

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet S Parts I-III Date/Time Prepared: 5/30/2019 9:39 am
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically filed cost report 2. ☐ Manually submitted cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.		

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVOCATE LUTHERAN GENERAL HOSPITAL (14-0223) for the cost reporting period beginning 01/01/2018 and ending 12/31/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) MICHAEL VOLANTE
 Officer or Administrator of Provider(s)

VICE PRESIDENT, REIMBURSEMENT
 Title

(Dated when report is electronically signed.)
 Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY							
1.00	Hospital	0	261,860	602,050	0	0	1.00
2.00	Subprovider - IPF	0	-2,149	0		0	2.00
3.00	Subprovider - IRF	0	13,851	0		0	3.00
4.00	SUBPROVIDER I						4.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	273,562	602,050	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0223		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		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1775 W. DEMPSTER STREET			PO Box:				1.00		
2.00	City: PARK RIDGE			State: IL		Zip Code: 60068-		County: COOK		
		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	O
4.00	Subprovider - IPF		ADVOCATE LUTHERAN GENERAL HOSPITAL	14S223	16974	4	07/01/1984	N	P	O
5.00	Subprovider - IRF		ADVOCATE LUTHERAN GENERAL HOSPITAL	14T223	16974	5	07/01/1984	N	P	O
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
							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	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N			23.00

Worksheet S-2
Part I
Date/Time Prepared:
5/30/2019 9:39 am

MCRIF32 - 15.5.166.1

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	
		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 IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.20
						1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00		62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00		62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				Y		63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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Period:
From 01/01/2018
To 12/31/2018Worksheet S-2
Part I
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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	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	3.00		
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	65.00
65.01		INTERNAL MEDICINE	1400	11.35	54.94	0.171217	65.01
65.02		INTERNAL MEDICINE	3900	2.17	7.43	0.226042	65.02
65.03		PEDIATRICS	2000	7.34	35.78	0.170223	65.03
			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	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	3.00		
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	67.00
67.01		INTERNAL MEDICINE	1400	8.37	48.42	0.147385	67.01
67.02		PEDIATRICS	2000	0.13	35.90	0.003608	67.02

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	
	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			
67.03	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. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.				Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.				Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.				Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.				N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.				N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.				Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.				Y	Y	98.06	

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		V 1.00		XIX 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. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.	N				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical 1.00		Occupational 2.00		Speech 3.00	
		Respiratory 4.00					
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N		N		109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
		1.00		2.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
		1.00		2.00			
		1.00		2.00		3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	
		Premiums 1.00		Losses 2.00		Insurance 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				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.06		122.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	

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		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	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	
		1.00		2.00		4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
				1.00			
Multicampus							
165.00	Is this hospital part of a Multicampus 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	
				3.00		4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y		167.00			
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0		168.00			
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01			
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.00		169.00			

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 1.00	Ending 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. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N		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 1.00	Date 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 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	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 1.00	Legal Oper. 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	
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 1.00	Date 2.00	Y/N 3.00 Date 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 relifed 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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0223

Period:
From 01/01/2018
To 12/31/2018Worksheet S-2
Part II
Date/Time Prepared:
5/30/2019 9:39 am

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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 12/31/2018Worksheet S-3
Part I
Date/Time Prepared:
5/30/2019 9:39 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	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 12/31/2018Worksheet 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 XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	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	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				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 12/31/2018Worksheet 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	15.00	
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 12/31/2018Worksheet S-3
Part II
Date/Time Prepared:
5/30/2019 9:39 am

	Wkst. A Line Number	Amount Reported	Reclassificati on 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
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		3,257,538	0	3,257,538	24,860.00	131.04
4.01	Physicians - Part A - Teaching		6,959,765	0	6,959,765	55,969.00	124.35
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	12,728,369	0	12,728,369	441,958.00	28.80
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		12,231,755	-619,586	11,612,169	339,082.00	34.25
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		460,402	0	460,402	4,827.00	95.38
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		3,763,615	0	3,763,615	26,259.00	143.33
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		25,765,526	0	25,765,526	413,300.00	62.34
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		55,927,671	0	55,927,671		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		2,867,017	0	2,867,017		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		617,099	0	617,099		
22.01	Physician Part A - Teaching		1,181,185	0	1,181,185		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		2,625,225	0	2,625,225		
25.50	Home office wage-related (core)		4,840,854	0	4,840,854		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	3,318,563	-2,628,209	690,354	22,693.00	30.42
27.00	Administrative & General	5.00	21,931,274	1,502,834	23,434,108	548,995.00	42.69

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0223

Period:
From 01/01/2018
To 12/31/2018Worksheet S-3
Part II
Date/Time Prepared:
5/30/2019 9:39 am

		Wkst. A Line Number	Amount Reported	Reclassificati on 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 12/31/2018Worksheet S-3
Part III
Date/Time Prepared:
5/30/2019 9:39 am

	Worksheet A Line Number	Amount Reported	Reclassificati 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 12/31/2018Worksheet 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 12/31/2018Worksheet 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	1.00
2.00	Hospital	460,402	64,342,447	2.00
3.00	Subprovider - IPF	0	1,647,720	3.00
4.00	Subprovider - IRF	0	1,414,722	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC	0	0	16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

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

			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)	Reclassification (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 - IPF	5,825,474	568,377	6,393,851	15,783	6,409,634	40.00
41.00	04100	SUBPROVIDER - IRF	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	GASTRO INTESTINAL 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	LITHOTRIPER	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)	Reclassification ons (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 - IPF	-125,111	6,284,523	40.00
41.00	04100	SUBPROVIDER - IRF	-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	GASTRO INTESTINAL 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	
			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	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
	0		0	116		
	B - DRUGS CHARGES					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	37,534,473		1.00
	0		0	37,534,473		
	C - LINEN					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	2,647,262		1.00
	0		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
	0		222,671	11,598		
	E - PARAMEDIC CHAPLAIN					
1.00	OTHER ADMIN AND GENERAL	5.06	931,506	121,867		1.00
	0		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
	0		68,204	80,693		
	G - OTHER REHAB ADMIN					
1.00	OCCUPATIONAL THERAPY	67.00	32,270	0		1.00
	0		32,270	0		
	H - NURSERY					
1.00	NURSERY	43.00	1,428,311	131,511		1.00
	0		1,428,311	131,511		
	I - CAFETERIA COSTS					
1.00	CAFETERIA	11.00	2,334,621	1,832,149		1.00
	0		2,334,621	1,832,149		
	J - CAFETERIA REVENUE OFFSET					
1.00	DIETARY	10.00	0	1,884,858		1.00
	0		0	1,884,858		
	K - NURSING ADMIN PERSONNEL					
1.00	NURSING ADMINISTRATION	13.00	1,045,878	43,757		1.00
	0		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
	0		295,072	27,060		
	M - CHILD LIFE/PRENATAL					
1.00	ADULTS & PEDIATRICS	30.00	24,216	30,843		1.00
	0		24,216	30,843		
	N - WOUND CARE COSTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	434,728	32,147		1.00
	0		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
	0		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
	0		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	11,286,410		
S - OIG FRAUD EMPLOYEES						
1.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	39,628	0		1.00
			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 ED 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	GASTRO INTESTINAL 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							5/30/2019 9:39 am
	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
	0		0	116				
	B - DRUGS CHARGES							
1.00	PHARMACY	15.00	0	37,534,473	0			1.00
	0		0	37,534,473				
	C - LINEN							
1.00	HOUSEKEEPING	9.00	0	2,647,262	0			1.00
	0		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
	0		222,671	11,598				
	E - PARAMEDIC CHAPLAIN							
1.00	PARAMED ED PRGM-PASTORAL EDUC.	23.00	931,506	121,867	0			1.00
	0		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
	0		68,204	80,693				
	G - OTHER REHAB ADMIN							
1.00	PHYSICAL THERAPY	66.00	32,270	0	0			1.00
	0		32,270	0				
	H - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,428,311	131,511	0			1.00
	0		1,428,311	131,511				
	I - CAFETERIA COSTS							
1.00	DIETARY	10.00	2,334,621	1,832,149	0			1.00
	0		2,334,621	1,832,149				
	J - CAFETERIA REVENUE OFFSET							
1.00	CAFETERIA	11.00	0	1,884,858	0			1.00
	0		0	1,884,858				
	K - NURSING ADMIN PERSONNEL							
1.00	OTHER ADMIN AND GENERAL	5.06	1,045,878	43,757	0			1.00
	0		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
	0		295,072	27,060				
	M - CHILD LIFE/PRENATAL							
1.00	OTHER ADMIN AND GENERAL	5.06	24,216	30,843	0			1.00
	0		24,216	30,843				
	N - WOUND CARE COSTS							
1.00	WOUND CARE CENTER	90.05	434,728	32,147	0			1.00
	0		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
	0		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
	0		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 12/31/2018Worksheet 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	GASTRO INTESTINAL 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		0	11,286,410			
S - OIG FRAUD EMPLOYEES							
1.00	HOUSEKEEPING	9.00	39,628	0	0		1.00
	0		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 12/31/2018Worksheet 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			4.00
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 12/31/2018Worksheet 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 12/31/2018Worksheet 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		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0 NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0 NEW 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		0 RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0 PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0 *** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - 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 *** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0 OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		-615,383	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0 SPEECH PATHOLOGY	68.00		31.00

