01
90.02	09002	OUTPATIENT CENTER	0	0	0	10,414,604	0.000000	90.02
90.03	09003	PAIN CLINIC	0	0	0	5,690,555	0.000000	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	0.000000	90.05
90.06	09005	ANTI-COAG LAB	0	0	0	2,045,940	0.000000	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0.000000	90.07
91.00	09100	EMERGENCY	0	45,752	45,752	128,183,758	0.000357	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	57,882	57,882	43,766,425	0.001323	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	177,271	177,271	1,909,000,039		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 9:39 am
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Cost Center Description	Title XVIII					Outpatient Program Charges on/after Geo Recl assi fi cation
	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 before Geo Recl assi fi cation	Outpatient Program Charges	
	9.00	10.00	11.00	12.00	12.01	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.000000	29,177,243	0	11,810,939	0	50.00
51.00 05100 RECOVERY ROOM	0.000000	3,197,451	0	2,230,881	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000163	39,834	6	8,108	0	52.00
53.00 05300 ANESTHESIOLOGY	0.000000	7,404,696	0	7,001,742	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000000	17,859,995	0	16,694,571	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	1,016,549	0	19,358,928	0	55.00
56.00 05600 RADIOISOTOPE	0.000000	4,430,143	0	8,244,891	0	56.00
57.00 05700 CT SCAN	0.000000	19,497,687	0	28,469,884	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	5,783,777	0	11,325,260	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	10,313,784	0	10,509,530	0	59.00
60.00 06000 LABORATORY	0.000000	30,087,918	0	9,784,185	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	7,754,438	0	2,611,314	0	62.00
65.00 06500 RESPIRATORY THERAPY	0.000000	14,102,467	0	1,001,186	0	65.00
66.00 06600 PHYSICAL THERAPY	0.000000	7,807,607	0	245,911	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	30,863	0	2,834,659	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	8,493,983	0	6,418,491	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	1,582,570	0	2,856,005	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	14,791,501	0	4,359,470	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	24,982,175	0	10,441,121	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.000213	64,009,549	13,634	30,488,394	0	73.00
74.00 07400 RENAL DIALYSIS	0.000000	2,346,414	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	571,260	0	3,829,410	0	75.00
76.00 03950 REHAB MEDICINE	0.000000	92,136	0	309,120	0	76.00
76.20 03951 DAY HOSPITAL	0.000000	0	0	541,928	0	76.20
76.45 03340 GASTRO INTESTINAL SERVICES	0.000000	3,638,631	0	12,596,765	0	76.45
76.97 07697 CARDIAC REHABILITATION	0.000000	119,430	0	1,419,180	0	76.97
76.99 07699 LI THOTRI PER	0.000000	6,678	0	2,890,460	0	76.99
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	251,955	0	2,480	0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 DIABETES CARE CENTER	0.000000	0	0	4,008	0	90.01
90.02 09002 OUTPATIENT CENTER	0.000000	30,962	0	2,905,760	0	90.02
90.03 09003 PAIN CLINIC	0.000000	4,280	0	2,234,109	0	90.03
90.05 09004 WOUND CARE CENTER	0.000000	0	0	0	0	90.05
90.06 09005 ANTI-COAG LAB	0.000000	3,669	0	1,209,234	0	90.06
90.07 09006 HEART RISK ASSESSMENT	0.000000	0	0	0	0	90.07
91.00 09100 EMERGENCY	0.000357	17,626,172	6,293	13,925,408	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.001323	4,997,170	6,611	7,318,375	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)		302,052,987	26,544	235,881,707	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 9:39 am
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Cost Center Description		Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geographical Reclassification	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geographical Reclassification	Title XVIII	Hospital	PPS
		13.00	13.01			
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	1	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
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0			62.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0			68.00
69.00	06900 ELECTROCARDIOLOGY	0	0			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	6,494	0			73.00
74.00	07400 RENAL DIALYSIS	0	0			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0			75.00
76.00	03950 REHAB MEDICINE	0	0			76.00
76.20	03951 DAY HOSPITAL	0	0			76.20
76.45	03340 GASTROINTESTINAL SERVICES	0	0			76.45
76.97	07697 CARDIAC REHABILITATION	0	0			76.97
76.99	07699 LI THOTRI PER	0	0			76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0			77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0			90.00
90.01	09001 DIABETES CARE CENTER	0	0			90.01
90.02	09002 OUTPATIENT CENTER	0	0			90.02
90.03	09003 PAIN CLINIC	0	0			90.03
90.05	09004 WOUND CARE CENTER	0	0			90.05
90.06	09005 ANTI-COAG LAB	0	0			90.06
90.07	09006 HEART RISK ASSESSMENT	0	0			90.07
91.00	09100 EMERGENCY	4,971	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	9,682	0			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (lines 50 through 199)	21,148	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/30/2019 9:39 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.219819	11,810,939	12,684	0	2,596,269
51.00 05100 RECOVERY ROOM	0.175181	2,230,881	0	0	390,808
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.371480	8,108	0	0	3,012
53.00 05300 ANESTHESIOLOGY	0.043431	7,001,742	0	0	304,093
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.143377	16,694,571	0	0	2,393,618
55.00 05500 RADIOLOGY-THERAPEUTIC	0.180744	19,358,928	0	0	3,499,010
56.00 05600 RADIOISOTOPE	0.159703	8,244,891	0	0	1,316,734
57.00 05700 CT SCAN	0.046281	28,469,884	0	0	1,317,615
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.070492	11,325,260	0	0	798,340
59.00 05900 CARDIAC CATHETERIZATION	0.107668	10,509,530	0	0	1,131,540
60.00 06000 LABORATORY	0.138217	9,784,185	0	0	1,352,341
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.077525	2,611,314	0	0	202,442
65.00 06500 RESPIRATORY THERAPY	0.211437	1,001,186	0	0	211,688
66.00 06600 PHYSICAL THERAPY	0.300027	245,911	0	0	73,780
67.00 06700 OCCUPATIONAL THERAPY	0.340973	2,834,659	0	0	966,542
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.147376	6,418,491	0	0	945,932
70.00 07000 ELECTROENCEPHALOGRAPHY	0.168506	2,856,005	0	0	481,254
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.020567	4,359,470	0	0	4,449,131
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.550130	10,441,121	0	0	5,743,974
73.00 07300 DRUGS CHARGED TO PATIENTS	0.203887	30,488,394	0	80,376	6,216,187
74.00 07400 RENAL DIALYSIS	0.346542	0	0	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0.188885	3,829,410	0	0	723,318
76.00 03950 REHAB MEDICINE	0.447867	309,120	0	0	138,445
76.20 03951 DAY HOSPITAL	0.511179	541,928	0	0	277,022
76.45 03340 GASTROINTESTINAL SERVICES	0.108220	12,596,765	0	0	1,363,222
76.97 07697 CARDIAC REHABILITATION	0.243239	1,419,180	0	0	345,200
76.99 07699 LIOTHOTRIPER	0.371900	2,890,460	0	0	1,074,962
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0.848524	2,480	0	0	2,104
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 09001 DIABETES CARE CENTER	3.746210	4,008	0	0	15,015
90.02 09002 OUTPATIENT CENTER	0.380864	2,905,760	0	0	1,106,699
90.03 09003 PAIN CLINIC	0.197655	2,234,109	0	0	441,583
90.05 09004 WOUND CARE CENTER	0.000000	0	0	0	0
90.06 09005 ANTI-COAG LAB	0.527589	1,209,234	0	0	637,979
90.07 09006 HEART RISK ASSESSMENT	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.202361	13,925,408	0	0	2,817,959
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.321704	7,318,375	0	0	2,354,351
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0
200.00	Subtotal (see instructions)	235,881,707	12,684	80,376	45,692,169
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	
202.00	Net Charges (line 200 - line 201)	235,881,707	12,684	80,376	45,692,169

