



HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 14-0209		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 3/29/2018 11:29 am	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00 Street: 221 N E GLEN OAK		PO Box:		Zip Code: 61636		County: PEORIA				
2.00 City: PEORIA		State: IL								
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:										
3.00 Hospital		METHODIST MEDICAL CTR OF ILLINOIS	140209	37900	1	07/01/1966	N	P	P	3.00
4.00 Subprovider - IPF		METHODIST MED CTR - PSYCH	14S209	37900	4	12/15/1983	N	P	P	4.00
5.00 Subprovider - IRF		METHODIST MED CTR - REHAB	14T209	37900	5	12/15/1993	N	P	P	5.00
6.00 Subprovider - (Other)										6.00
7.00 Swing Beds - SNF										7.00
8.00 Swing Beds - NF										8.00
9.00 Hospital-Based SNF										9.00
10.00 Hospital-Based NF										10.00
11.00 Hospital-Based OLTC										11.00
12.00 Hospital-Based HHA		METHODIST HOME CARE	147259	37900		06/01/1992	N	P	N	12.00
13.00 Separately Certified ASC										13.00
14.00 Hospital-Based Hospice		METHODIST HOSPICE	141537	37900		01/01/1990				14.00
15.00 Hospital-Based Health Clinic - RHC										15.00
16.00 Hospital-Based Health Clinic - FQHC										16.00
17.00 Hospital-Based (CMHC) I										17.00
18.00 Renal Dialysis										18.00
19.00 Other										19.00
						From:		To:		
						1.00		2.00		
20.00 Cost Reporting Period (mm/dd/yyyy)						01/01/2017		12/31/2017		20.00
21.00 Type of Control (see instructions)						2				21.00
Inpatient PPS Information										
22.00 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y		N		22.00
22.01 Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						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		22.03
23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.								3		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		1,094	5,703	0	29	7,829	0	24.00		
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.		0	187	0	0	135	0	25.00		

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		Urban/Rural S	Date of Geogr			
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00	
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0			37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N			37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i) or (ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N		40.00	
		V	XVIII	XIX		
		1.00	2.00	3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.		Y		56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.		N		57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.		N		58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.		N		59.00	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification 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)		20.00	1	60.01	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		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)		0.00	0.00		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)		0.00	0.00		61.03

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).	0.00	0.00			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)	0.00	0.00			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)	0.00	0.00			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		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
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	
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
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	
	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))				
	1.00	2.00	3.00				
<u>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.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	2.12	0.000000	64.00	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		

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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE - GENERAL	1350	7.97	20.18	0.283126		65.00
65.01		FAMILY MEDICINE - GERIATRIC MEDICINE	1351	0.64	0.49	0.566372		65.01
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
				1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	12.22	0.000000		66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE - GENERAL	1350	3.37	25.00	0.118787		67.00
67.01				0.00	0.00	0.000000		67.01
					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

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			1.00	2.00	3.00
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		0	76.00
			1.00		
<b>Long Term Care Hospital PPS</b>					
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
<b>TEFRA Providers</b>					
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 a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N	87.00
			V	XIX	
			1.00	2.00	
<b>Title V and XIX Services</b>					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.06
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00

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		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					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	3.00
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2					118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	2,234,714		113,818		2,371,936	
		1.00		2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N			N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N					122.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y			HB0721		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0209		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 3/29/2018 11:29 am		
1.00		2.00		3.00				
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name: PEORIA HOME OFFICE	Contractor's Name: NGS		Contractor's Number: 00131		141.00		
142.00	Street: 221 NE GLEN OAK	PO Box:				142.00		
143.00	City: PEORIA	State: IL		Zip Code: 61636		143.00		
144.00 Are provider based physicians' costs included in Worksheet A?								
						1.00	144.00	
						Y		
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.								
						1.00	145.00	
						Y		
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.						2.00	146.00
						N		
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								
						1.00	147.00	
						N		
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								
						1.00	148.00	
						N		
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								
						1.00	149.00	
						N		
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	Part A	Part B	Title V	Title XIX	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	N	N	N	N	158.00		
159.00	SNF	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00		
161.00	CMHC	N	N	N	N	161.00		
Multi campus								
165.00 Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								
						1.00	165.00	
						N		
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)								
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
							0.00	
166.00								
167.00 Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
						1.00	167.00	
						Y		
168.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						2.00	168.00
						0		
168.01	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						168.01	
169.00	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	
						1.00	169.00	
						0.00		
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)								
						1.00	169.00	
						0.00		
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								
						1.00	170.00	
						10/01/2017	12/29/2017	
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)								
						1.00	171.00	
						N	0	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0209		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part II Date/Time Prepared: 3/29/2018 11:29 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y				6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			Y			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	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	03/19/2018	Y	03/19/2018		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: 14-0209	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 3/29/2018 11:29 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	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
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
<b>Purchased Services</b>					
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
<b>Provider-Based Physicians</b>					
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	
<b>Home Office Costs</b>					
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	
<b>Cost Report Preparer Contact Information</b>					
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.	KEI TH		LYONS	41.00
42.00	Enter the employer/company name of the cost report preparer.	UNI TYPOINT HEALTH - PEORIA			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	309-672-4281		KEI TH. LYONS@UNI TYPOINT. ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet S-2  
Part II  
Date/Time Prepared:  
3/29/2018 11:29 am

		3.00	
<b>Cost Report Preparer Contact Information</b>			
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 ANALYST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet S-3  
Part I  
Date/Time Prepared:  
3/29/2018 11:29 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				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	174	63,510	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)		174	63,510	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	12	4,380	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)		198	72,270	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	44	16,060		0	16.00
17.00 SUBPROVIDER - IRF	41.00	36	13,140		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						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)		278				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)		19	6,935			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: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet S-3  
Part I  
Date/Time Prepared:  
3/29/2018 11:29 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)	15,206	11,967	40,040			1.00
2.00 HMO and other (see instructions)	5,767	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	313	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	15,206	11,967	40,040			7.00
8.00 INTENSIVE CARE UNIT	2,084	249	2,479			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	140	2,600			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,752	3,568			13.00
14.00 Total (see instructions)	17,290	14,108	48,687	31.17	1,767.86	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,799	0	13,487	9.42	83.09	16.00
17.00 SUBPROVIDER - IRF	4,391	322	5,533	0.00	30.47	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	34,964	0	60,152	0.00	80.62	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	21.94	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				40.59	1,983.98	27.00
28.00 Observation Bed Days		1,517	5,243			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			902			30.00
31.00 Employee discount days - IRF			136			31.00
32.00 Labor & delivery days (see instructions)	0	547	1,031			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: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet S-3  
Part I  
Date/Time Prepared:  
3/29/2018 11:29 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,838	3,569	12,732	1.00
2.00 HMO and other (see instructions)			1,236	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,838	3,569	12,732	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	331	1,246	2,257	16.00
17.00 SUBPROVIDER - IRF	0.00	0	299	20	379	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet S-3  
Part II  
Date/Time Prepared:  
3/29/2018 11:29 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	161,682,944	-605,223	161,077,721	4,234,582.00	38.04	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		4,254,561	0	4,254,561	45,283.00	93.95	3.00
4.00	Physician-Part A - Administrative		1,150,817	0	1,150,817	7,888.00	145.89	4.00
4.01	Physicians - Part A - Teaching		1,876,583	0	1,876,583	16,971.00	110.58	4.01
5.00	Physician and Non-Physician-Part B		46,550,902	0	46,550,902	424,936.00	109.55	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	5,044,681	-1,833,277	3,211,404	103,316.00	31.08	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		18,558,212	216,058	18,774,270	726,996.00	25.82	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract Labor: Direct Patient Care		2,934,832	0	2,934,832	74,363.00	39.47	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		414,103	0	414,103	1,962.00	211.06	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		27,720,620	0	27,720,620	821,734.00	33.73	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		120,849	0	120,849	886.00	136.40	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		31,141,201	0	31,141,201			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		5,542,338	0	5,542,338			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		553,220	0	553,220			21.00
22.00	Physician Part A - Administrative		91,266	0	91,266			22.00
22.01	Physician Part A - Teaching		148,823	0	148,823			22.01
23.00	Physician Part B		4,030,556	0	4,030,556			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		1,176,658	0	1,176,658			25.00
25.50	Home office wage-related (core)		6,896,191	0	6,896,191			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		19,376	0	19,376			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	3,073,544	-1,038,416	2,035,128	33,443.00	60.85	26.00
27.00	Administrative & General	5.00	2,202,080	58,348	2,260,428	130,740.00	17.29	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet S-3  
Part II  
Date/Time Prepared:  
3/29/2018 11:29 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		1,364,705	0	1,364,705	8,494.00	160.67	28.00
29.00	Maintenance & Repairs	6.00	1,912,335	0	1,912,335	70,420.00	27.16	29.00
30.00	Operation of Plant	7.00	1,146,813	0	1,146,813	58,416.00	19.63	30.00
31.00	Laundry & Linen Service	8.00	127,055	0	127,055	8,269.00	15.37	31.00
32.00	Housekeeping	9.00	2,069,997	0	2,069,997	142,691.00	14.51	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,976,698	-522,907	1,453,791	39,520.00	36.79	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	536,572	522,907	1,059,479	112,870.00	9.39	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,146,250	0	1,146,250	43,690.00	26.24	38.00
39.00	Central Services and Supply	14.00	626,737	0	626,737	39,104.00	16.03	39.00
40.00	Pharmacy	15.00	4,124,903	0	4,124,903	97,349.00	42.37	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	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet S-3  
Part III  
Date/Time Prepared:  
3/29/2018 11:29 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	105,320,922	1,228,054	106,548,976	3,652,570.00	29.17	1.00
2.00	Excluded area salaries (see instructions)	18,558,212	216,058	18,774,270	726,996.00	25.82	2.00
3.00	Subtotal salaries (line 1 minus line 2)	86,762,710	1,011,996	87,774,706	2,925,574.00	30.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	31,190,404	0	31,190,404	898,945.00	34.70	4.00
5.00	Subtotal wage-related costs (see inst.)	38,148,034	0	38,148,034	0.00	43.46	5.00
6.00	Total (sum of lines 3 thru 5)	156,101,148	1,011,996	157,113,144	3,824,519.00	41.08	6.00
7.00	Total overhead cost (see instructions)	20,307,689	-980,068	19,327,621	785,006.00	24.62	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0209	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 3/29/2018 11:29 am
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			8,309,986 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)			7,252,925 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees			317 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
<b>HEALTH AND INSURANCE COST</b>				
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)			13,379,208 8.02
8.03	Health Insurance (Purchased)			0 8.03
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			353,602 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			204,614 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)			1,207,705 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			952,256 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
<b>TAXES</b>				
17.00	FICA-Employers Portion Only			10,292,723 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 19.00
20.00	State or Federal Unemployment Taxes			60,549 20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			170,645 22.00
23.00	Tuition Reimbursement			499,532 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			42,684,062 24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0209	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part V Date/Time Prepared: 3/29/2018 11:29 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		2,934,832	42,684,062 1.00
2.00	Hospital		2,934,832	41,318,318 2.00
3.00	Subprovider - IPF		0	994,201 3.00
4.00	Subprovider - IRF		0	371,543 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 8.00
9.00	Hospital-Based NF			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC			0 14.00
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC			0 16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 14-0209 Component CCN: 14-7259		Period: From 01/01/2017 To 12/31/2017		Worksheet S-4 Date/Time Prepared: 3/29/2018 11:29 am	
				Home Health Agency I		PPS	
				1.00			
0.00	County			PEORIA		0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	6,826	0	5,050	11,876	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,382.00	0.00	1,156.00	2,418.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		29.24	0.00	29.24	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			0.00	0.00	0.00	5.00
6.00	Direct Nursing Service			44.30	0.00	44.30	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			0.00	8.76	8.76	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.00	2.59	2.59	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.00	0.46	0.46	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			1.00	0.00	1.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			5.71	0.00	5.71	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			37900			20.00
20.01				99914			20.01
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	13,989	1,812	355	221	16,377	21.00
22.00	Skilled Nursing Visit Charges	2,530,613	328,425	64,344	40,056	2,963,438	22.00
23.00	Physical Therapy Visits	9,816	610	68	176	10,670	23.00
24.00	Physical Therapy Visit Charges	1,845,408	114,680	12,784	33,088	2,005,960	24.00
25.00	Occupational Therapy Visits	2,825	355	4	56	3,240	25.00
26.00	Occupational Therapy Visit Charges	530,912	66,740	752	10,528	608,932	26.00
27.00	Speech Pathology Visits	392	105	4	23	524	27.00
28.00	Speech Pathology Visit Charges	73,696	19,740	752	4,324	98,512	28.00
29.00	Medical Social Service Visits	310	23	5	6	344	29.00
30.00	Medical Social Service Visit Charges	69,750	5,175	1,125	1,350	77,400	30.00
31.00	Home Health Aide Visits	3,270	476	7	56	3,809	31.00
32.00	Home Health Aide Visit Charges	295,935	43,078	634	5,068	344,715	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	30,602	3,381	443	538	34,964	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	5,346,314	577,838	80,391	94,414	6,098,957	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,682		153	31	1,866	36.00
37.00	Total Number of Outlier Episodes		79		5	84	37.00
38.00	Total Non-Routine Medical Supply Charges	161,863	31,381	9,242	1,447	203,933	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 14-0209