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		Line #	Wkst. A-7 Ref.	
				Cost Center				
		1.00	2.00	3.00		4.00	5.00	
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00	OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0	33.00
33.02	(3)		0			0.00	0	33.02
33.03	OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0	33.03
33.04	(3)		0			0.00	0	33.04
33.08	COMMUNITY RELATIONS	A	-2,169	OTHER ADMIN AND GENERAL		5.06	0	33.08
33.10	OTHER ADJUSTMENTS (SPECIFY)		0	OTHER ADMIN AND GENERAL		5.06	0	33.10
33.11	(3)		0			0.00	0	33.11
33.12	OTHER ADJUSTMENTS (SPECIFY)	A	0			0.00	0	33.12
33.13	(3)		0			0.00	0	33.13
33.14	OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0	33.14
33.15	(3)		0			0.00	0	33.15
33.17	OTHER ADJUSTMENTS (SPECIFY)	A	0			0.00	0	33.17
33.18	(3)		0			0.00	0	33.18
33.19	PUBLIC AID ASSESSMENT EXPENSE	A	-29,704,763	OTHER ADMIN AND GENERAL		5.06	0	33.19
33.21	RESEARCH COSTS IN EXCESS OF FUNDING	A	-364,780	OTHER ADMIN AND GENERAL		5.06	0	33.21
33.23	OFFSET MEN'S ASSOCIATION	A	-4,553	OTHER ADMIN AND GENERAL		5.06	0	33.23
33.24	CENTER FOR PEDS BRAIN TUMOR	A	-21,139	OTHER ADMIN AND GENERAL		5.06	0	33.24
33.25	OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0	33.25
33.26	(3)		0			0.00	0	33.26
33.27	PHYSICIAN COMPONENT BILLING	A	-36,001	OTHER ADMIN AND GENERAL		5.06	0	33.27
33.28	LOBBYING COSTS ABOVE	A	5,057	OTHER ADMIN AND GENERAL		5.06	0	33.28
33.29	ACCOUNTING							
33.30	KOHL'S MUSEUM	A	-5,000	OTHER ADMIN AND GENERAL		5.06	0	33.30
33.31	OFFSET INTEREST EXPENSE	A	-5,855,306	OTHER ADMIN AND GENERAL		5.06	11	33.31
33.32	OTHER ADJUSTMENT	A	0			0.00	0	33.32
33.33	PRIOR YEARS MEDICARE WORKPAPER	A	263,258	NEW CAP REL COSTS-BLDG & FIXT		1.00	9	33.33
33.34	ADJUST PARKSIDE RENT TO COST	A	-27,656	NEW CAP REL COSTS-BLDG & FIXT		1.00	10	33.34
33.35	OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0	33.35
33.36	(3)		0			0.00	0	33.36
33.37	OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0	33.37
33.38	(3)		0			0.00	0	33.38
33.39	OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0	33.39
33.40	(3)		0			0.00	0	33.40
33.41	MISC INC	B	-55	PURCHASING RECEIVING AND STORES		5.03	0	33.41
33.42	MISC INC	B	-790	CASHIERING/ACCOUNTS RECEIVABLE		5.05	0	33.42
33.43	MISC INC	B	-1,703,796	OTHER ADMIN AND GENERAL		5.06	0	33.43
33.44	MISC INC	B	-2,202	MAINTENANCE & REPAIRS		6.00	0	33.44
33.45	MISC INC	B	-2,053,116	DIETARY		10.00	0	33.45
33.46	MISC INC	B	-197,088	PHARMACY		15.00	0	33.46
33.47	MISC INC	B	-638	MEDICAL RECORDS & LIBRARY		16.00	0	33.47
33.48	MISC INC	B	-365,526	I&R SERVICES-OTHER PRGM		22.00	0	33.48
33.49	MISC INC	B	-15,055	COSTS APPRVD		23.00	0	33.49
33.50	MISC INC	B	-17,219	PARAMED ED PRGM-PASTORAL EDUC.		30.00	0	33.50
33.51	MISC INC	B	-24,561	ADULTS & PEDIATRICS		40.00	0	33.51
33.52	MISC INC	B	-593	SUBPROVIDER - IPF		41.00	0	33.52
33.53	MISC INC	B	-735	SUBPROVIDER - IRF		50.00	0	33.53
33.54	MISC INC	B	-23,508	OPERATING ROOM		54.00	0	33.54
33.55	MISC INC	B	-34	RADIOLOGY-DIAGNOSTIC		59.00	0	33.55
33.56	MISC INC	B	-520	CARDIAC CATHETERIZATION		65.00	0	33.56
33.57	MISC INC	B	-5,170	RESPIRATORY THERAPY		67.00	0	33.57
33.58	MISC INC	B	-3,560	OCCUPATIONAL THERAPY		69.00	0	33.58
33.59	MISC INC	B		ELECTROCARDIOLOGY		69.00	0	33.59

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	
43.25	MISC INC	B	725	ELECTROENCEPHALOGRAPHY	70.00	0	43.25
43.26	MISC INC	B	-1,370	REHAB MEDICINE	76.00	0	43.26
43.27	MISC INC	B	-20,810	DAY HOSPITAL	76.20	0	43.27
43.29	MISC 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/EMPLOYEE REL	A	-30,061	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44.28
44.29	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-8,179,534	OTHER ADMIN AND GENERAL	5.06	0	44.29
44.30	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-2,904	DIETARY	10.00	0	44.30
45.02	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-465,784	SOCIAL SERVICE	17.00	0	45.02
45.03	FOODBEV/NON ALLOW/AHPFEE/EMPLOYEE REL	A	-92,088	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	45.03

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	
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