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/30/2019 9:39 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	2,788	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
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	16,388		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03950 REHAB MEDICINE	0	0		76.00
76.20 03951 DAY HOSPITAL	0	0		76.20
76.45 03340 GASTROINTESTINAL SERVICES	0	0		76.45
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.99 07699 LI THOTRI PER	0	0		76.99
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 DIABETES CARE CENTER	0	0		90.01
90.02 09002 OUTPATIENT CENTER	0	0		90.02
90.03 09003 PAIN CLINIC	0	0		90.03
90.05 09004 WOUND CARE CENTER	0	0		90.05
90.06 09005 ANTI-COAG LAB	0	0		90.06
90.07 09006 HEART RISK ASSESSMENT	0	0		90.07
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	2,788	16,388		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 - line 201)	2,788	16,388		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 14-0223 Component CCN: 14-S223		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 5/30/2019 9:39 am	
			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	2,435,858	129,688,434	0.018782	0	0	50.00
51.00	05100	RECOVERY ROOM	223,378	19,126,610	0.011679	2,150	25	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,096,034	30,715,985	0.035683	0	0	52.00
53.00	05300	ANESTHESIOLOGY	127,804	64,103,195	0.001994	3,600	7	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,171,547	146,923,335	0.014780	53,555	792	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,006,799	58,492,263	0.017213	0	0	55.00
56.00	05600	RADIOISOTOPE	452,278	34,193,798	0.013227	12,880	170	56.00
57.00	05700	CT SCAN	326,647	137,838,323	0.002370	78,520	186	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	514,652	66,016,696	0.007796	42,730	333	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,326,576	54,338,804	0.024413	0	0	59.00
60.00	06000	LABORATORY	378,390	152,232,287	0.002486	487,160	1,211	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	35,966	37,729,451	0.000953	585	1	62.00
65.00	06500	RESPIRATORY THERAPY	420,353	61,686,185	0.006814	47,815	326	65.00
66.00	06600	PHYSICAL THERAPY	143,565	33,552,915	0.004279	91,283	391	66.00
67.00	06700	OCCUPATIONAL THERAPY	595,175	41,424,141	0.014368	196,990	2,830	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	391,663	47,175,841	0.008302	66,542	552	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	164,703	16,136,425	0.010207	4,605	47	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,492,961	61,746,100	0.024179	10,026	242	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,115,459	85,485,974	0.013048	375	5	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,010,222	321,566,963	0.003142	860,160	2,703	73.00
74.00	07400	RENAL DIALYSIS	165,723	5,693,225	0.029109	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	696,190	37,440,074	0.018595	0	0	75.00
76.00	03950	REHAB MEDICINE	182,515	3,248,070	0.056192	17,925	1,007	76.00
76.20	03951	DAY HOSPITAL	193,244	3,229,905	0.059830	1,715	103	76.20
76.45	03340	GASTROINTESTINAL SERVICES	541,958	59,207,986	0.009153	5,105	47	76.45
76.97	07697	CARDIAC REHABILITATION	92,542	3,962,280	0.023356	0	0	76.97
76.99	07699	LITHOTRIPER	12,556	3,672,770	0.003419	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	16,147	2,178,969	0.007410	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	DIABETES CARE CENTER	25,967	91,753	0.283010	0	0	90.01
90.02	09002	OUTPATIENT CENTER	405,360	10,414,604	0.038922	0	0	90.02
90.03	09003	PAIN CLINIC	94,773	5,690,555	0.016654	0	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0.000000	0	0	90.05
90.06	09005	ANTI-COAG LAB	12,677	2,045,940	0.006196	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0.000000	0	0	90.07
91.00	09100	EMERGENCY	1,967,451	128,183,758	0.015349	345,638	5,305	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	43,766,425	0.000000	4,830	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	19,837,133	1,909,000,039		2,334,189	16,283	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0223 Component CCN: 14-S223	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 9:39 am
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	5,010	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
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	68,627	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
76.00	03950 REHAB MEDICINE	0	0	0	0	0	76.00
76.20	03951 DAY HOSPITAL	0	0	0	0	0	76.20
76.45	03340 GASTROINTESTINAL SERVICES	0	0	0	0	0	76.45
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.99	07699 LI THOTRI PER	0	0	0	0	0	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DIABETES CARE CENTER	0	0	0	0	0	90.01
90.02	09002 OUTPATIENT CENTER	0	0	0	0	0	90.02
90.03	09003 PAIN CLINIC	0	0	0	0	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005 ANTI-COAG LAB	0	0	0	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00	09100 EMERGENCY	0	0	0	0	45,752	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	119,389	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0223 Component CCN: 14-S223		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/30/2019 9:39 am		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	129,688,434	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	19,126,610	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,010	5,010	30,715,985	0.000163	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	64,103,195	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	146,923,335	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	58,492,263	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	34,193,798	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	137,838,323	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	66,016,696	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	54,338,804	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	152,232,287	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	37,729,451	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	61,686,185	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	33,552,915	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	41,424,141	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	47,175,841	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	16,136,425	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	61,746,100	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	85,485,974	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	68,627	68,627	321,566,963	0.000213	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	5,693,225	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	37,440,074	0.000000	75.00
76.00	03950	REHAB MEDICINE	0	0	0	3,248,070	0.000000	76.00
76.20	03951	DAY HOSPITAL	0	0	0	3,229,905	0.000000	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0	0	0	59,207,986	0.000000	76.45
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,962,280	0.000000	76.97
76.99	07699	LI THOTRI PER	0	0	0	3,672,770	0.000000	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	2,178,969	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	DIABETES CARE CENTER	0	0	0	91,753	0.000000	90.01
90.02	09002	OUTPATIENT CENTER	0	0	0	10,414,604	0.000000	90.02
90.03	09003	PAIN CLINIC	0	0	0	5,690,555	0.000000	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	0.000000	90.05
90.06	09005	ANTI-COAG LAB	0	0	0	2,045,940	0.000000	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0.000000	90.07
91.00	09100	EMERGENCY	0	45,752	45,752	128,183,758	0.000357	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	43,766,425	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	119,389	119,389	1,909,000,039		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0223 Component CCN: 14-S223	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 9:39 am
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	Title XVIII	Subprovider - IPF	PPS
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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 before Geo Recl assi fi cation	Outpatient Program Charges on/after Geo Recl assi fi cation	
	9.00	10.00	11.00	12.00	12.01	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.000000	2,150	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000163	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.000000	3,600	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000000	53,555	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.000000	12,880	0	0	0	56.00
57.00 05700 CT SCAN	0.000000	78,520	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	42,730	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00 06000 LABORATORY	0.000000	487,160	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	585	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0.000000	47,815	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.000000	91,283	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	196,990	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	66,542	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	4,605	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	10,026	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	375	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.000213	860,160	183	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
76.00 03950 REHAB MEDICINE	0.000000	17,925	0	0	0	76.00
76.20 03951 DAY HOSPITAL	0.000000	1,715	0	0	0	76.20
76.45 03340 GASTROINTESTINAL SERVICES	0.000000	5,105	0	0	0	76.45
76.97 07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.99 07699 LI THOTRI PER	0.000000	0	0	0	0	76.99
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 DIABETES CARE CENTER	0.000000	0	0	0	0	90.01
90.02 09002 OUTPATIENT CENTER	0.000000	0	0	0	0	90.02
90.03 09003 PAIN CLINIC	0.000000	0	0	0	0	90.03
90.05 09004 WOUND CARE CENTER	0.000000	0	0	0	0	90.05
90.06 09005 ANTI-COAG LAB	0.000000	0	0	0	0	90.06
90.07 09006 HEART RISK ASSESSMENT	0.000000	0	0	0	0	90.07
91.00 09100 EMERGENCY	0.000357	345,638	123	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	4,830	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		2,334,189	306	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0223 Component CCN: 14-S223	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 9:39 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geo Reclassification	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geo Reclassification	
		13.00	13.01	
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
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	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
76.00	03950 REHAB MEDICINE	0	0	76.00
76.20	03951 DAY HOSPITAL	0	0	76.20
76.45	03340 GASTROINTESTINAL SERVICES	0	0	76.45
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.99	07699 LI THOTRI PER	0	0	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 DIABETES CARE CENTER	0	0	90.01
90.02	09002 OUTPATIENT CENTER	0	0	90.02
90.03	09003 PAIN CLINIC	0	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	90.05
90.06	09005 ANTI-COAG LAB	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	90.07
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (lines 50 through 199)	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 14-0223 Component CCN: 14-T223		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 5/30/2019 9:39 am	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,435,858	129,688,434	0.018782	4,000	75	50.00
51.00	05100	RECOVERY ROOM	223,378	19,126,610	0.011679	4,093	48	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,096,034	30,715,985	0.035683	0	0	52.00
53.00	05300	ANESTHESIOLOGY	127,804	64,103,195	0.001994	3,740	7	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,171,547	146,923,335	0.014780	192,976	2,852	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,006,799	58,492,263	0.017213	48,225	830	55.00
56.00	05600	RADIOISOTOPE	452,278	34,193,798	0.013227	77,990	1,032	56.00
57.00	05700	CT SCAN	326,647	137,838,323	0.002370	159,665	378	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	514,652	66,016,696	0.007796	65,589	511	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,326,576	54,338,804	0.024413	0	0	59.00
60.00	06000	LABORATORY	378,390	152,232,287	0.002486	544,311	1,353	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	35,966	37,729,451	0.000953	48,070	46	62.00
65.00	06500	RESPIRATORY THERAPY	420,353	61,686,185	0.006814	499,270	3,402	65.00
66.00	06600	PHYSICAL THERAPY	143,565	33,552,915	0.004279	7,741,053	33,124	66.00
67.00	06700	OCCUPATIONAL THERAPY	595,175	41,424,141	0.014368	1,154	17	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	391,663	47,175,841	0.008302	58,471	485	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	164,703	16,136,425	0.010207	12,280	125	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,492,961	61,746,100	0.024179	232,661	5,626	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,115,459	85,485,974	0.013048	6,440	84	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,010,222	321,566,963	0.003142	2,478,719	7,788	73.00
74.00	07400	RENAL DIALYSIS	165,723	5,693,225	0.029109	191,475	5,574	74.00
75.00	07500	ASC (NON-DISTINCT PART)	696,190	37,440,074	0.018595	0	0	75.00