Period: From 01/01/2017

Worksheet S-9

Hospice CCN: 14-1537

To 12/31/2017

PARTS I THROUGH IV  
Date/Time Prepared:  
3/29/2018 11:29 am

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015</b>								
1.00	Hospice Continuous Home Care							1.00
2.00	Hospice Routine Home Care							2.00
3.00	Hospice Inpatient Respite Care							3.00
4.00	Hospice General Inpatient Care							4.00
5.00	Total Hospice Days							5.00
<b>Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015</b>								
6.00	Number of patients receiving hospice care							6.00
7.00	Total number of unduplicated Continuous Care hours billable to Medicare							7.00
8.00	Average Length of Stay (line 5 / line 6)							8.00
9.00	Unduplicated census count							9.00

NOTE: Parts I and II, columns 1 and 2 also include the days reported in columns 3 and 4.

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
<b>PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015</b>						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	16,880	0	0	16,880	11.00
12.00	Hospice Inpatient Respite Care	36	0	0	36	12.00
13.00	Hospice General Inpatient Care	228	0	0	228	13.00
14.00	Total Hospice Days	17,144	0	0	17,144	14.00
<b>PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015</b>						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0209	Period: From 01/01/2017 To 12/31/2017	Worksheet S-10 Date/Time Prepared: 3/29/2018 11:29 am
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.220438	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		23,878,445	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		242,745,781	6.00	
7.00	Medicaid cost (line 1 times line 6)		53,510,394	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)		29,631,949	8.00	
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone CHIP		153	9.00	
10.00	Stand-alone CHIP charges		15,734	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		3,468	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		3,315	12.00	
<b>Other state or local government indigent care program (see instructions for each line)</b>					
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	
<b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b>					
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)		29,635,264	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
<b>Uncompensated Care (see instructions for each line)</b>					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	4,610,662	4,863,046	9,473,708	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,016,365	4,863,046	5,879,411	21.00
22.00	Payments received from patients for amounts previously written off as charity care	15,909	97,476	113,385	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,000,456	4,765,570	5,766,026	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		10,015,726	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,041,189	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,601,830	27.01	
28.00	Non-Medicare bad debt expense (line 26 minus line 27.01)		8,413,896	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		2,415,383	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		8,181,409	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		37,816,673	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0209		Period: From 01/01/2017 To 12/31/2017		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		9,181,590	9,181,590	249,691	9,431,281	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	1,616,250	1,616,250	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,647,727	824,255	3,471,982	-1,094,407	2,377,575	4.00
4.01	00401	PARKING	425,817	813,443	1,239,260	-921,501	317,759	4.01
5.00	00500	ADMINISTRATIVE & GENERAL	2,202,080	8,078,199	10,280,279	-303,337	9,976,942	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,912,335	2,282,982	4,195,317	-688	4,194,629	6.00
7.00	00700	OPERATION OF PLANT	1,146,813	10,184,561	11,331,374	-3,713	11,327,661	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	127,055	106,452	233,507	0	233,507	8.00
9.00	00900	HOUSEKEEPING	2,069,997	1,527,018	3,597,015	-5,772	3,591,243	9.00
10.00	01000	DIETARY	1,976,698	1,985,378	3,962,076	-1,457,374	2,504,702	10.00
11.00	01100	CAFETERIA	536,572	299,552	836,124	1,440,705	2,276,829	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,146,250	265,050	1,411,300	0	1,411,300	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	626,737	-1,662,022	-1,035,285	-15,787	-1,051,072	14.00
15.00	01500	PHARMACY	4,124,903	8,991,443	13,116,346	-7,888,498	5,227,848	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	5,910,425	5,372,836	11,283,261	-2,301	11,280,960	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	5,044,681	2,534,072	7,578,753	-1,833,277	5,745,476	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	1,321,104	1,321,104	1,833,277	3,154,381	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	14,883,290	6,860,673	21,743,963	-1,410,050	20,333,913	30.00
31.00	03100	INTENSIVE CARE UNIT	1,556,418	649,620	2,206,038	1,798,895	4,004,933	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,632,663	629,762	2,262,425	-2,021,334	241,091	34.00
40.00	04000	SUBPROVIDER - I PF	4,128,318	1,163,487	5,291,805	240,103	5,531,908	40.00
41.00	04100	SUBPROVIDER - I RF	1,631,848	1,242,110	2,873,958	-1,317,309	1,556,649	41.00
43.00	04300	NURSERY	1,379,330	945,377	2,324,707	-299,169	2,025,538	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	6,796,458	29,643,269	36,439,727	-15,644,000	20,795,727	50.00
51.00	05100	RECOVERY ROOM	1,498,754	540,097	2,038,851	-90,602	1,948,249	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,207,268	2,596,469	4,803,737	-1,916,082	2,887,655	52.00
53.00	05300	ANESTHESIOLOGY	9,425,049	2,799,354	12,224,403	-509,896	11,714,507	53.00
53.01	03950	PAIN CLINIC	486,113	591,557	1,077,670	-902,752	174,918	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,686,088	3,527,343	7,213,431	-732,075	6,481,356	54.00
54.01	05401	NORTHSIDE IMAGING	101,388	30,699	132,087	327,398	459,485	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	67,600	36,640	104,240	227,673	331,913	54.02
54.03	05403	NORTHSIDE ULTRASOUND	65,012	17,717	82,729	131,712	214,441	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	1,187,289	1,187,289	-1,187,289	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	1,023,616	1,541,525	2,565,141	88,804	2,653,945	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	382,506	1,073,896	1,456,402	-275,862	1,180,540	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	444,972	340,105	785,077	40,553	825,630	57.00
57.01	05701	NORTHSIDE CT	70,780	45,794	116,574	211,906	328,480	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	323,714	191,602	515,316	-915	514,501	58.00
58.01	05801	NORTHSIDE MRI	98,672	68,946	167,618	286,753	454,371	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	705,482	705,482	59.00
60.00	06000	LABORATORY	5,274,301	10,170,842	15,445,143	-1,427,414	14,017,729	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORAGE, PROCESSING, & TRANS.	0	0	0	961,760	961,760	63.00
64.00	06400	INTRAVENOUS THERAPY	98,460	25,029	123,489	2,780,999	2,904,488	64.00
65.00	06500	RESPIRATORY THERAPY	1,327,817	615,514	1,943,331	-467,447	1,475,884	65.00
66.00	06600	PHYSICAL THERAPY	0	2,248,365	2,248,365	535,713	2,784,078	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	336,894	336,894	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	597,148	597,148	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	263,418	263,418	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	772,193	391,462	1,163,655	-36,524	1,127,131	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	1,602,963	1,602,963	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	15,191,491	15,191,491	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	12,388,019	12,388,019	73.00
74.00	07400	RENAL DIALYSIS	215,795	216,948	432,743	-48,287	384,456	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	371,949	84,962	456,911	-108,853	348,058	76.00
76.01	03340	GASTROINTESTINAL SERVICES	638,710	897,556	1,536,266	-167,784	1,368,482	76.01
76.02	03140	CARDIOLOGY	514,492	409,585	924,077	-9,653	914,424	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	148,780	148,780	76.03
76.97	07697	CARDIAC REHABILITATION	3,622	1,597	5,219	0	5,219	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	271,345	271,345	76.98