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	
45.40	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.40
45.41	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.41
45.42	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.42
45.43	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.43
45.44	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.44
45.46	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.46
45.47	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.47
45.48	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.48
45.49	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.49
45.50	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.50
45.51	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.51
45.52	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.52
45.53	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.53
45.55	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.55
45.56	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.56
45.57	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.57
45.58	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.58
45.59	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.59
45.60	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.60
45.61	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.61
45.63	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.63
45.64	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.64
45.65	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.65
45.66	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.66
45.67	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.67
45.68	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.68
45.69	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.69
45.70	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.70
45.71	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.71
45.72	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.72
45.73	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.73
45.74	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.74
45.75	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.75
45.76	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.76
45.77	OTHER ADJUSTMENTS (SPECIFY) (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	1.00
2.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	NEW CAPITAL EQUIPMENT	4,160,365	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	BENEFITS	9,452,071	0	3.00
3.01	0.00			0	0	3.01
4.00	5.00	OTHER ADMIN AND GENERAL	A&G	30,637,113	60,028,808	4.00
5.00	0		0	45,650,788	60,028,808	5.00

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

	Symbol (1)	Name	Percentage of Ownership	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	5.00	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	5.00	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	5.00	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 12/31/2018Worksheet 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	5.03
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	26,661,250	153,894	108,937	320	5.05
5.06	00590	OTHER ADMIN AND GENERAL	81,339,412	2,889,889	2,045,662	5,013,524	5.06
6.00	00600	MAINTENANCE & REPAIRS	25,595,345	6,250,171	4,424,304	1,178,828	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,647,262	0	0	0	8.00
9.00	00900	HOUSEKEEPING	7,426,074	280,283	198,404	1,317,395	9.00
10.00	01000	DIETARY	3,502,009	226,368	160,238	452,328	10.00
11.00	01100	CAFETERIA	2,281,912	299,156	211,763	538,123	11.00
13.00	01300	NURSING ADMINISTRATION	5,213,906	162,096	114,743	927,631	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,369,646	208,904	147,876	316,741	14.00
15.00	01500	PHARMACY	13,779,752	136,679	96,751	2,198,295	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	743,364	107,617	76,178	0	16.00
17.00	01700	SOCIAL SERVICE	2,108,146	23,893	16,913	450,595	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	16,039,728	0	0	2,933,851	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	11,639,394	706,972	500,443	1,604,205	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	220,084	10,588	7,495	54,255	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	322,132	2,237	1,583	68,013	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	58,721,568	4,665,885	3,302,834	12,689,038	30.00
31.00	03100	INTENSIVE CARE UNIT	8,136,623	390,286	276,271	1,615,685	31.00
32.00	03200	CORONARY CARE UNIT	8,972,740	458,070	324,254	1,753,537	32.00
32.01	03201	NEONATAL CARE UNIT	9,615,511	315,924	223,632	1,948,818	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	6,284,523	470,282	332,898	1,346,466	40.00
41.00	04100	SUBPROVIDER - IRF	5,337,484	454,541	321,755	1,140,872	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	1,559,822	18,392	13,019	329,221	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,219,583	804,067	569,174	2,915,971	50.00
51.00	05100	RECOVERY ROOM	1,820,530	68,861	48,745	386,354	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,869,246	369,011	261,211	1,230,894	52.00
53.00	05300	ANESTHESIOLOGY	1,138,066	29,195	20,666	151,923	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,179,696	759,314	537,494	2,155,471	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,330,426	358,523	253,787	279,532	55.00
56.00	05600	RADIOISOTOPE	2,740,798	151,922	107,541	377,902	56.00
57.00	05700	CT SCAN	2,825,753	87,220	61,740	477,925	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,907,344	178,814	126,577	387,260	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,371,968	497,687	352,297	431,876	59.00
60.00	06000	LABORATORY	16,066,073	62,449	44,206	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,089,845	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	8,372,973	47,222	33,427	1,747,220	65.00
66.00	06600	PHYSICAL THERAPY	6,700,748	8,517	6,029	1,404,173	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,788,091	171,060	121,088	1,850,531	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,822,345	113,117	80,072	769,673	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,688,249	39,252	27,785	243,309	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	48,094,320	5,004	3,542	100,203	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	35,547,540	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,534,473	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,068,374	55,374	39,198	168,566	74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,496,550	235,994	167,053	734,778	75.00
76.00	03950	REHAB MEDICINE	716,397	66,558	47,114	149,437	76.00
76.20	03951	DAY HOSPITAL	823,830	69,110	48,921	179,582	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	3,104,864	175,517	124,243	628,347	76.45
76.97	07697	CARDIAC REHABILITATION	492,679	31,399	22,226	103,753	76.97
76.99	07699	LITHOTRIPER	1,133,340	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1,565,630	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	199,543	8,599	6,087	42,473	90.01
90.02	09002	OUTPATIENT CENTER	2,038,782	140,324	99,331	412,097	90.02
90.03	09003	PAIN CLINIC	584,096	31,001	21,945	113,961	90.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0223

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

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CASHIERING/ACC OUNTS 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	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)	26,924,407	653,665,623	91,454,500	43,622,117	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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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	
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	GASTRO INTESTINAL 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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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	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)	3,077,889	11,341,712	6,001,035	5,113,164	8,180,106	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	268,299	0	6,875	34	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)	3,077,889	11,610,011	6,001,035	5,120,039	8,180,140	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALAR Y & 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	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1	0	0	0	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	0	201,760	222,717	2,304,841	16,963,676	30.00
31.00	03100	INTENSIVE CARE UNIT	0	47,066	39,347	156,870	0	31.00
32.00	03200	CORONARY CARE UNIT	0	26,545	32,596	197,034	0	32.00
32.01	03201	NEONATAL CARE UNIT	0	33,175	42,741	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	0	514	15,640	203,780	1,547,310	40.00
41.00	04100	SUBPROVIDER - IRF	0	4,012	18,010	258,256	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	6,170	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	0	93,326	77,424	0	1,968,952	50.00
51.00	05100	RECOVERY ROOM	0	6,635	11,419	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	37,037	18,337	44,072	0	52.00
53.00	05300	ANESTHESIOLOGY	0	216,636	38,270	0	259,174	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	69,217	87,713	0	9,026	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,803	34,920	0	0	55.00
56.00	05600	RADIOISOTOPE	0	461,351	20,414	0	0	56.00
57.00	05700	CT SCAN	0	162,696	82,289	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	28,043	39,412	0	2,579	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	12,087	32,440	0	0	59.00
60.00	06000	LABORATORY	0	0	90,883	0	687,264	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	22,524	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	4,707	36,827	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	3	20,031	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	10,601	24,730	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	82,849	28,164	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	9,633	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,214,338	409	36,862	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,399,103	0	51,035	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	17,633,908	191,975	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	83,624	3,399	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	23,594	22,352	0	0	75.00
76.00	03950	REHAB MEDICINE	0	0	1,939	0	0	76.00
76.20	03951	DAY HOSPITAL	0	0	1,928	0	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0	45,365	35,347	0	0	76.45
76.97	07697	CARDIAC REHABILITATION	0	28	2,365	0	0	76.97
76.99	07699	LITHOTRIPER	0	0	2,193	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	1,301	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	55	0	0	90.01
90.02	09002	OUTPATIENT CENTER	0	34,842	6,218	0	0	90.02
90.03	09003	PAIN CLINIC	0	14,078	3,397	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	1,221	0	0	90.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0223

Period:
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALAR Y & 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

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Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-PASTORAL EDUC.	PARAMED ED 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 ED PRGM-PASTORAL EDUC.		391,320				23.00
23.01	02301	PARAMED ED 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	GASTRO INTESTINAL 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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Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-PASTORAL EDUC.	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-OTHER PRGM COSTS					
			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	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 - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	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	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
76.00	03950	REHAB MEDICINE	76.00
76.20	03951	DAY HOSPITAL	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	76.45
76.97	07697	CARDIAC REHABILITATION	76.97
76.99	07699	LITHOTRIPER	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	77.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	DIABETES CARE CENTER	90.01
90.02	09002	OUTPATIENT CENTER	90.02
90.03	09003	PAIN CLINIC	90.03
90.05	09004	WOUND CARE CENTER	90.05
90.06	09005	ANTI-COAG LAB	90.06
90.07	09006	HEART RISK ASSESSMENT	90.07
91.00	09100	EMERGENCY	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
99.00	09900	CMHC	0
SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	0
110.00	11000	INTESTINAL ACQUISITION	0
111.00	11100	ISLET ACQUISITION	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	609,147,401
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,471,357
194.00	07950	OTHER NONREIMBURSABLE	0
200.00		Cross Foot Adjustments	0
201.00		Negative Cost Centers	0
202.00		TOTAL (sum lines 118 through 201)	611,618,758