76.00	03950	REHAB MEDICINE	182,515	3,248,070	0.056192	374,840	21,063	76.00
76.20	03951	DAY HOSPITAL	193,244	3,229,905	0.059830	0	0	76.20
76.45	03340	GASTROINTESTINAL SERVICES	541,958	59,207,986	0.009153	3,685	34	76.45
76.97	07697	CARDIAC REHABILITATION	92,542	3,962,280	0.023356	310	7	76.97
76.99	07699	LITHOTRIPER	12,556	3,672,770	0.003419	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	16,147	2,178,969	0.007410	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	DIABETES CARE CENTER	25,967	91,753	0.283010	0	0	90.01
90.02	09002	OUTPATIENT CENTER	405,360	10,414,604	0.038922	0	0	90.02
90.03	09003	PAIN CLINIC	94,773	5,690,555	0.016654	0	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0.000000	0	0	90.05
90.06	09005	ANTI-COAG LAB	12,677	2,045,940	0.006196	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0.000000	0	0	90.07
91.00	09100	EMERGENCY	1,967,451	128,183,758	0.015349	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	43,766,425	0.000000	1,150	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	19,837,133	1,909,000,039		12,750,167	84,461	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0223 Component CCN: 14-T223	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 9:39 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	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	5,010	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
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	68,627	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
76.00	03950 REHAB MEDICINE	0	0	0	0	0	76.00
76.20	03951 DAY HOSPITAL	0	0	0	0	0	76.20
76.45	03340 GASTROINTESTINAL SERVICES	0	0	0	0	0	76.45
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.99	07699 LI THOTRI PER	0	0	0	0	0	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DIABETES CARE CENTER	0	0	0	0	0	90.01
90.02	09002 OUTPATIENT CENTER	0	0	0	0	0	90.02
90.03	09003 PAIN CLINIC	0	0	0	0	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005 ANTI-COAG LAB	0	0	0	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	0	0	0	90.07
91.00	09100 EMERGENCY	0	0	0	0	45,752	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	119,389	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0223 Component CCN: 14-T223		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/30/2019 9:39 am		
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	129,688,434	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	19,126,610	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,010	5,010	30,715,985	0.000163	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	64,103,195	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	146,923,335	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	58,492,263	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	34,193,798	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	137,838,323	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	66,016,696	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	54,338,804	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	152,232,287	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	37,729,451	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	61,686,185	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	33,552,915	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	41,424,141	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	47,175,841	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	16,136,425	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	61,746,100	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	85,485,974	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	68,627	68,627	321,566,963	0.000213	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	5,693,225	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	37,440,074	0.000000	75.00
76.00	03950	REHAB MEDICINE	0	0	0	3,248,070	0.000000	76.00
76.20	03951	DAY HOSPITAL	0	0	0	3,229,905	0.000000	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0	0	0	59,207,986	0.000000	76.45
76.97	07697	CARDIAC REHABILITATION	0	0	0	3,962,280	0.000000	76.97
76.99	07699	LITHOTRIPER	0	0	0	3,672,770	0.000000	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	0	2,178,969	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	DIABETES CARE CENTER	0	0	0	91,753	0.000000	90.01
90.02	09002	OUTPATIENT CENTER	0	0	0	10,414,604	0.000000	90.02
90.03	09003	PAIN CLINIC	0	0	0	5,690,555	0.000000	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	0.000000	90.05
90.06	09005	ANTI-COAG LAB	0	0	0	2,045,940	0.000000	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	0.000000	90.07
91.00	09100	EMERGENCY	0	45,752	45,752	128,183,758	0.000357	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	43,766,425	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	119,389	119,389	1,909,000,039		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0223 Component CCN: 14-T223	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 9:39 am
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Title XVIII		Subprovider - IRF	PPS
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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 before Geo Recl assi fi cation	Outpatient Program Charges on/after Geo Recl assi fi cation	
	9.00	10.00	11.00	12.00	12.01	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.000000	4,000	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.000000	4,093	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000163	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.000000	3,740	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000000	192,976	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	48,225	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.000000	77,990	0	0	0	56.00
57.00 05700 CT SCAN	0.000000	159,665	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	65,589	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00 06000 LABORATORY	0.000000	544,311	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	48,070	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0.000000	499,270	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.000000	7,741,053	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	1,154	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	58,471	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	12,280	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	232,661	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	6,440	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.000213	2,478,719	528	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.000000	191,475	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00 03950 REHAB MEDICINE	0.000000	374,840	0	0	0	76.00
76.20 03951 DAY HOSPITAL	0.000000	0	0	0	0	76.20
76.45 03340 GASTROINTESTINAL SERVICES	0.000000	3,685	0	0	0	76.45
76.97 07697 CARDIAC REHABILITATION	0.000000	310	0	0	0	76.97
76.99 07699 LI THOTRI PER	0.000000	0	0	0	0	76.99
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 DIABETES CARE CENTER	0.000000	0	0	0	0	90.01
90.02 09002 OUTPATIENT CENTER	0.000000	0	0	0	0	90.02
90.03 09003 PAIN CLINIC	0.000000	0	0	0	0	90.03
90.05 09004 WOUND CARE CENTER	0.000000	0	0	0	0	90.05
90.06 09005 ANTI-COAG LAB	0.000000	0	0	0	0	90.06
90.07 09006 HEART RISK ASSESSMENT	0.000000	0	0	0	0	90.07
91.00 09100 EMERGENCY	0.000357	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	1,150	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		12,750,167	528	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0223 Component CCN: 14-T223	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 9:39 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geo Reclassification	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geo Reclassification	
		13.00	13.01	
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
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	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
76.00	03950 REHAB MEDICINE	0	0	76.00
76.20	03951 DAY HOSPITAL	0	0	76.20
76.45	03340 GASTROINTESTINAL SERVICES	0	0	76.45
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.99	07699 LI THOTRI PER	0	0	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 DIABETES CARE CENTER	0	0	90.01
90.02	09002 OUTPATIENT CENTER	0	0	90.02
90.03	09003 PAIN CLINIC	0	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	90.05
90.06	09005 ANTI-COAG LAB	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	90.07
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (lines 50 through 199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/30/2019 9:39 am
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.219819	0	1,019,702	0	0
51.00 05100 RECOVERY ROOM	0.175181	0	227,500	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.371480	0	144,075	0	0
53.00 05300 ANESTHESIOLOGY	0.043431	0	711,013	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.143377	0	1,937,103	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.180744	0	663,900	0	0
56.00 05600 RADIOISOTOPE	0.159703	0	175,054	0	0
57.00 05700 CT SCAN	0.046281	0	1,466,604	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.070492	0	772,951	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.107668	0	194,175	0	0
60.00 06000 LABORATORY	0.138217	0	1,672,856	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.077525	0	204,481	0	0
65.00 06500 RESPIRATORY THERAPY	0.211437	0	196,048	0	0
66.00 06600 PHYSICAL THERAPY	0.300027	0	20,140	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.340973	0	2,468,232	0	0
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.147376	0	778,455	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.168506	0	71,360	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.020567	0	352,901	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.550130	0	462,924	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.203887	0	3,883,902	0	0
74.00 07400 RENAL DIALYSIS	0.346542	0	0	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0.188885	0	1,074,522	0	0
76.00 03950 REHAB MEDICINE	0.447867	0	31,260	0	0
76.20 03951 DAY HOSPITAL	0.511179	0	81,870	0	0
76.45 03340 GASTROINTESTINAL SERVICES	0.108220	0	200,039	0	0
76.97 07697 CARDIAC REHABILITATION	0.243239	0	4,960	0	0
76.99 07699 LIOTHOTRIPER	0.371900	0	38,445	0	0
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0.848524	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 09001 DIABETES CARE CENTER	3.746210	0	9,718	0	0
90.02 09002 OUTPATIENT CENTER	0.380864	0	372,113	0	0
90.03 09003 PAIN CLINIC	0.197655	0	13,853	0	0
90.05 09004 WOUND CARE CENTER	0.000000	0	0	0	0
90.06 09005 ANTI-COAG LAB	0.527589	0	28,132	0	0
90.07 09006 HEART RISK ASSESSMENT	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.202361	0	3,569,669	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.321704	0	1,743,797	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0
200.00	Subtotal (see instructions)	0	24,591,754	0	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0
202.00	Net Charges (line 200 - line 201)		24,591,754	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/30/2019 9:39 am
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	224,150	0		50.00
51.00 05100 RECOVERY ROOM	39,854	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	53,521	0		52.00
53.00 05300 ANESTHESIOLOGY	30,880	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	277,736	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	119,996	0		55.00
56.00 05600 RADIOISOTOPE	27,957	0		56.00
57.00 05700 CT SCAN	67,876	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	54,487	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	20,906	0		59.00
60.00 06000 LABORATORY	231,217	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	15,852	0		62.00
65.00 06500 RESPIRATORY THERAPY	41,452	0		65.00
66.00 06600 PHYSICAL THERAPY	6,043	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	841,600	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	114,726	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	12,025	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	360,159	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	254,668	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	791,877	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	202,961	0		75.00
76.00 03950 REHAB MEDICINE	14,000	0		76.00
76.20 03951 DAY HOSPITAL	41,850	0		76.20
76.45 03340 GASTROINTESTINAL SERVICES	21,648	0		76.45
76.97 07697 CARDIAC REHABILITATION	1,206	0		76.97
76.99 07699 LI THOTRI PER	14,298	0		76.99
77.00 07700 ALLOGENEIC STEM CELL ACQUISITION	0	0		77.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 DIABETES CARE CENTER	36,406	0		90.01
90.02 09002 OUTPATIENT CENTER	141,724	0		90.02
90.03 09003 PAIN CLINIC	2,738	0		90.03
90.05 09004 WOUND CARE CENTER	0	0		90.05
90.06 09005 ANTI-COAG LAB	14,842	0		90.06
90.07 09006 HEART RISK ASSESSMENT	0	0		90.07