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A  
Date/Time Prepared:  
3/29/2018 11:29 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
76.99	07699 LI THOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,548,430	1,236,944	2,785,374	1,086,950	3,872,324	90.00
90.01	09001 CHILLI FAMILY PHYSICIANS	2,092,579	1,097,787	3,190,366	-246,550	2,943,816	90.01
90.03	09002 PHYSICIAN OFFICES	45,810,554	17,246,882	63,057,436	5,932,004	68,989,440	90.03
90.06	09003 ENDOCRINOLOGY, DIABETES & METABOLISM	699,875	295,132	995,007	-14,501	980,506	90.06
90.07	09004 WOUND CARE CENTER	993,182	1,010,185	2,003,367	-443,363	1,560,004	90.07
90.08	09008 INTENSIVISTS CLINIC	4,694,842	809,843	5,504,685	-4,841,674	663,011	90.08
90.09	09009 NEUROLOGY CLINIC	1,715,977	532,968	2,248,945	-2,055,627	193,318	90.09
90.10	09010 RHEUMATOLOGY CLINIC	1,012,494	491,280	1,503,774	-1,375,051	128,723	90.10
90.11	09011 PEDIATRICS-GASTROENTEROL CLINIC	638,985	198,427	837,412	-771,300	66,112	90.11
90.12	09012 VASCULAR CLINIC	6,136	19,356	25,492	0	25,492	90.12
90.13	09013 ONCOLOGY CLINIC	72,191	31,879	104,070	-374	103,696	90.13
91.00	09100 EMERGENCY	4,504,792	7,365,442	11,870,234	-1,355,740	10,514,494	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	12,939	12,939	-12,939	0	95.00
101.00	10100 HOME HEALTH AGENCY	4,904,556	3,999,257	8,903,813	-87,670	8,816,143	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE		3,645,422	3,645,422	0	3,645,422	113.00
116.00	11600 HOSPICE	1,403,034	1,710,202	3,113,236	0	3,113,236	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	161,102,913	162,595,049	323,697,962	-2,007,955	321,690,007	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	320,392	937,810	1,258,202	0	1,258,202	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951 FOUNDATION	0	0	0	0	0	194.01
194.02	07952 WELLNESS CENTER	259,639	515,916	775,555	-165	775,390	194.02
194.03	07954 CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953 OTHER NON-REIMBURSABLE	0	0	0	2,008,120	2,008,120	194.05
200.00	TOTAL (SUM OF LINES 118 through 199)	161,682,944	164,048,775	325,731,719	0	325,731,719	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A  
Date/Time Prepared:  
3/29/2018 11:29 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	9,431,281	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	1,616,250	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,579,874	7,957,449	4.00
4.01	00401	PARKING	-317,759	0	4.01
5.00	00500	ADMINISTRATIVE & GENERAL	42,967,548	52,944,490	5.00
6.00	00600	MAINTENANCE & REPAIRS	-66,976	4,127,653	6.00
7.00	00700	OPERATION OF PLANT	214,930	11,542,591	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	233,507	8.00
9.00	00900	HOUSEKEEPING	3,726	3,594,969	9.00
10.00	01000	DIETARY	-40	2,504,662	10.00
11.00	01100	CAFETERIA	-1,582,882	693,947	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	5,953,352	7,364,652	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-36	-1,051,108	14.00
15.00	01500	PHARMACY	-586,762	4,641,086	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,940,099	2,940,099	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	-11,280,960	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	-100,207	5,645,269	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	-45,297	3,109,084	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-937,454	19,396,459	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,004,933	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	-80	241,011	34.00
40.00	04000	SUBPROVIDER - IPF	-16,250	5,515,658	40.00
41.00	04100	SUBPROVIDER - IRF	-7,164	1,549,485	41.00
43.00	04300	NURSERY	-542,459	1,483,079	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-511,353	20,284,374	50.00
51.00	05100	RECOVERY ROOM	0	1,948,249	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,246,932	1,640,723	52.00
53.00	05300	ANESTHESIOLOGY	-10,142,881	1,571,626	53.00
53.01	03950	PAIN CLINIC	-74,337	100,581	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-151,326	6,330,030	54.00
54.01	05401	NORTHSIDE IMAGING	8,671	468,156	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	6,030	337,943	54.02
54.03	05403	NORTHSIDE ULTRASOUND	3,489	217,930	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	-790,002	1,863,943	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	-500	1,180,040	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	825,630	57.00
57.01	05701	NORTHSIDE CT	5,631	334,111	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	514,501	58.00
58.01	05801	NORTHSIDE MRI	7,624	461,995	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	705,482	59.00
60.00	06000	LABORATORY	-400,824	13,616,905	60.00
60.01	06001	NORTHSIDE LAB	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	961,760	63.00
64.00	06400	INTRAVENOUS THERAPY	5,806	2,910,294	64.00
65.00	06500	RESPIRATORY THERAPY	-8,283	1,467,601	65.00
66.00	06600	PHYSICAL THERAPY	-127,692	2,656,386	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	336,894	67.00
68.00	06800	SPEECH PATHOLOGY	0	597,148	68.00
69.00	06900	ELECTROCARDIOLOGY	0	263,418	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-31,360	1,095,771	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	1,602,963	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	15,191,491	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,388,019	73.00
74.00	07400	RENAL DIALYSIS	0	384,456	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	348,058	76.00
76.01	03340	GASTROINTESTINAL SERVICES	0	1,368,482	76.01
76.02	03140	CARDIOLOGY	0	914,424	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	148,780	76.03
76.97	07697	CARDIAC REHABILITATION	0	5,219	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	271,345	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A  
Date/Time Prepared:  
3/29/2018 11:29 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-407,635	3,464,689	90.00
90.01	09001	CHILD FAMILY PHYSICIANS	-1,449,483	1,494,333	90.01
90.03	09002	PHYSICIAN OFFICES	-44,808,317	24,181,123	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	-627,927	352,579	90.06
90.07	09004	WOUND CARE CENTER	-312,041	1,247,963	90.07
90.08	09008	INTENSIVISTS CLINIC	-608,517	54,494	90.08
90.09	09009	NEUROLOGY CLINIC	-165,212	28,106	90.09
90.10	09010	RHEUMATOLOGY CLINIC	-105,402	23,321	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	-74,612	-8,500	90.11
90.12	09012	VASCULAR CLINIC	5,883	31,375	90.12
90.13	09013	ONCOLOGY CLINIC	-71,256	32,440	90.13
91.00	09100	EMERGENCY	-4,904,263	5,610,231	91.00
92.00	09200	OBSERVATION BEDS			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	-2,135	8,814,008	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	-3,645,422	0	113.00
116.00	11600	HOSPICE	42,298	3,155,534	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-28,407,077	293,282,930	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
191.00	19100	RESEARCH	-8,690	1,249,512	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	194.00
194.01	07951	FOUNDATION	0	0	194.01
194.02	07952	WELLNESS CENTER	-70,722	704,668	194.02
194.03	07954	CAPITAL LABOR	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	2,008,120	194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	-28,486,489	297,245,230	200.00

RECLASSIFICATIONS

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A-6  
Date/Time Prepared:  
3/29/2018 11:29 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>A - MEDICAL SUPPLIES RECLASS</b>					
1.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0	1,602,963	1.00
2.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00	0	15,191,491	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	177,327	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	512	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
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
0			0	16,972,293	
<b>B - DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	12,388,019	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	12,618	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
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