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0223

Period:
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Part II
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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	2.00	2A	4.00	
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	10,832	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 12/31/2018Worksheet 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	2.00	2A	4.00	
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 12/31/2018Worksheet 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	
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 ED PRGM-PASTORAL EDUC.	97	0	2,853	8,096	0	23.00
23.01	02301	PARAMED ED 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	GASTRO INTESTINAL 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 12/31/2018Worksheet B
Part II
Date/Time Prepared:
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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 12/31/2018Worksheet B
Part II
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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	
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	GASTRO INTESTINAL 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:
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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	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)	25,776	776,079	681,080	805,804	1,023,546	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	18,359	0	1,083	4	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)	25,776	794,438	681,080	806,887	1,023,550	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALAR Y & 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	95,258		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	243,042	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-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	0	5,854	77,456	69,372		30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,366	13,445	4,722		31.00
32.00	03200	CORONARY CARE UNIT	0	770	11,138	5,930		32.00
32.01	03201	NEONATAL CARE UNIT	0	963	14,605	0		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	15	5,344	6,134		40.00
41.00	04100	SUBPROVIDER - IRF	0	116	6,154	7,773		41.00
42.00	04200	SUBPROVIDER	0	0	0	0		42.00
43.00	04300	NURSERY	0	0	2,108	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0		44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,708	26,456	0		50.00
51.00	05100	RECOVERY ROOM	0	193	3,902	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,075	6,266	1,327		52.00
53.00	05300	ANESTHESIOLOGY	0	6,286	13,077	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,008	29,972	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	81	11,932	0		55.00
56.00	05600	RADIOISOTOPE	0	13,386	6,976	0		56.00
57.00	05700	CT SCAN	0	4,721	28,119	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	814	13,467	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	351	11,085	0		59.00
60.00	06000	LABORATORY	0	0	31,055	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	7,697	0		62.00
65.00	06500	RESPIRATORY THERAPY	0	137	12,584	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	6,845	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	308	8,451	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,404	9,624	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	3,292	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	514,628	12	12,596	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	384,091	0	17,439	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	511,646	65,600	0		73.00
74.00	07400	RENAL DIALYSIS	0	2,426	1,161	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	685	7,638	0		75.00
76.00	03950	REHAB MEDICINE	0	0	663	0		76.00
76.20	03951	DAY HOSPITAL	0	0	659	0		76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0	1,316	12,078	0		76.45
76.97	07697	CARDIAC REHABILITATION	0	1	808	0		76.97
76.99	07699	LITHOTRIPER	0	0	749	0		76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	0	445	0		77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0		90.00
90.01	09001	DIABETES CARE CENTER	0	0	19	0		90.01
90.02	09002	OUTPATIENT CENTER	0	1,011	2,125	0		90.02
90.03	09003	PAIN CLINIC	0	408	1,161	0		90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0		90.05
90.06	09005	ANTI-COAG LAB	0	0	417	0		90.06

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES	
			14.00	15.00	16.00	17.00	21.00	
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

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Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-PASTORAL EDUC.	PARAMED ED 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	1,961,408					22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.		31,365				23.00
23.01	02301	PARAMED ED 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	GASTRO INTESTINAL 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

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Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-PASTORAL EDUC.	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-OTHER PRGM COSTS					
			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	118.00
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	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,961,408	31,365	10,842	47,201,683	0	202.00

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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 - IPF	1,392,114	40.00
41.00	04100 SUBPROVIDER - IRF	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 GASTRO INTESTINAL SERVICES	541,958	76.45
76.97	07697 CARDIAC REHABILITATION	92,542	76.97
76.99	07699 LITHOTRIPER	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

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To 12/31/2018Worksheet B
Part II
Date/Time Prepared:
5/30/2019 9:39 am