91.00 09100 EMERGENCY	722,362	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	560,986	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00	Subtotal (see instructions)	5,362,003	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)	5,362,003	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 9:39 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		123,043	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		123,043	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		109,666	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)		37,885	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)		129,507,804	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)		129,507,804	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		129,507,804	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)		1,052.54	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		39,875,478	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)		39,875,478	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 9:39 am	
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	15,775,277	7,464	2,113.52	1,253	2,648,241	43.00
44.00 CORONARY CARE UNIT	17,244,473	9,375	1,839.41	4,658	8,567,972	44.00
44.01 NEONATAL CARE UNIT	17,158,123	12,067	1,421.90	0	0	44.01
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)					73,535,327	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					124,627,018	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)					5,431,768	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,062,845	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					8,494,613	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					116,132,405	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)					13,377	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,052.54	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					14,079,828	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0223		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/30/2019 9:39 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	14,028,877	129,507,804	0.108325	14,079,828	1,525,197	90.00
91.00	Nursing School cost	0	129,507,804	0.000000	14,079,828	0	91.00
92.00	Allied health cost	532,462	129,507,804	0.004111	14,079,828	57,882	92.00
93.00	All other Medical Education	0	129,507,804	0.000000	14,079,828	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0223 Component CCN: 14-S223	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 9:39 am
		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)		9,696	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,696	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		9,696	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)		2,743	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)		13,237,090	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)		13,237,090	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		13,237,090	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)		1,365.21	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,744,771	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)		3,744,771	41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1
					Component CCN: 14-S223		Date/Time Prepared: 5/30/2019 9:39 am
					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	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
44.01 NEONATAL CARE UNIT	0	0	0.00	0	0	0	44.01
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	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)					466,798		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,211,569		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)					400,396		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					16,589		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					416,985		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,794,584		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: 14-0223 Component CCN: 14-S223		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/30/2019 9:39 am	
		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	1,392,114	13,237,090	0.105168	0	0	90.00
91.00	Nursing School cost	0	13,237,090	0.000000	0	0	91.00
92.00	Allied health cost	23,164	13,237,090	0.001750	0	0	92.00
93.00	All other Medical Education	0	13,237,090	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0223 Component CCN: 14-T223	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 9:39 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		12,288	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,288	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		12,288	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)		6,012	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)		12,012,839	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)		12,012,839	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		12,012,839	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)		977.61	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,877,391	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)		5,877,391	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1	
				Component CCN: 14-T223		Date/Time Prepared: 5/30/2019 9:39 am	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
44.01 NEONATAL CARE UNIT	0	0	0.00	0	0		44.01
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)					3,562,377		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					9,439,768		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)					700,098		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					84,989		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					785,087		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					8,654,681		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)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		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: 14-0223 Component CCN: 14-T223		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/30/2019 9:39 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,401,601	12,012,839	0.116675	0	0	90.00
91.00	Nursing School cost	0	12,012,839	0.000000	0	0	91.00
92.00	Allied health cost	29,357	12,012,839	0.002444	0	0	92.00
93.00	All other Medical Education	0	12,012,839	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/30/2019 9:39 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		114,904,800	30.00
31.00	03100	INTENSIVE CARE UNIT		6,823,462	31.00
32.00	03200	CORONARY CARE UNIT		23,329,201	32.00
32.01	03201	NEONATAL CARE UNIT		0	32.01
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	0.219819	29,177,243	50.00
51.00	05100	RECOVERY ROOM	0.175181	3,197,451	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.371480	39,834	52.00
53.00	05300	ANESTHESIOLOGY	0.046120	7,404,696	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.143386	17,859,995	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.180744	1,016,549	55.00
56.00	05600	RADIOISOTOPE	0.159703	4,430,143	56.00
57.00	05700	CT SCAN	0.046281	19,497,687	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.070492	5,783,777	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.107668	10,313,784	59.00
60.00	06000	LABORATORY	0.138217	30,087,918	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.077525	7,754,438	62.00
65.00	06500	RESPIRATORY THERAPY	0.211437	14,102,467	65.00
66.00	06600	PHYSICAL THERAPY	0.300027	7,807,607	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.340973	30,863	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.150258	8,493,983	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.168506	1,582,570	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.020567	14,791,501	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.550130	24,982,175	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.203887	64,009,549	73.00
74.00	07400	RENAL DIALYSIS	0.346542	2,346,414	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.188885	571,260	75.00
76.00	03950	REHAB MEDICINE	0.447905	92,136	76.00
76.20	03951	DAY HOSPITAL	0.511179	0	76.20
76.45	03340	GASTROINTESTINAL SERVICES	0.108220	3,638,631	76.45
76.97	07697	CARDIAC REHABILITATION	0.243239	119,430	76.97
76.99	07699	LITHOTRIPER	0.371900	6,678	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.848524	251,955	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CARE CENTER	3.746210	0	90.01
90.02	09002	OUTPATIENT CENTER	0.381223	30,962	90.02
90.03	09003	PAIN CLINIC	0.197655	4,280	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0.527589	3,669	90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000	0	90.07
91.00	09100	EMERGENCY	0.203190	17,626,172	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.321704	4,997,170	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		302,052,987	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)		302,052,987	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0223 Component CCN: 14-S223	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/30/2019 9:39 am	
		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
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	NEONATAL CARE UNIT		0	32.01
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		7,293,272	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	0.219819	0	50.00
51.00	05100	RECOVERY ROOM	0.175181	2,150	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.371480	0	52.00
53.00	05300	ANESTHESIOLOGY	0.046120	3,600	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.143386	53,555	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.180744	0	55.00
56.00	05600	RADIOISOTOPE	0.159703	12,880	56.00
57.00	05700	CT SCAN	0.046281	78,520	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.070492	42,730	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.107668	0	59.00
60.00	06000	LABORATORY	0.138217	487,160	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.077525	585	62.00
65.00	06500	RESPIRATORY THERAPY	0.211437	47,815	65.00
66.00	06600	PHYSICAL THERAPY	0.300027	91,283	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.340973	196,990	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.150258	66,542	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.168506	4,605	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.020567	10,026	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.550130	375	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.203887	860,160	73.00
74.00	07400	RENAL DIALYSIS	0.346542	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.188885	0	75.00
76.00	03950	REHAB MEDICINE	0.447905	17,925	76.00
76.20	03951	DAY HOSPITAL	0.511179	1,715	76.20
76.45	03340	GASTROINTESTINAL SERVICES	0.108220	5,105	76.45
76.97	07697	CARDIAC REHABILITATION	0.243239	0	76.97
76.99	07699	LI THOTRI PER	0.371900	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.848524	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CARE CENTER	3.746210	0	90.01
90.02	09002	OUTPATIENT CENTER	0.381223	0	90.02
90.03	09003	PAIN CLINIC	0.197655	0	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0.527589	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000	0	90.07
91.00	09100	EMERGENCY	0.203190	345,638	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.321704	4,830	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,334,189	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		2,334,189	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0223 Component CCN: 14-T223	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/30/2019 9:39 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	NEONATAL CARE UNIT		0	32.01
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		14,769,943	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	0.219819	4,000	50.00
51.00	05100	RECOVERY ROOM	0.175181	4,093	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.371480	0	52.00
53.00	05300	ANESTHESIOLOGY	0.046120	3,740	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.143386	192,976	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.180744	48,225	55.00
56.00	05600	RADIOISOTOPE	0.159703	77,990	56.00
57.00	05700	CT SCAN	0.046281	159,665	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.070492	65,589	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.107668	0	59.00
60.00	06000	LABORATORY	0.138217	544,311	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.077525	48,070	62.00
65.00	06500	RESPIRATORY THERAPY	0.211437	499,270	65.00
66.00	06600	PHYSICAL THERAPY	0.300027	7,741,053	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.340973	1,154	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.150258	58,471	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.168506	12,280	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.020567	232,661	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.550130	6,440	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.203887	2,478,719	73.00
74.00	07400	RENAL DIALYSIS	0.346542	191,475	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.188885	0	75.00
76.00	03950	REHAB MEDICINE	0.447905	374,840	76.00
76.20	03951	DAY HOSPITAL	0.511179	0	76.20
76.45	03340	GASTROINTESTINAL SERVICES	0.108220	3,685	76.45
76.97	07697	CARDIAC REHABILITATION	0.243239	310	76.97
76.99	07699	LI THOTRI PER	0.371900	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.848524	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CARE CENTER	3.746210	0	90.01
90.02	09002	OUTPATIENT CENTER	0.381223	0	90.02
90.03	09003	PAIN CLINIC	0.197655	0	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0.527589	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000	0	90.07