RECLASSIFICATIONS

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
			0	12,400,637	
<b>C - FOOD PREP RECLASS</b>					
1.00	CAFETERIA	11.00	522,907	917,798	1.00
			522,907	917,798	
<b>D - PARKING RECLASS</b>					
1.00	OTHER NON-REIMBURSABLE	194.05	316,633	604,868	1.00
			316,633	604,868	
<b>E - EQUIPMENT RENTAL</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,474,934	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
			0	1,474,934	
<b>F - CHILD CARE</b>					
1.00	OTHER NON-REIMBURSABLE	194.05	721,783	364,836	1.00
			721,783	364,836	
<b>H - PT BILLING</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	58,348	29,322	1.00
	TOTALS		58,348	29,322	
<b>I - IP AMBULANCE</b>					
1.00	ADULTS & PEDIATRICS	30.00	0	12,939	1.00
			0	12,939	
<b>L - PROPERTY INSURANCE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	249,691	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	141,316	2.00
			0	391,007	
<b>M - NORTHSIDE ADMIN ALLOCATION</b>					
1.00	NORTHSIDE IMAGING	54.01	0	327,398	1.00
2.00	NORTHSIDE MRI	58.01	0	287,885	2.00
3.00	NORTHSIDE CT	57.01	0	212,621	3.00
4.00	NORTHSIDE MAMMOGRAPHY	54.02	0	227,673	4.00
5.00	NORTHSIDE ULTRASOUND	54.03	0	131,712	5.00
			0	1,187,289	
<b>N - HYPERBARIC OXYGEN</b>					
1.00	HYPERBARIC OXYGEN THERAPY	76.98	67,178	204,167	1.00
			67,178	204,167	
<b>P - BH ADMIN</b>					
1.00	SUBPROVIDER - IPF	40.00	0	243,738	1.00
			0	243,738	
<b>Q - COST CENTER MAPPING RECLASSES</b>					
1.00	ADULTS & PEDIATRICS	30.00	307,358	202,416	1.00
2.00	INTENSIVE CARE UNIT	31.00	1,501,588	391,709	2.00
3.00	OPERATING ROOM	50.00	1,081,095	999,926	3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	53,616	37,740	4.00
5.00	ANESTHESIOLOGY	53.00	31,197	19,593	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	82,835	57,749	6.00
7.00	RADIOLOGY-THERAPEUTIC	55.00	86,648	22,707	7.00
8.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	26,093	20,220	8.00
9.00	CARDIAC CATHETERIZATION	59.00	396,843	308,639	9.00
10.00	LABORATORY	60.00	21,725	7,157	10.00
11.00	INTRAVENOUS THERAPY	64.00	2,089,920	792,889	11.00
12.00	PHYSICAL THERAPY	66.00	700,505	505,812	12.00
13.00	OCCUPATIONAL THERAPY	67.00	32,135	304,759	13.00
14.00	SPEECH PATHOLOGY	68.00	122,103	475,045	14.00
15.00	ELECTROCARDIOLOGY	69.00	202,462	60,956	15.00
16.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	9,623	2,220	16.00

RECLASSIFICATIONS

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A-6

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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
17.00	PULMONARY FUNCTION TESTING	76.03	113,920	34,860	17.00
18.00	CLINIC	90.00	776,887	521,212	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
			7,636,553	4,765,609	
<b>R - TEACHING PHYSICIAN SALARY</b>					
1.00	I&R SRVCES-OTHER PRGM COSTS	22.00	1,833,277	0	1.00
	APPRVD				
	0		1,833,277	0	
<b>S - BLOOD RECLASS</b>					
1.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	961,760	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
			0	961,760	
<b>T - TEMP LOCUM</b>					
1.00	ADULTS & PEDIATRICS	30.00	0	353,051	1.00
2.00	PHYSICIAN OFFICES	90.03	0	252,172	2.00
	TOTALS		0	605,223	
<b>U - NON-PROVIDER RECLASS</b>					
1.00	PHYSICIAN OFFICES	90.03	7,188,906	1,737,514	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
	TOTALS		7,188,906	1,737,514	
500.00	Grand Total: Increases		18,345,585	42,873,934	500.00

RECLASSIFICATIONS

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>A - MEDICAL SUPPLIES RECLASS</b>						
1.00	INTENSIVE CARE UNIT	31.00	0	37	0	1.00
2.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	255	0	2.00
3.00	OPERATING ROOM	50.00	0	1,600,799	0	3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	0	8,368	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	52,058	0	5.00
6.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	293	0	6.00
7.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	218	0	7.00
8.00	RESPIRATORY THERAPY	65.00	0	73,251	0	8.00
9.00	GASTROINTESTINAL SERVICES	76.01	0	45,381	0	9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	29	0	10.00
11.00	NURSERY	43.00	0	108	0	11.00
12.00	NORTHSIDE MRI	58.01	0	6	0	12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	402	0	13.00
14.00	ADULTS & PEDIATRICS	30.00	0	734	0	14.00
15.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	915	0	15.00
16.00	SUBPROVIDER - IRF	41.00	0	630	0	16.00
17.00	OPERATING ROOM	50.00	0	14,756,321	0	17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	6,253	0	18.00
19.00	ANESTHESIOLOGY	53.00	0	1,074	0	19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	259,434	0	20.00
21.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	3,560	0	21.00
22.00	RENAL DIALYSIS	74.00	0	174	0	22.00
23.00	GASTROINTESTINAL SERVICES	76.01	0	42,623	0	23.00
24.00	CLINIC	90.00	0	542	0	24.00
25.00	CHILLI FAMILY PHYSICIANS	90.01	0	33	0	25.00
26.00	PHYSICIAN OFFICES	90.03	0	87	0	26.00
27.00	WOUND CARE CENTER	90.07	0	98,521	0	27.00
28.00	EMERGENCY	91.00	0	829	0	28.00
29.00	INTENSIVE CARE UNIT	31.00	0	91	0	29.00
30.00	PAIN CLINIC	53.01	0	18,866	0	30.00
31.00	NORTHSIDE CT	57.01	0	212	0	31.00
32.00	NORTHSIDE MRI	58.01	0	87	0	32.00
33.00	CARDIOLOGY	76.02	0	102	0	33.00
				16,972,293		
<b>B - DRUGS</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	32	0	1.00
2.00	DIETARY	10.00	0	16,563	0	2.00
3.00	PHARMACY	15.00	0	7,888,498	0	3.00
4.00	NURSING SCHOOL	20.00	0	2,054	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	64,708	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	6,653	0	6.00
7.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	7,084	0	7.00
8.00	SUBPROVIDER - IPF	40.00	0	3,635	0	8.00
9.00	SUBPROVIDER - IRF	41.00	0	1,003	0	9.00
10.00	NURSERY	43.00	0	1,055	0	10.00
11.00	OPERATING ROOM	50.00	0	56,031	0	11.00
12.00	RECOVERY ROOM	51.00	0	11,465	0	12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	13,985	0	13.00
14.00	ANESTHESIOLOGY	53.00	0	559,612	0	14.00
15.00	PAIN CLINIC	53.01	0	3,482	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	31,232	0	16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	169	0	17.00
18.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	0	605	0	18.00
19.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	1,907	0	19.00
20.00	NORTHSIDE CT	57.01	0	503	0	20.00
21.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	597	0	21.00
22.00	NORTHSIDE MRI	58.01	0	1,039	0	22.00
23.00	LABORATORY	60.00	0	51,658	0	23.00
24.00	RESPIRATORY THERAPY	65.00	0	8,303	0	24.00
25.00	PHYSICAL THERAPY	66.00	0	521	0	25.00
26.00	RENAL DIALYSIS	74.00	0	2,579	0	26.00
27.00	GASTROINTESTINAL SERVICES	76.01	0	3,918	0	27.00
28.00	CARDIOLOGY	76.02	0	4,684	0	28.00
29.00	CLINIC	90.00	0	210,607	0	29.00
30.00	CHILLI FAMILY PHYSICIANS	90.01	0	246,517	0	30.00
31.00	PHYSICIAN OFFICES	90.03	0	2,987,786	0	31.00

RECLASSIFICATIONS

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A-6  
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		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
32.00	ENDOCRINOLOGY, DIABETES & METABOLISM	90.06	0	5,715	0	32.00
33.00	WOUND CARE CENTER	90.07	0	73,497	0	33.00
34.00	EMERGENCY	91.00	0	13,668	0	34.00
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,792	0	35.00
36.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0	3	0	36.00
37.00	INTENSIVISTS CLINIC	90.08	0	8,378	0	37.00
38.00	NEUROLOGY CLINIC	90.09	0	40,619	0	38.00
39.00	RHEUMATOLOGY CLINIC	90.10	0	67,777	0	39.00
40.00	PEDIATRIC-GASTROENTEROL CLINIC	90.11	0	329	0	40.00
41.00	ONCOLOGY CLINIC	90.13	0	374	0	41.00
	O		0	12,400,637		
C - FOOD PREP RECLASS						
1.00	DIETARY	10.00	522,907	917,798	0	1.00
	O		522,907	917,798		
D - PARKING RECLASS						
1.00	PARKING	4.01	316,633	604,868	0	1.00
	O		316,633	604,868		
E - EQUIPMENT RENTAL						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,756	10	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	688	0	2.00
3.00	OPERATION OF PLANT	7.00	0	3,713	0	3.00
4.00	HOUSEKEEPING	9.00	0	5,772	0	4.00
5.00	DIETARY	10.00	0	106	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	205,330	0	6.00
7.00	NURSING SCHOOL	20.00	0	247	0	7.00
8.00	OPERATING ROOM	50.00	0	525,513	0	8.00
9.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	0	256,800	0	9.00
10.00	LABORATORY	60.00	0	458,768	0	10.00
11.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,884	0	11.00
12.00	RENAL DIALYSIS	74.00	0	1,520	0	12.00
13.00	PHYSICIAN OFFICES	90.03	0	6,543	0	13.00
14.00	INTENSIVISTS CLINIC	90.08	0	129	0	14.00
15.00	WELLNESS CENTER	194.02	0	165	0	15.00
	O		0	1,474,934		
F - CHILD CARE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	721,783	364,836	0	1.00
	O		721,783	364,836		
H - PT BILLING						
1.00	HOME HEALTH AGENCY	101.00	58,348	29,322	0	1.00
	TOTALS		58,348	29,322		
I - TP AMBULANCE						
1.00	AMBULANCE SERVICES	95.00	0	12,939	0	1.00
	O		0	12,939		
L - PROPERTY INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	391,007	12	1.00
2.00		0.00	0	0	12	2.00
	O		0	391,007		
M - NORTHSIDE ADMIN ALLOCATION						
1.00	NORTHSIDE ADMIN	54.05	0	1,187,289	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
	O		0	1,187,289		
N - HYPERBARIC OXYGEN						
1.00	WOUND CARE CENTER	90.07	67,178	204,167	0	1.00
	O		67,178	204,167		
P - BH ADMIN						
1.00	ADULTS & PEDIATRICS	30.00	0	243,738	0	1.00
	O		0	243,738		
Q - COST CENTER MAPPING RECLASSES						
1.00	ADULTS & PEDIATRICS	30.00	1,226,759	395,411	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	68,015	19,606	0	2.00
3.00	SURGICAL INTENSIVE CARE UNIT	34.00	1,596,588	416,492	0	3.00
4.00	SUBPROVIDER - IRF	41.00	764,010	551,666	0	4.00
5.00	NURSERY	43.00	174,896	123,110	0	5.00
6.00	OPERATING ROOM	50.00	435,425	338,646	0	6.00
7.00	RECOVERY ROOM	51.00	63,114	15,966	0	7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	982,431	996,401	0	8.00
9.00	PAIN CLINIC	53.01	475,660	404,744	0	9.00