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

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 REQUISITION)	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	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	377,218	377,218	5,114,287	1,334,432	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	16,916	16,916	5,715,455	687,701	0	9.00
10.00	01000	DIETARY	13,662	13,662	1,962,404	1,398,968	0	10.00
11.00	01100	CAFETERIA	18,055	18,055	2,334,621	1,629,101	0	11.00
13.00	01300	NURSING ADMINISTRATION	9,783	9,783	4,024,484	11,603	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,608	12,608	1,374,167	1,230,565	0	14.00
15.00	01500	PHARMACY	8,249	8,249	9,537,197	157,938	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,495	6,495	0	67	0	16.00
17.00	01700	SOCIAL SERVICE	1,442	1,442	1,954,884	4,824	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	42,668	6,959,765	121,962	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	639	639	235,383	10,365	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	135	135	295,072	0	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 - IRF	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-DISTINCT 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	GASTRO INTESTINAL 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		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (PURCHASED REQUISITION)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVENUES)	
			NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
			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	16,916	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	30.00
31.00	03100	INTENSIVE CARE UNIT	0	11,132,303	23,555	23,555	31.00
32.00	03200	CORONARY CARE UNIT	0	12,099,642	27,646	27,646	32.00
32.01	03201	NEONATAL CARE UNIT	0	12,894,577	19,067	19,067	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	8,717,461	28,383	28,383	40.00
41.00	04100	SUBPROVIDER - IRF	0	7,580,623	27,433	27,433	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	2,031,886	1,110	1,110	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	20,933,447	48,528	48,528	50.00
51.00	05100	RECOVERY ROOM	0	2,530,799	4,156	4,156	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,064,006	22,271	22,271	52.00
53.00	05300	ANESTHESIOLOGY	0	2,030,748	1,762	1,762	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	15,216,734	45,827	45,827	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,852,650	21,638	21,638	55.00
56.00	05600	RADIOISOTOPE	0	3,746,648	9,169	9,169	56.00
57.00	05700	CT SCAN	0	4,938,232	5,264	5,264	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,312,150	10,792	10,792	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,240,793	30,037	30,037	59.00
60.00	06000	LABORATORY	0	17,813,031	3,769	3,769	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,496,380	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	10,868,238	2,850	2,850	65.00
66.00	06600	PHYSICAL THERAPY	0	8,481,362	514	514	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,378,878	10,324	10,324	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,294,616	6,827	6,827	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,172,555	2,369	2,369	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	51,377,426	302	302	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	38,341,331	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	40,999,357	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,393,021	3,342	3,342	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	5,038,600	14,243	14,243	75.00
76.00	03950	REHAB MEDICINE	0	1,015,557	4,017	4,017	76.00
76.20	03951	DAY HOSPITAL	0	1,156,462	4,171	4,171	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0	4,672,692	10,593	10,593	76.45
76.97	07697	CARDIAC REHABILITATION	0	692,892	1,895	1,895	76.97
76.99	07699	LITHOTRIPER	0	1,172,914	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0	1,589,108	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	257,711	519	519	90.01
90.02	09002	OUTPATIENT CENTER	0	2,803,740	8,469	8,469	90.02
90.03	09003	PAIN CLINIC	0	812,578	1,871	1,871	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	913,340	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	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-SALAR Y & 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		17,342	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	0	0			23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	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	0	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	GASTRO INTESTINAL 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	LITHOTRIPER	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:
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	
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.	163,796	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	4,472	23.01
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 - IPF	9,696	40.00
41.00	04100	SUBPROVIDER - IRF	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
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
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 12/31/2018Worksheet C
Part I
Date/Time Prepared:
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				Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	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	GASTRO INTESTINAL 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	LITHOTRIPER	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	0	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 12/31/2018Worksheet C
Part I
Date/Time Prepared:
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			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 - IPF	26,197,875		26,197,875			40.00
41.00	04100	SUBPROVIDER - IRF	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	GASTRO INTESTINAL 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 12/31/2018Worksheet C
Part I
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Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
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 - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				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 12/31/2018Worksheet 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
31.00	03100	INTENSIVE CARE UNIT	15,775,277		15,775,277	0	15,775,277
32.00	03200	CORONARY CARE UNIT	17,244,473		17,244,473	0	17,244,473
32.01	03201	NEONATAL CARE UNIT	17,158,123		17,158,123	0	17,158,123
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	13,137,256		13,137,256	99,834	13,237,090
41.00	04100	SUBPROVIDER - IRF	12,012,839		12,012,839	0	12,012,839
42.00	04200	SUBPROVIDER	0		0	0	0
43.00	04300	NURSERY	2,606,677		2,606,677	0	2,606,677
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	28,508,041		28,508,041	0	28,508,041
51.00	05100	RECOVERY ROOM	3,350,628		3,350,628	0	3,350,628
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,410,386		11,410,386	0	11,410,386
53.00	05300	ANESTHESIOLOGY	2,784,047		2,784,047	172,402	2,956,449
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,065,437		21,065,437	1,272	21,066,709
55.00	05500	RADIOLOGY-THERAPEUTIC	10,572,110		10,572,110	0	10,572,110
56.00	05600	RADIOISOTOPE	5,460,868		5,460,868	0	5,460,868
57.00	05700	CT SCAN	6,379,272		6,379,272	0	6,379,272
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,653,660		4,653,660	0	4,653,660
59.00	05900	CARDIAC CATHETERIZATION	5,850,564		5,850,564	0	5,850,564
60.00	06000	LABORATORY	21,041,076		21,041,076	0	21,041,076
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,924,988		2,924,988	0	2,924,988
65.00	06500	RESPIRATORY THERAPY	13,042,713	0	13,042,713	0	13,042,713
66.00	06600	PHYSICAL THERAPY	10,066,789	0	10,066,789	0	10,066,789
67.00	06700	OCCUPATIONAL THERAPY	14,124,534	0	14,124,534	0	14,124,534
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	6,952,570		6,952,570	135,959	7,088,529
70.00	07000	ELECTROENCEPHALOGRAPHY	2,719,078		2,719,078	0	2,719,078
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	63,016,031		63,016,031	0	63,016,031
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	47,028,415		47,028,415	0	47,028,415
73.00	07300	DRUGS CHARGED TO PATIENTS	65,563,191		65,563,191	0	65,563,191
74.00	07400	RENAL DIALYSIS	1,972,941		1,972,941	0	1,972,941
75.00	07500	ASC (NON-DISTINCT PART)	7,071,873		7,071,873	0	7,071,873
76.00	03950	REHAB MEDICINE	1,454,703		1,454,703	123	1,454,826
76.20	03951	DAY HOSPITAL	1,651,061		1,651,061	0	1,651,061
76.45	03340	GASTRO INTESTINAL SERVICES	6,407,502		6,407,502	0	6,407,502
76.97	07697	CARDIAC REHABILITATION	963,781		963,781	0	963,781
76.99	07699	LITHOTRIPER	1,365,904		1,365,904	0	1,365,904
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1,848,908		1,848,908	0	1,848,908
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0		0	0	0
90.01	09001	DIABETES CARE CENTER	343,726		343,726	0	343,726
90.02	09002	OUTPATIENT CENTER	3,966,544		3,966,544	3,738	3,970,282
90.03	09003	PAIN CLINIC	1,124,769		1,124,769	0	1,124,769
90.05	09004	WOUND CARE CENTER	0		0	0	0
90.06	09005	ANTI-COAG LAB	1,079,415		1,079,415	0	1,079,415
90.07	09006	HEART RISK ASSESSMENT	0		0	0	0
91.00	09100	EMERGENCY	25,939,427		25,939,427	106,198	26,045,625
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	14,079,828		14,079,828	0	14,079,828
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0		0	0	0
99.00	09900	CMHC	0		0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0		0	0	0
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0
111.00	11100	ISLET ACQUISITION	0		0	0	0
200.00		Subtotal (see instructions)	623,227,229	0	623,227,229	519,526	623,746,755
201.00		Less Observation Beds	14,079,828		14,079,828	0	14,079,828
202.00		Total (see instructions)	609,147,401	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 12/31/2018Worksheet 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 - IPF	26,197,875		26,197,875		40.00
41.00	04100	SUBPROVIDER - IRF	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	50.00
51.00	05100	RECOVERY ROOM	8,800,835	10,325,775	19,126,610	0.175181	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,778,101	1,937,884	30,715,985	0.371480	52.00
53.00	05300	ANESTHESIOLOGY	27,778,047	36,325,148	64,103,195	0.043431	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,350,681	96,572,654	146,923,335	0.143377	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,063,410	56,428,853	58,492,263	0.180744	55.00
56.00	05600	RADIOISOTOPE	11,200,649	22,993,149	34,193,798	0.159703	56.00
57.00	05700	CT SCAN	49,644,713	88,193,610	137,838,323	0.046281	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	17,719,795	48,296,901	66,016,696	0.070492	58.00
59.00	05900	CARDIAC CATHETERIZATION	25,373,112	28,965,692	54,338,804	0.107668	59.00
60.00	06000	LABORATORY	101,028,203	51,204,084	152,232,287	0.138217	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	29,845,435	7,884,016	37,729,451	0.077525	62.00
65.00	06500	RESPIRATORY THERAPY	56,441,552	5,244,633	61,686,185	0.211437	65.00
66.00	06600	PHYSICAL THERAPY	31,847,123	1,705,792	33,552,915	0.300027	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,463,189	38,960,952	41,424,141	0.340973	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	22,424,606	24,751,235	47,175,841	0.147376	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,383,520	10,752,905	16,136,425	0.168506	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	43,664,143	18,081,957	61,746,100	1.020567	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	56,671,925	28,814,049	85,485,974	0.550130	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	220,335,295	101,231,668	321,566,963	0.203887	73.00
74.00	07400	RENAL DIALYSIS	5,693,225	0	5,693,225	0.346542	74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,071,444	34,368,630	37,440,074	0.188885	75.00
76.00	03950	REHAB MEDICINE	1,379,550	1,868,520	3,248,070	0.447867	76.00
76.20	03951	DAY HOSPITAL	2,235	3,227,670	3,229,905	0.511179	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	8,178,060	51,029,926	59,207,986	0.108220	76.45
76.97	07697	CARDIAC REHABILITATION	331,275	3,631,005	3,962,280	0.243239	76.97
76.99	07699	LITHOTRIPER	34,165	3,638,605	3,672,770	0.371900	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1,524,264	654,705	2,178,969	0.848524	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	DIABETES CARE CENTER	380	91,373	91,753	3.746210	90.01
90.02	09002	OUTPATIENT CENTER	50,539	10,364,065	10,414,604	0.380864	90.02
90.03	09003	PAIN CLINIC	4,350	5,686,205	5,690,555	0.197655	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0.000000	90.05
90.06	09005	ANTI-COAG LAB	13,500	2,032,440	2,045,940	0.527589	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0.000000	90.07
91.00	09100	EMERGENCY	47,498,963	80,684,795	128,183,758	0.202361	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	12,774,840	30,991,585	43,766,425	0.321704	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	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 12/31/2018Worksheet C
Part I
Date/Time Prepared:
5/30/2019 9:39 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
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 - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				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 12/31/2018Worksheet C
Part I
Date/Time Prepared:
5/30/2019 9:39 am