91.00	09100	EMERGENCY	0.203190	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.321704	1,150	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		12,750,167	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)		12,750,167	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/30/2019 9:39 am	
Cost Center Description		Title XIX	Hospital	Cost	
		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		16,103,052	30.00
31.00	03100	INTENSIVE CARE UNIT		5,847,705	31.00
32.00	03200	CORONARY CARE UNIT		2,271,855	32.00
32.01	03201	NEONATAL CARE UNIT		23,255,755	32.01
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	0.219819	4,007,214	50.00
51.00	05100	RECOVERY ROOM	0.175181	237,950	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.371480	1,341,097	52.00
53.00	05300	ANESTHESIOLOGY	0.043431	1,167,067	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.143377	2,444,249	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.180744	41,780	55.00
56.00	05600	RADIOISOTOPE	0.159703	469,992	56.00
57.00	05700	CT SCAN	0.046281	1,957,726	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.070492	906,669	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.107668	939,901	59.00
60.00	06000	LABORATORY	0.138217	6,412,464	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.077525	2,458,784	62.00
65.00	06500	RESPIRATORY THERAPY	0.211437	8,655,626	65.00
66.00	06600	PHYSICAL THERAPY	0.300027	487,867	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.340973	460,671	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.147376	1,093,785	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.168506	359,810	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.020567	2,466,507	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.550130	1,576,346	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.203887	16,051,080	73.00
74.00	07400	RENAL DIALYSIS	0.346542	192,640	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.188885	291,131	75.00
76.00	03950	REHAB MEDICINE	0.447867	39,295	76.00
76.20	03951	DAY HOSPITAL	0.511179	0	76.20
76.45	03340	GASTROINTESTINAL SERVICES	0.108220	206,810	76.45
76.97	07697	CARDIAC REHABILITATION	0.243239	8,680	76.97
76.99	07699	LITHOTRIPER	0.371900	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.848524	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CARE CENTER	3.746210	0	90.01
90.02	09002	OUTPATIENT CENTER	0.380864	5,431	90.02
90.03	09003	PAIN CLINIC	0.197655	0	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0.527589	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000	0	90.07
91.00	09100	EMERGENCY	0.202361	2,023,598	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.321704	530,785	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		56,834,955	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)		56,834,955	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0223 Component CCN: 14-S223	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/30/2019 9:39 am	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	NEONATAL CARE UNIT		0	32.01
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		2,776,180	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	0.219819	0	50.00
51.00	05100	RECOVERY ROOM	0.175181	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.371480	0	52.00
53.00	05300	ANESTHESIOLOGY	0.043431	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.143377	5,330	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.180744	0	55.00
56.00	05600	RADIOISOTOPE	0.159703	2,295	56.00
57.00	05700	CT SCAN	0.046281	5,891	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.070492	2,845	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.107668	0	59.00
60.00	06000	LABORATORY	0.138217	167,603	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.077525	1,710	62.00
65.00	06500	RESPIRATORY THERAPY	0.211437	1,715	65.00
66.00	06600	PHYSICAL THERAPY	0.300027	7,960	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.340973	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.147376	13,945	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.168506	4,085	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.020567	498	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.550130	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.203887	243,033	73.00
74.00	07400	RENAL DIALYSIS	0.346542	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.188885	0	75.00
76.00	03950	REHAB MEDICINE	0.447867	3,060	76.00
76.20	03951	DAY HOSPITAL	0.511179	0	76.20
76.45	03340	GASTROINTESTINAL SERVICES	0.108220	0	76.45
76.97	07697	CARDIAC REHABILITATION	0.243239	0	76.97
76.99	07699	LI THOTRI PER	0.371900	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.848524	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CARE CENTER	3.746210	0	90.01
90.02	09002	OUTPATIENT CENTER	0.380864	0	90.02
90.03	09003	PAIN CLINIC	0.197655	0	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0.527589	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000	0	90.07
91.00	09100	EMERGENCY	0.202361	112,772	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.321704	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		572,742	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)		572,742	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0223 Component CCN: 14-T223	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/30/2019 9:39 am	
Cost Center Description		Title XIX	Subprovider - IRF	Cost	
		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
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	NEONATAL CARE UNIT		0	32.01
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		922,600	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	0.219819	0	50.00
51.00	05100	RECOVERY ROOM	0.175181	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.371480	0	52.00
53.00	05300	ANESTHESIOLOGY	0.043431	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.143377	14,690	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.180744	0	55.00
56.00	05600	RADIOISOTOPE	0.159703	9,600	56.00
57.00	05700	CT SCAN	0.046281	13,635	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.070492	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.107668	0	59.00
60.00	06000	LABORATORY	0.138217	31,043	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.077525	1,140	62.00
65.00	06500	RESPIRATORY THERAPY	0.211437	30,325	65.00
66.00	06600	PHYSICAL THERAPY	0.300027	488,500	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.340973	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.147376	1,880	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.168506	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.020567	8,490	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.550130	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.203887	163,111	73.00
74.00	07400	RENAL DIALYSIS	0.346542	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.188885	0	75.00
76.00	03950	REHAB MEDICINE	0.447867	24,420	76.00
76.20	03951	DAY HOSPITAL	0.511179	0	76.20
76.45	03340	GASTROINTESTINAL SERVICES	0.108220	0	76.45
76.97	07697	CARDIAC REHABILITATION	0.243239	0	76.97
76.99	07699	LITHOTRIPER	0.371900	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.848524	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETES CARE CENTER	3.746210	0	90.01
90.02	09002	OUTPATIENT CENTER	0.380864	0	90.02
90.03	09003	PAIN CLINIC	0.197655	0	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0.527589	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000	0	90.07
91.00	09100	EMERGENCY	0.202361	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.321704	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		786,834	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)		786,834	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/30/2019 9:39 am
		Title XVIII	Hospital	PPS
		Before GEO Reclass	On/After GEO Reclass	
		1.00	1.01	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	67,452,041	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	22,731,091	0	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)	0	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	0	1.04
2.00	Outlier payments for discharges. (see instructions)	3,784,308	0	2.00
2.01	Outlier reconciliation amount	0	0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)	0	0	2.02
3.00	Managed Care Simulated Payments	24,893,675	0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	510.87		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)	188.61		5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	3.55		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).	16.90		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)	7.41		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)	209.37		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	209.37		10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00		11.00
12.00	Current year allowable FTE (see instructions)	209.37		12.00
13.00	Total allowable FTE count for the prior year.	208.29		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.	209.98		14.00
15.00	Sum of lines 12 through 14 divided by 3.	209.21		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	209.21		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.409517		19.00
20.00	Prior year resident to bed ratio (see instructions)	0.414520		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.409517		21.00
22.00	IME payment adjustment (see instructions)	18,157,472	0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	5,012,093	0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).	0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)	0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)	0	0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	0	0	28.01
29.00	Total IME payment (sum of lines 22 and 28)	18,157,472	0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	5,012,093	0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	3.87		30.00
31.00	Percentage of Medicaid patient days (see instructions)	19.92		31.00
32.00	Sum of lines 30 and 31	23.79		32.00
33.00	Allowable disproportionate share percentage (see instructions)	8.84	8.84	33.00
34.00	Disproportionate share adjustment (see instructions)	1,993,047	0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/30/2019 9:39 am	
		Title XVIII	Hospital	PPS	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)	6,766,695,164	8,272,872,447	35.00	
35.01	Factor 3 (see instructions)	0.000745700	0.000696197	35.01	
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	5,045,926	5,759,547	35.02	
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	3,774,075	1,451,723	35.03	
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	5,225,798		36.00	
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00	
		Before GEO Recl ass	On/After GEO Recl ass		
		1.00	1.01		
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.00	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.01	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00	
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00	
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00	
47.00	Subtotal (see instructions)	117,892,034	1,451,723	47.00	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0	0	48.00	
			Amount		
			1.00		
49.00	Total payment for inpatient operating costs (see instructions)		124,355,850	49.00	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		9,127,177	50.00	
51.00	Exception on 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).		6,648,095	52.00	
53.00	Nursing and Allied Health Managed Care payment		100,814	53.00	
54.00	Special add-on payments for new technologies		53,272	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).		193,531	57.00	
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		26,544	58.00	
59.00	Total (sum of amounts on lines 49 through 58)		140,505,283	59.00	
60.00	Primary payer payments		148,597	60.00	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		140,356,686	61.00	
62.00	Deductibles billed to program beneficiaries		7,922,480	62.00	
63.00	Coinurance billed to program beneficiaries		519,261	63.00	
64.00	Allowable bad debts (see instructions)		1,208,747	64.00	
65.00	Adjusted reimbursable bad debts (see instructions)		785,686	65.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		898,415	66.00	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		132,700,631	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)		60,718	70.93	
70.94	HRR adjustment amount (see instructions)		-156,485	70.94	
70.95	Recovery of accelerated depreciation		0	70.95	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/30/2019 9:39 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		132,604,864	71.00
71.01	Sequestration adjustment (see instructions)		2,652,097	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		129,690,907	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)		261,860	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,721,997	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.9979046560	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.9986	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0223