RECLASSIFICATIONS

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A-6

Date/Time Prepared:  
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
10.00	RADIOLOGY-DIAGNOSTIC	54.00	299,546	229,895	0		10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	8,239	12,114	0		11.00
12.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	13,194	5,263	0		12.00
13.00	INTRAVENOUS THERAPY	64.00	81,255	20,555	0		13.00
14.00	RESPIRATORY THERAPY	65.00	296,596	89,297	0		14.00
15.00	PHYSICAL THERAPY	66.00	0	670,083	0		15.00
16.00	ELECTROENCEPHALOGRAPHY	70.00	23,750	9,098	0		16.00
17.00	RENAL DIALYSIS	74.00	32,017	10,869	0		17.00
18.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	98,434	22,259	0		18.00
19.00	GASTROINTESTINAL SERVICES	76.01	52,087	23,775	0		19.00
20.00	CARDIOLOGY	76.02	3,808	1,059	0		20.00
21.00	ENDOCRINOLOGY, DIABETES & METABOLISM	90.06	4,099	4,687	0		21.00
22.00	EMERGENCY	91.00	936,630	404,613	0		22.00
			7,636,553	4,765,609			
<b>R - TEACHING PHYSICIAN SALARY</b>							
1.00	I&R SRVCES-SALARY & FRINGES APPRVD	21.00	1,833,277	0	0		1.00
			1,833,277	0			
<b>S - BLOOD RECLASS</b>							
1.00	OPERATING ROOM	50.00	0	12,286	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	494	0		2.00
3.00	LABORATORY	60.00	0	945,870	0		3.00
4.00	RENAL DIALYSIS	74.00	0	1,128	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	1,925	0		5.00
6.00	RECOVERY ROOM	51.00	0	57	0		6.00
			0	961,760			
<b>T - TEMP LOCUM</b>							
1.00	ADULTS & PEDIATRICS	30.00	353,051	0	0		1.00
2.00	PHYSICIAN OFFICES	90.03	252,172	0	0		2.00
	<b>TOTALS</b>		605,223	0			
<b>U - NON-PROVIDER RECLASS</b>							
1.00	INTENSIVISTS CLINIC	90.08	4,104,311	728,856	0		1.00
2.00	NEUROLOGY CLINIC	90.09	1,576,087	438,921	0		2.00
3.00	RHEUMATOLOGY CLINIC	90.10	919,382	387,892	0		3.00
4.00	PEDIATRICS-GASTROENTEROL CLINIC	90.11	589,126	181,845	0		4.00
	<b>TOTALS</b>		7,188,906	1,737,514			
500.00	<b>Grand Total: Decreases</b>		18,950,808	42,268,711			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A-7  
Part I  
Date/Time Prepared:  
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	1,458,352	0	0	0	0	1.00
2.00	Land Improvements	9,957,834	432,411	0	432,411	0	2.00
3.00	Buildings and Fixtures	218,982,482	23,940,409	0	23,940,409	21,910,872	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	73,799,110	1,518,441	0	1,518,441	128,261	5.00
6.00	Movable Equipment	117,139,642	9,390,308	0	9,390,308	1,444,877	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	421,337,420	35,281,569	0	35,281,569	23,484,010	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	421,337,420	35,281,569	0	35,281,569	23,484,010	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	1,458,352	0				1.00
2.00	Land Improvements	10,390,245	0				2.00
3.00	Buildings and Fixtures	221,012,019	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	75,189,290	0				5.00
6.00	Movable Equipment	125,085,073	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	433,134,979	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	433,134,979	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A-7  
Part II  
Date/Time Prepared:  
3/29/2018 11:29 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	CAP REL COSTS-BLDG & FIXT	9,181,590	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	9,181,590	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	9,181,590				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	9,181,590				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A-7  
Part III  
Date/Time Prepared:  
3/29/2018 11:29 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	CAP REL COSTS-BLDG & FIXT	308,049,906	0	308,049,906	0.711210	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	125,085,073	0	125,085,073	0.288790	0	2.00
3.00	Total (sum of lines 1-2)	433,134,979	0	433,134,979	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	9,181,590	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	1,474,934	2.00
3.00	Total (sum of lines 1-2)	0	0	0	9,181,590	1,474,934	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	249,691	0	0	9,431,281	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	141,316	0	0	1,616,250	2.00
3.00	Total (sum of lines 1-2)	0	391,007	0	0	11,047,531	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A-8

Date/Time Prepared:  
3/29/2018 11:29 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
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	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	-3,126		ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)	A	-2,680		OPERATION OF PLANT	7.00	0	8.00
9.00 Parking lot (chapter 21)	A	-317,759		PARKING	4.01	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-52,935,389				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	57,550,109				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,476,399		CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients	B	-586,762		PHARMACY	15.00	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.)	B	-11,081,067		NURSING SCHOOL	20.00	0	19.00
19.01 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.01
19.02 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.02
19.03 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.03
19.04 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.04
20.00 Vending machines	B	-106,483		CAFETERIA	11.00	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			RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3			PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00		28.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A-8

Date/Time Prepared:  
3/29/2018 11:29 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	
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	0 30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00	0 30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00	0 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.00
34.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 34.00
35.00 MALPRACTICE NET OF INCOME	A	-2,371,937	ADMINISTRATIVE & GENERAL		5.00	0 35.00
36.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 36.00
37.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 37.00
37.01 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 37.01
37.02 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 37.02
38.00 A&G MISC INCOME	B	-110,515	ADMINISTRATIVE & GENERAL		5.00	0 38.00
38.01 MAINTENANCE MISC INCOME	B	-75,327	MAINTENANCE & REPAIRS		6.00	0 38.01
38.02 I&R MISC INCOME	B	-59,094	I&R SRVCES-SALARY & FRINGES APPRVD		21.00	0 38.02
38.03 A&P MISC INCOME	B	-2,081	ADULTS & PEDIATRICS		30.00	0 38.03
38.04 SURGICAL ICU MISC INCOME	B	-80	SURGICAL INTENSIVE CARE UNIT		34.00	0 38.04
38.05 NURSERY MISC INCOME	B	-2,289	NURSERY		43.00	0 38.05
38.06 PSYCH MISC INCOME	B	-16,250	SUBPROVIDER - IPF		40.00	0 38.06
38.07 LABOR & DELIVERY MISC INCOME	B	-7,980	DELIVERY ROOM & LABOR ROOM		52.00	0 38.07
38.08 RAD-DIAG MISC INCOME	B	-22,996	RADIOLOGY-DIAGNOSTIC		54.00	0 38.08
38.09 PLANT OP MISC INCOME	B	-13,035	OPERATION OF PLANT		7.00	0 38.09
38.10 CHILLI FAMILY PHYSICIANS MISC INCOME	B	-8	CHILLI FAMILY PHYSICIANS		90.01	0 38.10
38.11 PT MISC INCOME	B	-127,692	PHYSICAL THERAPY		66.00	0 38.11
38.12 ENDO MISC INCOME	B	-2,300	ENDOCRINOLOGY, DIABETES & METABOLISM		90.06	0 38.12
38.13 CLINIC MISC INCOME	B	-17,500	CLINIC		90.00	0 38.13
38.14 BENEFITS MISC INCOME	B	-4,658	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 38.14
38.15 PHYSICIAN OFFICE MISC INCOME	B	-2,086,469	PHYSICIAN OFFICES		90.03	0 38.15
38.16 RT MISC INCOME	B	-8,283	RESPIRATORY THERAPY		65.00	0 38.16
38.17 ER MISC INCOME	B	-69,232	EMERGENCY		91.00	0 38.17
38.18 RAD-THER MISC INCOME	B	-519,129	RADIOLOGY-THERAPEUTIC		55.00	0 38.18
38.19 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 38.19
38.20 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 38.20
38.22 CHILD CARE EMPLOYEE REVENUE	B	-441,803	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 38.22
39.00 PROMOTION EXPENSE	A	-16,094	ADMINISTRATIVE & GENERAL		5.00	0 39.00
39.01 PROMOTION EXPENSE	A	-1,251	HOME HEALTH AGENCY		101.00	0 39.01
39.02 PROMOTION EXPENSE	A	-818	ADULTS & PEDIATRICS		30.00	0 39.02
39.03 PROMOTION EXPENSE	A	-123,526	NURSING SCHOOL		20.00	0 39.03
39.04 PROMOTION EXPENSE	A	-930	DELIVERY ROOM & LABOR ROOM		52.00	0 39.04
39.05 PROMOTION EXPENSE	A	-850	OPERATION OF PLANT		7.00	0 39.05
39.06 PROMOTION EXPENSE	A	-500	NUCLEAR MEDICINE - DIAGNOSTIC		56.01	0 39.06
39.07 PROMOTION EXPENSE	A	-200	EMERGENCY		91.00	0 39.07
39.08 PROMOTION EXPENSE	A	-40	DIETARY		10.00	0 39.08
39.09 PROMOTION EXPENSE	A	-36	CENTRAL SERVICES & SUPPLY		14.00	0 39.09
39.10 PROMOTION EXPENSE	A	-475	CHILLI FAMILY PHYSICIANS		90.01	0 39.10
39.11 PROMOTION EXPENSE	A	-12,478	PHYSICIAN OFFICES		90.03	0 39.11
39.12 PROMOTION EXPENSE	A	-170	NURSERY		43.00	0 39.12
39.13 PROMOTION EXPENSE	A	-2,910	OPERATING ROOM		50.00	0 39.13
39.14 PROMOTION EXPENSE	A	-8,215	WOUND CARE CENTER		90.07	0 39.14
39.15 PROMOTION EXPENSE	A	-271	LABORATORY		60.00	0 39.15
40.00 PROMOTION EXPENSE	A	-489	HOSPICE		116.00	0 40.00
40.01 PHYSICIAN RECRUITMENT	A	-76,367	NURSING SCHOOL		20.00	0 40.01