			Title V		Hospital		
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
31.00	03100	INTENSIVE CARE UNIT	15,775,277		15,775,277	0	15,775,277
32.00	03200	CORONARY CARE UNIT	17,244,473		17,244,473	0	17,244,473
32.01	03201	NEONATAL CARE UNIT	17,158,123		17,158,123	0	17,158,123
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	13,137,256		13,137,256	99,834	13,237,090
41.00	04100	SUBPROVIDER - IRF	12,012,839		12,012,839	0	12,012,839
42.00	04200	SUBPROVIDER	0		0	0	0
43.00	04300	NURSERY	2,606,677		2,606,677	0	2,606,677
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	28,508,041		28,508,041	0	28,508,041
51.00	05100	RECOVERY ROOM	3,350,628		3,350,628	0	3,350,628
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,410,386		11,410,386	0	11,410,386
53.00	05300	ANESTHESIOLOGY	2,784,047		2,784,047	172,402	2,956,449
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,065,437		21,065,437	1,272	21,066,709
55.00	05500	RADIOLOGY-THERAPEUTIC	10,572,110		10,572,110	0	10,572,110
56.00	05600	RADIOISOTOPE	5,460,868		5,460,868	0	5,460,868
57.00	05700	CT SCAN	6,379,272		6,379,272	0	6,379,272
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,653,660		4,653,660	0	4,653,660
59.00	05900	CARDIAC CATHETERIZATION	5,850,564		5,850,564	0	5,850,564
60.00	06000	LABORATORY	21,041,076		21,041,076	0	21,041,076
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,924,988		2,924,988	0	2,924,988
65.00	06500	RESPIRATORY THERAPY	13,042,713	0	13,042,713	0	13,042,713
66.00	06600	PHYSICAL THERAPY	10,066,789	0	10,066,789	0	10,066,789
67.00	06700	OCCUPATIONAL THERAPY	14,124,534	0	14,124,534	0	14,124,534
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	6,952,570		6,952,570	135,959	7,088,529
70.00	07000	ELECTROENCEPHALOGRAPHY	2,719,078		2,719,078	0	2,719,078
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	63,016,031		63,016,031	0	63,016,031
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	47,028,415		47,028,415	0	47,028,415
73.00	07300	DRUGS CHARGED TO PATIENTS	65,563,191		65,563,191	0	65,563,191
74.00	07400	RENAL DIALYSIS	1,972,941		1,972,941	0	1,972,941
75.00	07500	ASC (NON-DISTINCT PART)	7,071,873		7,071,873	0	7,071,873
76.00	03950	REHAB MEDICINE	1,454,703		1,454,703	123	1,454,826
76.20	03951	DAY HOSPITAL	1,651,061		1,651,061	0	1,651,061
76.45	03340	GASTRO INTESTINAL SERVICES	6,407,502		6,407,502	0	6,407,502
76.97	07697	CARDIAC REHABILITATION	963,781		963,781	0	963,781
76.99	07699	LITHOTRIPER	1,365,904		1,365,904	0	1,365,904
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	1,848,908		1,848,908	0	1,848,908
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0		0	0	0
90.01	09001	DIABETES CARE CENTER	343,726		343,726	0	343,726
90.02	09002	OUTPATIENT CENTER	3,966,544		3,966,544	3,738	3,970,282
90.03	09003	PAIN CLINIC	1,124,769		1,124,769	0	1,124,769
90.05	09004	WOUND CARE CENTER	0		0	0	0
90.06	09005	ANTI-COAG LAB	1,079,415		1,079,415	0	1,079,415
90.07	09006	HEART RISK ASSESSMENT	0		0	0	0
91.00	09100	EMERGENCY	25,939,427		25,939,427	106,198	26,045,625
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	14,079,828		14,079,828	0	14,079,828
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0		0	0	0
99.00	09900	CMHC	0		0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0		0	0	0
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0
111.00	11100	ISLET ACQUISITION	0		0	0	0
200.00		Subtotal (see instructions)	623,227,229	0	623,227,229	519,526	623,746,755
201.00		Less Observation Beds	14,079,828		14,079,828	0	14,079,828
202.00		Total (see instructions)	609,147,401	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 12/31/2018Worksheet 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 - IPF	26,197,875		26,197,875			40.00
41.00	04100	SUBPROVIDER - IRF	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	GASTRO INTESTINAL 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 12/31/2018Worksheet C
Part I
Date/Time Prepared:
5/30/2019 9:39 am

Cost Center Description			PPS Inpatient Ratio	Title V	Hospital
			11.00		
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 - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			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 12/31/2018Worksheet D
Part I
Date/Time Prepared:
5/30/2019 9:39 am

		Title XVIII		Hospital		PPS	
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	30.00			
31.00	INTENSIVE CARE UNIT	1,253	207,685	31.00			
32.00	CORONARY CARE UNIT	4,658	710,904	32.00			
32.01	NEONATAL CARE UNIT	0	0	32.01			
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00			
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00			
40.00	SUBPROVIDER - IPF	2,743	393,840	40.00			
41.00	SUBPROVIDER - IRF	6,012	685,729	41.00			
42.00	SUBPROVIDER	0	0	42.00			
43.00	NURSERY	0	0	43.00			
44.00	SKILLED NURSING FACILITY	0	0	44.00			
200.00	Total (lines 30 through 199)	52,551	6,317,806	200.00			

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0223

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part II
Date/Time Prepared:
5/30/2019 9:39 am

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Title XVIII Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	PPS 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	GASTRO INTESTINAL 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	LITHOTRIPER	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 12/31/2018Worksheet D
Part III
Date/Time Prepared:
5/30/2019 9:39 am

			Title XVIII		Hospital		PPS	
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					
31.00	03100	INTENSIVE CARE UNIT	18,356					
32.00	03200	CORONARY CARE UNIT	11,133					
32.01	03201	NEONATAL CARE UNIT	0					
33.00	03300	BURN INTENSIVE CARE UNIT	0					
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					
40.00	04000	SUBPROVIDER - IPF	6,556					
41.00	04100	SUBPROVIDER - IRF	14,369					
42.00	04200	SUBPROVIDER	0					
43.00	04300	NURSERY	0					
44.00	04400	SKILLED NURSING FACILITY	0					
200.00		Total (lines 30 through 199)	214,456					

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0223

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part IV
Date/Time Prepared:
5/30/2019 9:39 am

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	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	GASTRO INTESTINAL SERVICES	0	0	0	0	0	76.45
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	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	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	57,882	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	177,271	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0223

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part IV
Date/Time Prepared:
5/30/2019 9:39 am

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 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	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 12/31/2018Worksheet D
Part IV
Date/Time Prepared:
5/30/2019 9:39 am

Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before Geo Reclassification	Outpatient Program Charges on/after Geo Reclassification		
		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	LITHOTRIPER	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	
				Title XVIII		Hospital		PPS	
Cost Center Description				Outpatient Program Pass-Through Costs (col. 9 x col. 12) before Geo Reclassification on	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geo Reclassification on				
				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	GASTRO INTESTINAL SERVICES	0	0					76.45
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
76.99	07699	LITHOTRIPER	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	50.00	
51.00	05100	RECOVERY ROOM	0.175181	2,230,881	0	0	390,808	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.371480	8,108	0	0	3,012	52.00	
53.00	05300	ANESTHESIOLOGY	0.043431	7,001,742	0	0	304,093	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.143377	16,694,571	0	0	2,393,618	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.180744	19,358,928	0	0	3,499,010	55.00	
56.00	05600	RADIOISOTOPE	0.159703	8,244,891	0	0	1,316,734	56.00	
57.00	05700	CT SCAN	0.046281	28,469,884	0	0	1,317,615	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.070492	11,325,260	0	0	798,340	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.107668	10,509,530	0	0	1,131,540	59.00	
60.00	06000	LABORATORY	0.138217	9,784,185	0	0	1,352,341	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.077525	2,611,314	0	0	202,442	62.00	
65.00	06500	RESPIRATORY THERAPY	0.211437	1,001,186	0	0	211,688	65.00	
66.00	06600	PHYSICAL THERAPY	0.300027	245,911	0	0	73,780	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.340973	2,834,659	0	0	966,542	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.147376	6,418,491	0	0	945,932	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.168506	2,856,005	0	0	481,254	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.020567	4,359,470	0	0	4,449,131	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.550130	10,441,121	0	0	5,743,974	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.203887	30,488,394	0	80,376	6,216,187	73.00	
74.00	07400	RENAL DIALYSIS	0.346542	0	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.188885	3,829,410	0	0	723,318	75.00	
76.00	03950	REHAB MEDICINE	0.447867	309,120	0	0	138,445	76.00	
76.20	03951	DAY HOSPITAL	0.511179	541,928	0	0	277,022	76.20	
76.45	03340	GASTRO INTESTINAL SERVICES	0.108220	12,596,765	0	0	1,363,222	76.45	
76.97	07697	CARDIAC REHABILITATION	0.243239	1,419,180	0	0	345,200	76.97	
76.99	07699	LITHOTRIPER	0.371900	2,890,460	0	0	1,074,962	76.99	
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.848524	2,480	0	0	2,104	77.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00	
90.01	09001	DIABETES CARE CENTER	3.746210	4,008	0	0	15,015	90.01	
90.02	09002	OUTPATIENT CENTER	0.380864	2,905,760	0	0	1,106,699	90.02	
90.03	09003	PAIN CLINIC	0.197655	2,234,109	0	0	441,583	90.03	
90.05	09004	WOUND CARE CENTER	0.000000	0	0	0	0	90.05	
90.06	09005	ANTI-COAG LAB	0.527589	1,209,234	0	0	637,979	90.06	
90.07	09006	HEART RISK ASSESSMENT	0.000000	0	0	0	0	90.07	
91.00	09100	EMERGENCY	0.202361	13,925,408	0	0	2,817,959	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.321704	7,318,375	0	0	2,354,351	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00	
200.00		Subtotal (see instructions)		235,881,707	12,684	80,376	45,692,169	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		235,881,707	12,684	80,376	45,692,169	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0223

Period:
From 01/01/2018
To 12/31/2018Worksheet 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	GASTRO INTESTINAL SERVICES	0	0		76.45
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.99	07699	LITHOTRIPER	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			95.00
200.00		Subtotal (see instructions)	2,788	16,388		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	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

Period:

Worksheet D

Component CCN: 14-S223

From 01/01/2018
To 12/31/2018Part II
Date/Time Prepared:

5/30/2019 9:39 am

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 GASTRO INTESTINAL 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	GASTRO INTESTINAL SERVICES		0	0	0	0	0	76.45
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	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		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	119,389	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 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	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							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	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before Geo Reclassification on	Outpatient Program Charges on/after Geo Reclassification on	
				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	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	2,150	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000163	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	3,600	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	53,555	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	12,880	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	78,520	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	42,730	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	487,160	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	585	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.000000	47,815	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	91,283	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	196,990	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	66,542	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	4,605	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	10,026	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	375	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000213	860,160	183	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	0	75.00
76.00	03950	REHAB MEDICINE	0.000000	17,925	0	0	0	0	76.00
76.20	03951	DAY HOSPITAL	0.000000	1,715	0	0	0	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0.000000	5,105	0	0	0	0	76.45
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.99	07699	LITHOTRIPER	0.000000	0	0	0	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.000000	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0.000000	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT CENTER	0.000000	0	0	0	0	0	90.02
90.03	09003	PAIN CLINIC	0.000000	0	0	0	0	0	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0.000000	0	0	0	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0.000357	345,638	123	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	4,830	0	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	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 on 13.00	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geo Reclassification on 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	GASTRO INTESTINAL SERVICES	0	0		76.45
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.99	07699	LITHOTRIPER	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

Period:

Worksheet D

Component CCN: 14-T223

From 01/01/2018
To 12/31/2018Part II
Date/Time Prepared:
5/30/2019 9:39 am

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 GASTRO INTESTINAL 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	GASTRO INTESTINAL SERVICES		0	0	0	0	0	76.45
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	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		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 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	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							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	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before Geo Reclassification on	Outpatient Program Charges on/after Geo Reclassification on	
				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	GASTRO INTESTINAL 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	LITHOTRIPER	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	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 on 13.00	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after Geo Reclassification on 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	GASTRO INTESTINAL SERVICES	0	0	76.45	
76.97	07697	CARDIAC REHABILITATION	0	0	76.97	
76.99	07699	LITHOTRIPER	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 12/31/2018Worksheet 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	50.00
51.00	05100	RECOVERY ROOM	0.175181	0	227,500	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.371480	0	144,075	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.043431	0	711,013	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.143377	0	1,937,103	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.180744	0	663,900	0	0	55.00
56.00	05600	RADIOISOTOPE	0.159703	0	175,054	0	0	56.00
57.00	05700	CT SCAN	0.046281	0	1,466,604	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.070492	0	772,951	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.107668	0	194,175	0	0	59.00
60.00	06000	LABORATORY	0.138217	0	1,672,856	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.077525	0	204,481	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.211437	0	196,048	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.300027	0	20,140	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.340973	0	2,468,232	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.147376	0	778,455	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.168506	0	71,360	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.020567	0	352,901	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.550130	0	462,924	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.203887	0	3,883,902	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.346542	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.188885	0	1,074,522	0	0	75.00
76.00	03950	REHAB MEDICINE	0.447867	0	31,260	0	0	76.00
76.20	03951	DAY HOSPITAL	0.511179	0	81,870	0	0	76.20
76.45	03340	GASTRO INTESTINAL SERVICES	0.108220	0	200,039	0	0	76.45
76.97	07697	CARDIAC REHABILITATION	0.243239	0	4,960	0	0	76.97
76.99	07699	LITHOTRIPER	0.371900	0	38,445	0	0	76.99
77.00	07700	ALLOGENEIC STEM CELL ACQUISITION	0.848524	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	3.746210	0	9,718	0	0	90.01
90.02	09002	OUTPATIENT CENTER	0.380864	0	372,113	0	0	90.02
90.03	09003	PAIN CLINIC	0.197655	0	13,853	0	0	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0.527589	0	28,132	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.000000	0	0	0	0	90.07
91.00	09100	EMERGENCY	0.202361	0	3,569,669	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.321704	0	1,743,797	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00		Subtotal (see instructions)		0	24,591,754	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		0	24,591,754	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0223

Period:
From 01/01/2018
To 12/31/2018Worksheet D
Part V
Date/Time Prepared:
5/30/2019 9:39 am

			Title XIX		Hospital	Cost
	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	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	GASTRO INTESTINAL SERVICES	21,648	0		76.45
76.97	07697	CARDIAC REHABILITATION	1,206	0		76.97
76.99	07699	LITHOTRIPER	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			95.00
200.00		Subtotal (see instructions)	5,362,003	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	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
		Title XVIII	Hospital	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)		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
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	15,775,277	7,464	2,113.52	1,253	2,648,241
44.00	CORONARY CARE UNIT	17,244,473	9,375	1,839.41	4,658	8,567,972
44.01	NEONATAL CARE UNIT	17,158,123	12,067	1,421.90	0	0
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					73,535,327
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					124,627,018
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
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,062,845
52.00	Total Program excludable cost (sum of lines 50 and 51)					8,494,613
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
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
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
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
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
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
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
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
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
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
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
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
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,052.54
89.00	Observation bed cost (line 87 x line 88) (see instructions)					14,079,828