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/30/2019 9:39 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	67,452,041	0	67,452,041		67,452,041	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	22,731,091	0		22,731,091	22,731,091	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	3,784,308	0	0	3,784,308	3,784,308	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	24,893,675	0	18,619,100	6,274,575	24,893,675	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.409517	0.409517	0.409517	0.409517		5.00
6.00	IME payment adjustment (see instructions)	22.00	18,157,472	0	13,580,794	4,576,678	18,157,472	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	5,012,093	0	5,012,093	0	5,012,093	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	18,157,472	0	13,580,794	4,576,678	18,157,472	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	5,012,093	0	5,012,093	0	5,012,093	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0884	0.0884	0.0884	0.0884		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,993,047	0	1,490,690	502,357	1,993,047	11.00
11.01	Uncompensated care payments	36.00	5,225,798	0	3,774,075	1,451,723	5,225,798	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	119,343,757	0	86,297,600	33,046,157	119,343,757	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	124,355,850	0	91,309,693	33,046,157	124,355,850	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	9,127,177	0	0	9,127,177	9,127,177	16.00
17.00	Special add-on payments for new technologies	54.00	53,272	0	0	53,272	53,272	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0223

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/30/2019 9:39 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	91,309,693	42,226,606	133,536,299	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	6,756,916	0	0	6,756,916	6,756,916	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	233,333	0	0	233,333	233,333	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.1656	0.1656	0.1656	0.1656		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,216,150	0	0	1,216,150	1,216,150	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0494	0.0494	0.0494	0.0494		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	333,792	0	0	333,792	333,792	25.00
26.00	Total prospective capital payments (see instructions)	12.00	9,127,177	0	0	9,127,177	9,127,177	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0223