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
40.02	PHYSICIAN RECRUITMENT	A	-45,297	I & R SRVCES-OTHER PRGM COSTS APPRVD	22.00	0	40.02
40.03	PHYSICIAN RECRUITMENT	A	-2,410	PHYSICIAN OFFICES	90.03	0	40.03
41.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.00
41.01	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.01
42.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	42.00
43.00	CRNA SALARIES	A	-4,254,561	ANESTHESIOLOGY	53.00	0	43.00
43.02	CRNA BENEFITS	A	-825,702	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	43.02
44.00	PHYSICIAN BENEFITS	A	-212,928	ADULTS & PEDIATRICS	30.00	0	44.00
44.01	PHYSICIAN BENEFITS	A	-1,164	SUBPROVIDER - IRF	41.00	0	44.01
44.02	PHYSICIAN BENEFITS	A	-82,239	OPERATING ROOM	50.00	0	44.02
44.03	PHYSICIAN BENEFITS	A	-955,529	ANESTHESIOLOGY	53.00	0	44.03
44.04	PHYSICIAN BENEFITS	A	-49,246	CLINIC	90.00	0	44.04
44.05	PHYSICIAN BENEFITS	A	-232,538	CHILLI FAMILY PHYSICIANS	90.01	0	44.05
44.06	PHYSICIAN BENEFITS	A	-6,938,160	PHYSICIAN OFFICES	90.03	0	44.06
44.07	PHYSICIAN BENEFITS	A	-88,052	ENDOCRINOLOGY, DIABETES & METABOLISM	90.06	0	44.07
44.08	PHYSICIAN BENEFITS	A	-61,475	WOUND CARE CENTER	90.07	0	44.08
44.09	PHYSICIAN BENEFITS	A	-93,770	INTENSIVISTS CLINIC	90.08	0	44.09
44.10	PHYSICIAN BENEFITS	A	-22,683	NEUROLOGY CLINIC	90.09	0	44.10
44.11	PHYSICIAN BENEFITS	A	-12,153	RHEUMATOLOGY CLINIC	90.10	0	44.11
44.12	PHYSICIAN BENEFITS	A	-7,395	PEDIATRICS-GASTROENTEROL CLINIC	90.11	0	44.12
44.13	PHYSICIAN BENEFITS	A	-10,664	ONCOLOGY CLINIC	90.13	0	44.13
45.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.00
46.00	REMOVE NON-ALLOWABLE INTEREST	A	-3,875,412	INTEREST EXPENSE	113.00	0	46.00
47.00	SELF INSURANCE ADJUSTMENT	A	-6,175,076	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	47.00
47.01	PENSION ADJUSTMENT	A	10,623,799	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	47.01
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-28,486,489				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: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A-8-1  
Date/Time Prepared:  
3/29/2018 11:29 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	4.00	EMPLOYEE BENEFITS DEPARTMENT	PEORIA HOME OFFICE	2,403,314	0	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	PEORIA HOME OFFICE	2,940,099	0	2.00
3.00	13.00	NURSING ADMINISTRATION	PEORIA HOME OFFICE	5,953,352	0	3.00
3.01	7.00	OPERATION OF PLANT	PEORIA HOME OFFICE	225,041	0	3.01
3.02	5.00	ADMINISTRATIVE & GENERAL	PEORIA HOME OFFICE	45,396,537	0	3.02
4.00	30.00	ADULTS & PEDIATRICS	PEORIA HOME OFFICE	378,318	0	4.00
4.01	113.00	INTEREST EXPENSE	PEORIA HOME OFFICE	1,585,438	1,355,448	4.01
4.02	90.03	PHYSICIAN OFFICES	GLEN OAK MEDICAL PLAZA	47,038	55,024	4.02
4.03	101.00	HOME HEALTH AGENCY	GLEN OAK MEDICAL PLAZA	92,773	93,657	4.03
4.04	116.00	HOSPICE	GLEN OAK MEDICAL PLAZA	42,787	0	4.04
4.05	5.00	ADMINISTRATIVE & GENERAL	GLEN OAK MEDICAL PLAZA	72,683	0	4.05
4.06	6.00	MAINTENANCE & REPAIRS	GLEN OAK MEDICAL PLAZA	8,351	0	4.06
4.07	7.00	OPERATION OF PLANT	GLEN OAK MEDICAL PLAZA	6,454	0	4.07
4.08	9.00	HOUSEKEEPING	GLEN OAK MEDICAL PLAZA	3,726	0	4.08
4.09	53.01	PAIN CLINIC	ATRIUM BUIDLING	172,000	245,525	4.09
4.10	64.00	INTRAVENOUS THERAPY	ATRIUM BUIDLING	5,806	0	4.10
4.11	70.00	ELECTROENCEPHALOGRAPHY	ATRIUM BUIDLING	77,546	99,774	4.11
4.12	90.03	PHYSICIAN OFFICES	ATRIUM BUIDLING	93,924	118,312	4.12
4.13	90.03	PHYSICIAN OFFICES	ATRIUM BUIDLING	37,668	52,164	4.13
4.14	90.03	PHYSICIAN OFFICES	ATRIUM BUIDLING	49,847	94,139	4.14
4.15	90.03	PHYSICIAN OFFICES	ATRIUM BUIDLING	101,374	127,696	4.15
4.16	90.03	PHYSICIAN OFFICES	ATRIUM BUIDLING	33,925	42,734	4.16
4.17	90.06	ENDOCRINOLOGY, DIABETES & ME	ATRIUM BUIDLING	41,119	124,994	4.17
4.18	90.07	WOUND CARE CENTER	ATRIUM BUIDLING	116,072	41,664	4.18
4.19	90.08	INTENSIVISTS CLINIC	ATRIUM BUIDLING	111,124	140,576	4.19
4.20	90.09	NEUROLOGY CLINIC	ATRIUM BUIDLING	98,781	124,430	4.20
4.21	90.10	RHEUMATOLOGY CLINIC	ATRIUM BUIDLING	72,689	103,175	4.21
4.22	90.11	PEDIATRICS-GASTROENTEROL CLI	ATRIUM BUIDLING	56,000	85,052	4.22
4.23	90.12	VASCULAR CLINIC	ATRIUM BUIDLING	9,422	0	4.23
4.24	90.13	ONCOLOGY CLINIC	ATRIUM BUIDLING	21,728	27,370	4.24
4.25	191.00	RESEARCH	ATRIUM BUIDLING	33,469	42,159	4.25
4.26	194.02	WELLNESS CENTER	ATRIUM BUIDLING	261,122	331,844	4.26
4.27	21.00	I&R SRVCES-SALARY & FRINGES	FAMILY MEDICAL BUIDLING	126,530	167,643	4.27
4.28	90.00	CLINIC	FAMILY MEDICAL BUIDLING	256,890	340,347	4.28
4.29	90.03	PHYSICIAN OFFICES	METAMORA MEDICAL CLINIC	197,829	135,024	4.29
4.30	90.01	CHILLI FAMILY PHYSICIANS	CHILLI COTHE OFFICE	86,314	97,187	4.30
4.31	90.03	PHYSICIAN OFFICES	KNOXVILLE MEDPOINTE	107,372	110,000	4.31
4.32	90.03	PHYSICIAN OFFICES	CANTON BUIDLING	181,198	111,345	4.32
4.33	90.03	PHYSICIAN OFFICES	PEKIN	175,374	236,970	4.33
4.34	90.03	PHYSICIAN OFFICES	FARMINGTON	44,289	35,538	4.34
4.36	90.01	CHILLI FAMILY PHYSICIANS	LACON	44,938	62,832	4.36
4.37	90.01	CHILLI FAMILY PHYSICIANS	PRINCEVILLE	55,345	43,500	4.37
4.38	90.03	PHYSICIAN OFFICES	EAST PEORIA	166,066	136,120	4.38
4.39	90.03	PHYSICIAN OFFICES	MMG AT STERLING	128,165	145,130	4.39
4.40	90.03	PHYSICIAN OFFICES	PEARTREE	177,036	132,135	4.40
4.42	90.03	PHYSICIAN OFFICES	KNOXVILLE CLINIC	23,901	0	4.42
4.43	90.03	PHYSICIAN OFFICES	MORTON MEDPOINTE BLD PRACTIC	64,888	156,981	4.43
4.44	90.03	PHYSICIAN OFFICES	MORTON MEDPOINTE BLD PEDS	171,402	84,528	4.44
4.45	90.03	PHYSICIAN OFFICES	MMG AT WASHINGTON	171,402	152,996	4.45
4.46	90.03	PHYSICIAN OFFICES	PODI TORY	86,190	76,935	4.46
4.47	90.03	PHYSICIAN OFFICES	NORTHSHIDE	952,179	781,892	4.47
4.48	90.03	PHYSICIAN OFFICES	NORTHSHIDE	596,198	571,426	4.48
4.50	54.01	NORTHSHIDE IMAGING	NORTHSHIDE IMAGING	306,923	298,252	4.50
4.51	58.01	NORTHSHIDE MRI	NORTHSHIDE MRI	269,880	262,256	4.51
4.52	57.01	NORTHSHIDE CT	NORTHSHIDE CT	199,323	193,692	4.52
4.54	54.02	NORTHSHIDE MAMMOGRAPHY	NORTHSHIDE MAMMOGRAPH	213,435	207,405	4.54
4.55	54.03	NORTHSHIDE ULTRASOUND	NORTHSHIDE ULTRASOUND	123,475	119,986	4.55
4.56	90.03	PHYSICIAN OFFICES	PRAIRIE POINT	148,323	108,426	4.56
4.57	0.00			0	0	4.57
4.59	0.00			0	0	4.59
4.60	0.00			0	0	4.60
4.73	0.00			0	0	4.73
5.00	0			65,624,392	8,074,283	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.