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	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	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 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		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		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)					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 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	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
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT	0	0	0.00	0	0
44.01 NEONATAL CARE UNIT	0	0	0.00	0	0
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					
					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					3,562,377
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					9,439,768
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
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					84,989
52.00 Total Program excludable cost (sum of lines 50 and 51)					785,087
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
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
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
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
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
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
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
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
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
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
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
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
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

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
			Title XVIII	Hospital	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		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			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	GASTRO INTESTINAL 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	0	50.00
51.00	05100 RECOVERY ROOM	0.175181	2,150	377	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.371480	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.046120	3,600	166	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.143386	53,555	7,679	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.180744	0	0	55.00
56.00	05600 RADIOISOTOPE	0.159703	12,880	2,057	56.00
57.00	05700 CT SCAN	0.046281	78,520	3,634	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.070492	42,730	3,012	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.107668	0	0	59.00
60.00	06000 LABORATORY	0.138217	487,160	67,334	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.077525	585	45	62.00
65.00	06500 RESPIRATORY THERAPY	0.211437	47,815	10,110	65.00
66.00	06600 PHYSICAL THERAPY	0.300027	91,283	27,387	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.340973	196,990	67,168	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.150258	66,542	9,998	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.168506	4,605	776	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.020567	10,026	10,232	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.550130	375	206	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.203887	860,160	175,375	73.00
74.00	07400 RENAL DIALYSIS	0.346542	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.188885	0	0	75.00
76.00	03950 REHAB MEDICINE	0.447905	17,925	8,029	76.00
76.20	03951 DAY HOSPITAL	0.511179	1,715	877	76.20
76.45	03340 GASTRO INTESTINAL SERVICES	0.108220	5,105	552	76.45
76.97	07697 CARDIAC REHABILITATION	0.243239	0	0	76.97
76.99	07699 LITHOTRIPER	0.371900	0	0	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.848524	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 DIABETES CARE CENTER	3.746210	0	0	90.01
90.02	09002 OUTPATIENT CENTER	0.381223	0	0	90.02
90.03	09003 PAIN CLINIC	0.197655	0	0	90.03
90.05	09004 WOUND CARE CENTER	0.000000	0	0	90.05
90.06	09005 ANTI-COAG LAB	0.527589	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0.000000	0	0	90.07
91.00	09100 EMERGENCY	0.203190	345,638	70,230	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.321704	4,830	1,554	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	466,798	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

Health Financial Systems		ADVOCATE LUTHERAN GENERAL HOSPITAL		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0223	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3
			Component CCN: 14-T223	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 - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		14,769,943	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			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	GASTRO INTESTINAL SERVICES	0.108220	3,685	76.45
76.97	07697	CARDIAC REHABILITATION	0.243239	310	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	0.381223	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

Health Financial Systems		ADVOCATE LUTHERAN GENERAL HOSPITAL		In Lieu of Form CMS-2552-10	
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
			Title XIX	Hospital	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		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	GASTRO INTESTINAL 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	0	50.00
51.00	05100 RECOVERY ROOM	0.175181	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.371480	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.043431	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.143377	5,330	764	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.180744	0	0	55.00
56.00	05600 RADIOISOTOPE	0.159703	2,295	367	56.00
57.00	05700 CT SCAN	0.046281	5,891	273	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.070492	2,845	201	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.107668	0	0	59.00
60.00	06000 LABORATORY	0.138217	167,603	23,166	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.077525	1,710	133	62.00
65.00	06500 RESPIRATORY THERAPY	0.211437	1,715	363	65.00
66.00	06600 PHYSICAL THERAPY	0.300027	7,960	2,388	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.340973	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.147376	13,945	2,055	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.168506	4,085	688	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.020567	498	508	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.550130	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.203887	243,033	49,551	73.00
74.00	07400 RENAL DIALYSIS	0.346542	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.188885	0	0	75.00
76.00	03950 REHAB MEDICINE	0.447867	3,060	1,370	76.00
76.20	03951 DAY HOSPITAL	0.511179	0	0	76.20
76.45	03340 GASTRO INTESTINAL SERVICES	0.108220	0	0	76.45
76.97	07697 CARDIAC REHABILITATION	0.243239	0	0	76.97
76.99	07699 LITHOTRIPER	0.371900	0	0	76.99
77.00	07700 ALLOGENEIC STEM CELL ACQUISITION	0.848524	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 DIABETES CARE CENTER	3.746210	0	0	90.01
90.02	09002 OUTPATIENT CENTER	0.380864	0	0	90.02
90.03	09003 PAIN CLINIC	0.197655	0	0	90.03
90.05	09004 WOUND CARE CENTER	0.000000	0	0	90.05
90.06	09005 ANTI-COAG LAB	0.527589	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0.000000	0	0	90.07
91.00	09100 EMERGENCY	0.202361	112,772	22,821	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.321704	0	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	104,648	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	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3
			Component CCN: 14-T223		Date/Time Prepared: 5/30/2019 9:39 am
			Title XIX	Subprovider - IRF	Cost
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
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	GASTRO INTESTINAL 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 Reclass	On/After GEO Reclass	
		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 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 12/31/2018Worksheet 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	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	0	70.97
70.98	Low Volume Payment-3		0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	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	0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	0	96.00
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	0.9979046560	0.9971605171		101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	0.9986	0.9973		103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0223

Period:
From 01/01/2018
To 12/31/2018Worksheet 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 12/31/2018Worksheet 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
19.00	SUBTOTAL			0	91,309,693	42,226,606	133,536,299
		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
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	233,333	0	0	233,333	233,333
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.1656	0.1656	0.1656	0.1656	
23.00	Indirect medical education adjustment (see instructions)	6.00	1,216,150	0	0	1,216,150	1,216,150
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0494	0.0494	0.0494	0.0494	
25.00	Disproportionate share adjustment (see instructions)	11.00	333,792	0	0	333,792	333,792
26.00	Total prospective capital payments (see instructions)	12.00	9,127,177	0	0	9,127,177	9,127,177
		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	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0223

Period:
From 01/01/2018
To 12/31/2018Worksheet 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 (cols. 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	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	3,784,308	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	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	24,893,675	0	0	0	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		5.00
6.00	IME payment adjustment (see instructions)	22.00	18,157,472	0	18,157,472	18,157,472	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	5,012,093	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		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	18,157,472	0	18,157,472	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	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		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,993,047	0	1,993,047	1,993,047	11.00
11.01	Uncompensated care payments	36.00	5,225,798	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	12.00
13.00	Subtotal (see instructions)	47.00	119,343,757	3,774,075	115,569,682	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	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	124,355,850	8,786,168	115,569,682	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	9,127,177	9,127,177	16.00
17.00	Special add-on payments for new technologies	54.00	53,272	0	53,272	53,272	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			8,786,168	124,750,131	133,536,299	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0223

Period:
From 01/01/2018
To 12/31/2018Worksheet 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	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 chargebasis 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)			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 12/31/2018Worksheet 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

Period:

Worksheet E-1

Component CCN: 14-S223

From 01/01/2018
To 12/31/2018Part 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		2,626,832		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,626,832		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		2,149		0	6.02
7.00	Total Medicare program liability (see instructions)		2,624,683		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0223

Period:

Worksheet E-1

Component CCN: 14-T223

From 01/01/2018
To 12/31/2018Part 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		9,073,193		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		9,073,193		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		13,851		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		9,087,044		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0223

Period:
From 01/01/2018
To 12/31/2018Worksheet 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 $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.		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	Managed care		
		A			
		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	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	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		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		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		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		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 12/31/2018Worksheet 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