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/30/2019 9:39 am

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00				1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	67,452,041	0	0	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	22,731,091		90,183,132	90,183,132	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	1.03	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00	3,784,308	0	3,784,308	3,784,308	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	
4.00	Managed care simulated payments	3.00	24,893,675	0	0	0	
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.409517	0.409517	0.409517	5.00	
6.00	IME payment adjustment (see instructions)	22.00	18,157,472	0	18,157,472	18,157,472	
6.01	IME payment adjustment for managed care (see instructions)	22.01	5,012,093	5,012,093	0	5,012,093	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	18,157,472	0	18,157,472	18,157,472	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	5,012,093	5,012,093	0	5,012,093	
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0884	0.0884	0.0884	10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,993,047	0	1,993,047	1,993,047	
11.01	Uncompensated care payments	36.00	5,225,798	3,774,075	1,451,723	5,225,798	
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	
13.00	Subtotal (see instructions)	47.00	119,343,757	3,774,075	115,569,682	119,343,757	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	124,355,850	8,786,168	115,569,682	124,355,850	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	9,127,177	0	9,127,177	9,127,177	
17.00	Special add-on payments for new technologies	54.00	53,272	0	53,272	53,272	
17.01	Net organ acquisition cost					17.01	
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	
19.00	SUBTOTAL			8,786,168	124,750,131	133,536,299	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/30/2019 9:39 am
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	6,756,916	0	6,756,916	6,756,916	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	233,333	0	233,333	233,333	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.1656	0.1656	0.1656		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,216,150	0	1,216,150	1,216,150	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0494	0.0494	0.0494		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	333,792	0	333,792	333,792	25.00
26.00	Total prospective capital payments (see instructions)	12.00	9,127,177	0	9,127,177	9,127,177	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	60,718	0	60,718	60,718	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-156,485	0	-156,485	-156,485	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0		32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/30/2019 9:39 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		19,176	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		45,671,021	2.00
3.00	OPPS payments		44,844,063	3.00
4.00	Outlier payment (see instructions)		81,683	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.821	5.00
6.00	Line 2 times line 5		37,495,908	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		21,148	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		19,176	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		93,060	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)		93,060	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)		93,060	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		73,884	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)		19,176	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)		44,946,894	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		2,537	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		8,213,246	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)		36,750,287	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		2,199,857	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)		38,950,144	30.00
31.00	Primary payer payments		4,260	31.00
32.00	Subtotal (line 30 minus line 31)		38,945,884	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		983,202	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		639,081	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		763,682	36.00
37.00	Subtotal (see instructions)		39,584,965	37.00
38.00	MSP-LCC reconciliation amount from PS&R		118	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)		10,000	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		39,584,847	40.00
40.01	Sequestration adjustment (see instructions)		791,697	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		38,191,100	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		602,050	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: 14-0223		Period: From 01/01/2018 To 12/31/2018		Worksheet E-1 Part I Date/Time Prepared: 5/30/2019 9:39 am	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		129,862,720		38,207,924	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	12/17/2018	171,813	12/17/2018	16,824	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)		-171,813		-16,824	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)		129,690,907		38,191,100	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		261,860		602,050	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		129,952,767		38,793,150	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: 14-0223 Component CCN: 14-S223	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part I Date/Time Prepared: 5/30/2019 9:39 am	
		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				0
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,626,832		0
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)				0
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,626,832		0
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)				0
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				0
6.01	SETTLEMENT TO PROVIDER		0		0
6.02	SETTLEMENT TO PROGRAM		2,149		0
7.00	Total Medicare program liability (see instructions)		2,624,683		0
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				0