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

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A-8-1

Date/Time Prepared:  
3/29/2018 11:29 am

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

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

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

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

6.00	B	UNI TYPOINT HEAL	100.00	UNI TYPOINT HEAL	100.00	6.00
7.00	B	METHODIST SERVICES	100.00	METHODIST SERV	100.00	7.00
8.00	B	HEARTLAND HOME	100.00	HEARTLAND HOME	100.00	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: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A-8-1

Date/Time Prepared:  
3/29/2018 11:29 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	2,403,314	0		1.00
2.00	2,940,099	0		2.00
3.00	5,953,352	0		3.00
3.01	225,041	0		3.01
3.02	45,396,537	0		3.02
4.00	378,318	0		4.00
4.01	229,990	0		4.01
4.02	-7,986	0		4.02
4.03	-884	0		4.03
4.04	42,787	0		4.04
4.05	72,683	0		4.05
4.06	8,351	0		4.06
4.07	6,454	0		4.07
4.08	3,726	0		4.08
4.09	-73,525	0		4.09
4.10	5,806	0		4.10
4.11	-22,228	0		4.11
4.12	-24,388	0		4.12
4.13	-14,496	0		4.13
4.14	-44,292	0		4.14
4.15	-26,322	0		4.15
4.16	-8,809	0		4.16
4.17	-83,875	0		4.17
4.18	74,408	0		4.18
4.19	-29,452	0		4.19
4.20	-25,649	0		4.20
4.21	-30,486	0		4.21
4.22	-29,052	0		4.22
4.23	9,422	0		4.23
4.24	-5,642	0		4.24
4.25	-8,690	0		4.25
4.26	-70,722	0		4.26
4.27	-41,113	0		4.27
4.28	-83,457	0		4.28
4.29	62,805	0		4.29
4.30	-10,873	0		4.30
4.31	-2,628	0		4.31
4.32	69,853	0		4.32
4.33	-61,596	0		4.33
4.34	8,751	0		4.34
4.36	-17,894	0		4.36
4.37	11,845	0		4.37
4.38	29,946	0		4.38
4.39	-16,965	0		4.39
4.40	44,901	0		4.40
4.42	23,901	0		4.42
4.43	-92,093	0		4.43
4.44	86,874	0		4.44
4.45	18,406	0		4.45
4.46	9,255	0		4.46
4.47	170,287	0		4.47
4.48	24,772	9		4.48
4.50	8,671	9		4.50
4.51	7,624	9		4.51
4.52	5,631	9		4.52
4.54	6,030	9		4.54
4.55	3,489	9		4.55
4.56	39,897	9		4.56
4.57	0	9		4.57
4.59	0	9		4.59
4.60	0	9		4.60
4.73	0	0		4.73
5.00	57,550,109			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.

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

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A-8-1

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

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

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

6.00	HEALTH SYSTEM	6.00
7.00	NOT FOR PROFIT	7.00
8.00	NOT FOR PROFIT	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: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A-8-2  
Date/Time Prepared:  
3/29/2018 11:29 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	30.00	AGGREGATE-ADULTS & PEDIATRICS	1,106,148	1,097,148	9,000	211,500	61	1.00
2.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	-3,150	0	-3,150	211,500	-21	2.00
3.00	41.00	AGGREGATE-SUBPROVIDER - IRF	6,000	6,000	0	211,500	0	3.00
4.00	43.00	AGGREGATE-NURSERY	540,000	540,000	0	169,700	0	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	438,050	423,750	14,300	246,400	100	5.00
6.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	1,262,872	1,219,622	43,250	237,100	218	6.00
7.00	53.00	AGGREGATE-ANESTHESIOLOGY	4,946,718	4,923,517	23,201	239,400	121	7.00
8.00	53.01	AGGREGATE-PAIN CLINIC	1,829	0	1,829	211,500	10	8.00
9.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	136,686	128,330	8,356	271,900	140	9.00
10.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	270,873	270,873	0	271,900	0	10.00
11.00	60.00	AGGREGATE-LABORATORY	400,678	400,553	125	260,300	14	11.00
12.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	28,350	0	28,350	211,500	189	12.00
13.00	90.00	AGGREGATE-CLINIC	259,974	253,749	6,224	211,500	25	13.00
14.00	90.01	AGGREGATE-CHILD FAMILYPHYSICIANS	1,202,489	1,198,189	4,300	211,500	29	14.00
15.00	90.03	AGGREGATE-PHYSICIAN OFFICES	36,801,258	35,749,986	1,051,272	211,500	7,301	15.00
16.00	90.06	AGGREGATE-ENDOCRINOLOGY, DIABETES &	453,700	453,700	0	211,500	0	16.00
17.00	90.07	AGGREGATE-WOUND CARE CENTER	316,759	316,759	0	211,500	0	17.00
18.00	90.08	AGGREGATE-INTENSIVISTS CLINIC	489,972	483,163	6,809	211,500	46	18.00
19.00	90.09	AGGREGATE-NEUROLOGY CLINIC	116,921	116,880	41	211,500	1	19.00
20.00	90.10	AGGREGATE-RHEUMATOLOGY CLINIC	62,966	62,621	345	211,500	2	20.00
21.00	90.11	AGGREGATE-PEDIATRICS-GASTROENTEROL C	38,572	38,102	469	211,500	4	21.00
22.00	90.12	AGGREGATE-VASCULAR CLINIC	7,200	0	7,200	211,500	36	22.00
23.00	90.13	AGGREGATE-ONCOLOGY CLINIC	54,950	54,950	0	211,500	0	23.00
24.00	91.00	AGGREGATE-EMERGENCY	4,874,487	4,707,949	166,538	211,500	390	24.00
200.00			53,814,302	52,445,841	1,368,459		8,666	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	6,203	310	0	0	0	1.00
2.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	-2,135	-107	0	0	0	2.00
3.00	41.00	AGGREGATE-SUBPROVIDER - IRF	0	0	0	0	0	3.00
4.00	43.00	AGGREGATE-NURSERY	0	0	0	0	0	4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	11,846	592	0	0	0	5.00
6.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	24,850	1,243	0	0	0	6.00
7.00	53.00	AGGREGATE-ANESTHESIOLOGY	13,927	696	0	0	0	7.00
8.00	53.01	AGGREGATE-PAIN CLINIC	1,017	51	0	0	0	8.00
9.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	18,301	915	0	0	0	9.00
10.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	0	0	10.00
11.00	60.00	AGGREGATE-LABORATORY	1,752	88	0	0	0	11.00
12.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	19,218	961	0	0	0	12.00
13.00	90.00	AGGREGATE-CLINIC	2,542	127	0	0	0	13.00
14.00	90.01	AGGREGATE-CHILD FAMILYPHYSICIANS	2,949	147	0	0	0	14.00
15.00	90.03	AGGREGATE-PHYSICIAN OFFICES	742,385	37,119	0	0	0	15.00
16.00	90.06	AGGREGATE-ENDOCRINOLOGY, DIABETES &	0	0	0	0	0	16.00
17.00	90.07	AGGREGATE-WOUND CARE CENTER	0	0	0	0	0	17.00
18.00	90.08	AGGREGATE-INTENSIVISTS CLINIC	4,677	234	0	0	0	18.00
19.00	90.09	AGGREGATE-NEUROLOGY CLINIC	102	5	0	0	0	19.00
20.00	90.10	AGGREGATE-RHEUMATOLOGY CLINIC	203	10	0	0	0	20.00
21.00	90.11	AGGREGATE-PEDIATRICS-GASTROENTEROL C	407	20	0	0	0	21.00
22.00	90.12	AGGREGATE-VASCULAR CLINIC	3,661	183	0	0	0	22.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet A-8-2