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-0223 Component CCN: 14-T223	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part I Date/Time Prepared: 5/30/2019 9:39 am	
		Title XVIII	Subprovider - IRF	PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider				0
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		9,073,193		0
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)				0
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
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)		9,073,193		0
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)				0
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				0
6.01	SETTLEMENT TO PROVIDER		13,851		0
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		9,087,044		0
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				0

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0223

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

Worksheet E-1
Part II
Date/Time Prepared:
5/30/2019 9:39 am

Title XVIII		Hospital	PPS
			1.00

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0223 Component CCN: 14-S223	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part II Date/Time Prepared: 5/30/2019 9:39 am
		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)			2,625,136 1.00
2.00	Net IPF PPS Outlier Payments			69,302 2.00
3.00	Net IPF PPS ECT Payments			54,956 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)			3.45 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)			1.82 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)			1.82 8.00
9.00	Average Daily Census (see instructions)			26.564384 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line } 8/\text{line } 9))) \text{ raised to the power of } .5150 - 1\}$.			0.034717 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			91,137 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			2,840,531 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)			2,840,531 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			2,840,531 18.00
19.00	Deductibles			150,032 19.00
20.00	Subtotal (line 18 minus line 19)			2,690,499 20.00
21.00	Coinsurance			55,275 21.00
22.00	Subtotal (line 20 minus line 21)			2,635,224 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			55,634 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			36,162 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			49,966 25.00
26.00	Subtotal (sum of lines 22 and 24)			2,671,386 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)			6,862 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)			2,678,248 31.00
31.01	Sequestration adjustment (see instructions)			53,565 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			2,626,832 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)			-2,149 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			69,302 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0223 Component CCN: 14-T223	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part III Date/Time Prepared: 5/30/2019 9:39 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			8,894,196 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0213 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			273,941 3.00
4.00	Outlier Payments			153,891 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			33.665753 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			9,322,028 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			9,322,028 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			9,322,028 19.00
20.00	Deductibles			21,416 20.00
21.00	Subtotal (line 19 minus line 20)			9,300,612 21.00
22.00	Coinsurance			43,657 22.00
23.00	Subtotal (line 21 minus line 22)			9,256,955 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			987 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			642 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			987 26.00
27.00	Subtotal (sum of lines 23 and 25)			9,257,597 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			14,897 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			9,272,494 32.00
32.01	Sequestration adjustment (see instructions)			185,450 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			9,073,193 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			13,851 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			153,891 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: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/30/2019 9:39 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			194.81	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			3.05	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))			12.85	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)			7.87	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)			212.48	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			212.48	6.00
7.00	Enter the lesser of line 5 or line 6			212.48	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.	136.62	61.32	197.94	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.	136.62	61.32	197.94	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	136.62	61.32		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	138.31	59.98		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	143.17	61.01		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	139.37	60.77		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	139.37	60.77		17.00
18.00	Per resident amount	112,237.40	107,704.22		18.00
19.00	Approved amount for resident costs	15,642,526	6,545,185	22,187,711	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)			22,187,711	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	52,551	14,337		26.00
27.00	Total Inpatient Days (see instructions)	162,653	162,653		27.00
28.00	Ratio of inpatient days to total inpatient days	0.323087	0.088145		28.00
29.00	Program direct GME amount	7,168,561	1,955,736		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		276,345		30.00
31.00	Net Program direct GME amount			8,847,952	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/30/2019 9:39 am
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		5,693,225	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)		138,278,355	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)		148,597	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		138,129,758	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		45,711,345	42.00
43.00	Primary payer payments (see instructions)		4,260	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		45,707,085	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		183,836,843	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.751371	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.248629	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		8,847,952	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		6,648,095	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		2,199,857	50.00

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

Provider CCN: 14-0223

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

Worksheet G

Date/Time Prepared:
5/30/2019 9:39 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	584,887,000	0	0	0	1.00
2.00	Temporary investments	106,244,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	1,504,053,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	531,425,000	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	2,726,609,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	473,862,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	7,409,153,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	2,956,722,000	0	0	0	23.00
24.00	Accumulated depreciation	-5,213,262,000	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)	5,626,475,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	7,712,087,000	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	667,618,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	8,379,705,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	16,732,789,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,671,124,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	656,815,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	2,327,939,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	2,796,906,000	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	1,364,967,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	4,161,873,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	6,489,812,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	10,242,977,000				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	10,242,977,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	16,732,789,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0223

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

Worksheet G-1

Date/Time Prepared:
5/30/2019 9:39 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		5,014,483,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		119,631,277			2.00
3.00	Total (sum of line 1 and line 2)		5,134,114,277		0	3.00
4.00	CY OTHER DIVISION NET INCOME	5,108,862,723		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		5,108,862,723		0	10.00
11.00	Subtotal (line 3 plus line 10)		10,242,977,000		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		10,242,977,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	CY OTHER DIVISION NET INCOME		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0223

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/30/2019 9:39 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	341,358,021		341,358,021	1.00
2.00	SUBPROVIDER - IPF	26,197,875		26,197,875	2.00
3.00	SUBPROVIDER - IRF	30,168,039		30,168,039	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				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	397,723,935		397,723,935	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	65,908,449		65,908,449	11.00
12.00	CORONARY CARE UNIT	54,599,972		54,599,972	12.00
12.01	NEONATAL CARE UNIT	71,592,250		71,592,250	12.01
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)	192,100,671		192,100,671	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	589,824,606		589,824,606	17.00
18.00	Ancillary services	891,404,210	832,093,834	1,723,498,044	18.00
19.00	Outpatient services	47,567,732	98,858,878	146,426,610	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC		0	0	24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OBSERVATION	12,774,840	30,991,585	43,766,425	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,541,571,388	961,944,297	2,503,515,685	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		755,329,792		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)		755,329,792		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0223

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

Worksheet G-3

Date/Time Prepared:
5/30/2019 9:39 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,503,515,685	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,640,204,540	2.00
3.00	Net patient revenues (line 1 minus line 2)	863,311,145	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	755,329,792	4.00
5.00	Net income from service to patients (line 3 minus line 4)	107,981,353	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	9,467	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,966,329	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	19,413	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	281,073	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,164,760	22.00
23.00	Governmental appropriations	238,259	23.00
24.00	PREMIUM REVENUE	991,224	24.00
24.01	OTHER OPERATING REVENUE	2,392,995	24.01
24.02	NET NON-OPERATING REVENUE	4,586,404	24.02
25.00	Total other income (sum of lines 6-24)	11,649,924	25.00
26.00	Total (line 5 plus line 25)	119,631,277	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	119,631,277	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/30/2019 9:39 am	
		Title XVIII	Hospital	PPS	
			Urban	Rural	
			1.00	1.01	
PART I - FULLY PROSPECTIVE METHOD					
CAPITAL FEDERAL AMOUNT					
1.00	Capital DRG other than outlier		6,756,916	586,986	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	0	1.01
2.00	Capital DRG outlier payments		233,333		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)		385.39		3.00
4.00	Number of interns & residents (see instructions)		209.21		4.00
5.00	Indirect medical education percentage (see instructions)		16.56		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)		1,216,150		6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.87		7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		19.92		8.00
9.00	Sum of lines 7 and 8		23.79		9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.94		10.00
11.00	Disproportionate share adjustment (see instructions)		333,792		11.00
12.00	Total prospective capital payments (see instructions)		9,127,177		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