Date/Time Prepared:  
3/29/2018 11:29 am

	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	
23.00	90.13	AGGREGATE-ONCOLOGY CLINIC	0	0	0	0	0	23.00
24.00	91.00	AGGREGATE-EMERGENCY	39,656	1,983	0	0	0	24.00
200.00			891,561	44,577	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	6,203	2,797	1,099,945		1.00
2.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	-2,242	0	0		2.00
3.00	41.00	AGGREGATE-SUBPROVIDER - IRF	0	0	0	6,000		3.00
4.00	43.00	AGGREGATE-NURSERY	0	0	0	540,000		4.00
5.00	50.00	AGGREGATE-OPERATING ROOM	0	11,846	2,454	426,204		5.00
6.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	24,850	18,400	1,238,022		6.00
7.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	13,927	9,274	4,932,791		7.00
8.00	53.01	AGGREGATE-PAIN CLINIC	0	1,017	812	812		8.00
9.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	18,301	0	128,330		9.00
10.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	270,873		10.00
11.00	60.00	AGGREGATE-LABORATORY	0	1,752	0	400,553		11.00
12.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	19,218	9,132	9,132		12.00
13.00	90.00	AGGREGATE-CLINIC	0	2,542	3,682	257,432		13.00
14.00	90.01	AGGREGATE-CHILD FAMILYPHYSICIANS	0	2,949	1,351	1,199,540		14.00
15.00	90.03	AGGREGATE-PHYSICIAN OFFICES	0	742,385	308,887	36,058,873		15.00
16.00	90.06	AGGREGATE-ENDOCRINOLOGY, DIABETES &	0	0	0	453,700		16.00
17.00	90.07	AGGREGATE-WOUND CARE CENTER	0	0	0	316,759		17.00
18.00	90.08	AGGREGATE-INTENSIVISTS CLINIC	0	4,677	2,132	485,295		18.00
19.00	90.09	AGGREGATE-NEUROLOGY CLINIC	0	102	0	116,880		19.00
20.00	90.10	AGGREGATE-RHEUMATOLOGY CLINIC	0	203	142	62,763		20.00
21.00	90.11	AGGREGATE-PEDIATRICS-GASTROENTEROL C	0	407	62	38,165		21.00
22.00	90.12	AGGREGATE-VASCULAR CLINIC	0	3,661	3,539	3,539		22.00
23.00	90.13	AGGREGATE-ONCOLOGY CLINIC	0	0	0	54,950		23.00
24.00	91.00	AGGREGATE-EMERGENCY	0	39,656	126,882	4,834,831		24.00
200.00			0	891,454	489,546	52,935,389		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B  
Part I  
Date/Time Prepared:  
3/29/2018 11:29 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PARKING	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	9,431,281	9,431,281			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	1,616,250		1,616,250		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	7,957,449	13,438	586	7,971,473	4.00
4.01 00401	PARKING	0	2,159	131,803	5,597	4.01
5.00 00500	ADMINISTRATIVE & GENERAL	52,944,490	315,619	19,496	115,876	5.00
6.00 00600	MAINTENANCE & REPAIRS	4,127,653	173,668	81,795	98,032	6.00
7.00 00700	OPERATION OF PLANT	11,542,591	1,514,764	140,750	58,789	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	233,507	32,687	137	6,513	8.00
9.00 00900	HOUSEKEEPING	3,594,969	117,579	7,977	106,114	9.00
10.00 01000	DIETARY	2,504,662	187,054	4,155	74,526	10.00
11.00 01100	CAFETERIA	693,947	127,364	23,839	54,312	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	7,364,652	0	0	58,760	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	-1,051,108	91,867	24,444	32,128	14.00
15.00 01500	PHARMACY	4,641,086	70,931	21,569	211,455	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,940,099	0	0	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	1,625,955	55,412	302,986	20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	5,645,269	84,177	1,317	164,626	21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	3,109,084	0	0	93,979	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	19,396,459	1,141,179	97,032	715,831	30.00
31.00 03100	INTENSIVE CARE UNIT	4,004,933	174,958	20,636	153,276	31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	241,011	1,967	117	1,849	34.00
40.00 04000	SUBPROVIDER - I/PF	5,515,658	314,610	2,732	211,630	40.00
41.00 04100	SUBPROVIDER - I/RF	1,549,485	131,094	2,608	44,488	41.00
43.00 04300	NURSERY	1,483,079	38,985	2,513	61,743	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	20,284,374	602,395	285,695	381,506	50.00
51.00 05100	RECOVERY ROOM	1,948,249	200,441	1,583	73,595	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,640,723	114,578	11,538	65,537	52.00
53.00 05300	ANESTHESIOLOGY	1,571,626	16,197	29,131	266,654	53.00
53.01 03950	PAIN CLINIC	100,581	0	82	536	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	6,330,030	411,458	245,825	177,851	54.00
54.01 05401	NORTHSIDE IMAGING	468,156	0	3,281	5,197	54.01
54.02 05402	NORTHSIDE MAMMOGRAPHY	337,943	0	2,592	3,465	54.02
54.03 05403	NORTHSIDE ULTRASOUND	217,930	0	2,053	3,333	54.03
54.04 05404	NORTHSIDE RADIO	0	0	0	0	54.04
54.05 05405	NORTHSIDE ADMIN	0	0	0	0	54.05
55.00 05500	RADIOLOGY-THERAPEUTIC	1,863,943	149,130	113,375	56,493	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
56.01 03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,180,040	142,424	8,522	18,932	56.01
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	825,630	0	6,847	24,148	57.00
57.01 05701	NORTHSIDE CT	334,111	0	2,892	3,628	57.01
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	514,501	67,967	6,301	16,595	58.00
58.01 05801	NORTHSIDE MRI	461,995	0	4,165	5,058	58.01
59.00 05900	CARDIAC CATHETERIZATION	705,482	39,495	36,849	20,343	59.00
60.00 06000	LABORATORY	13,616,905	280,543	20,633	271,490	60.00
60.01 06001	NORTHSIDE LAB	0	0	0	0	60.01
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	961,760	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	2,910,294	150,318	12,771	108,018	64.00
65.00 06500	RESPIRATORY THERAPY	1,467,601	28,446	12,480	52,863	65.00
66.00 06600	PHYSICAL THERAPY	2,656,386	169,005	2,457	35,910	66.00
67.00 06700	OCCUPATIONAL THERAPY	336,894	24,244	207	1,647	67.00
68.00 06800	SPEECH PATHOLOGY	597,148	23,874	412	6,259	68.00
69.00 06900	ELECTROCARDIOLOGY	263,418	5,582	2,450	10,379	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,095,771	0	1,789	38,367	70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	1,602,963	0	0	0	71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	15,191,491	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	12,388,019	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	384,456	15,737	5,504	9,421	74.00
76.00 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	348,058	50,174	156	14,515	76.00
76.01 03340	GASTROINTESTINAL SERVICES	1,368,482	64,404	10,880	30,072	76.01
76.02 03140	CARDIOLOGY	914,424	152,068	1,804	26,179	76.02
76.03 03560	PULMONARY FUNCTION TESTING	148,780	5,071	1,844	5,840	76.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B  
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PARKING		
		BLDG & FIXT	MVBLE EQUIP				
	0	1.00	2.00	4.00	4.01		
76.97 07697 CARDIAC REHABILITATION	5,219	0	128	186	0	76.97	
76.98 07698 HYPERBARI C OXYGEN THERAPY	271,345	0	0	3,444	0	76.98	
76.99 07699 LI THOTRIPSY	0	0	0	0	0	76.99	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	3,464,689	38,320	16,034	119,203	568	90.00	
90.01 09001 CHIL LI FAMILY PHYSICIANS	1,494,333	0	2,504	107,272	0	90.01	
90.03 09002 PHYSICIAN OFFICES	24,181,123	251,062	76,195	2,348,340	3,721	90.03	
90.06 09003 ENDOCRINOLOGY, DIABETES & METABOLISM	352,579	0	1,595	35,668	0	90.06	
90.07 09004 WOUND CARE CENTER	1,247,963	0	777	47,470	0	90.07	
90.08 09008 INTENSIVISTS CLINIC	54,494	0	1,519	240,672	0	90.08	
90.09 09009 NEUROLOGY CLINIC	28,106	0	9,365	87,966	0	90.09	
90.10 09010 RHEUMATOLOGY CLINIC	23,321	50,851	1,128	51,903	754	90.10	
90.11 09011 PEDIATRICS-GASTROENTEROL CLINIC	-8,500	0	0	32,756	0	90.11	
90.12 09012 VASCULAR CLINIC	31,375	0	0	315	0	90.12	
90.13 09013 ONCOLOGY CLINIC	32,440	15,200	0	3,701	225	90.13	
91.00 09100 EMERGENCY	5,610,231	165,301	22,011	182,915	2,450	91.00	
92.00 09200 OBSERVATION BEDS						92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
101.00 10100 HOME HEALTH AGENCY	8,814,008	0	9,862	248,431	0	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00 11300 INTEREST EXPENSE						113.00	
116.00 11600 HOSPICE	3,155,534	0	184	71,924	0	116.00	
118.00 11800 SUBTOTALS (SUM OF LINES 1 through 117)	293,282,930	9,394,340	1,614,338	7,888,507	139,011	118.00	
<b>NONREIMBURSABLE COST CENTERS</b>							
191.00 19100 RESEARCH	1,249,512	0	0	16,424	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
194.00 07950 HEARTLAND PHARMACY	0	0	0	0	0	194.00	
194.01 07951 FOUNDATION	0	36,941	0	0	548	194.01	
194.02 07952 WELLNESS CENTER	704,668	0	1,912	13,310	0	194.02	
194.03 07954 CAPITAL LABOR	0	0	0	0	0	194.03	
194.05 07953 OTHER NON-REIMBURSABLE	2,008,120	0	0	53,232	0	194.05	
200.00	Cross Foot Adjustments					200.00	
201.00	Negative Cost Centers					201.00	
202.00	TOTAL (sum lines 118 through 201)	297,245,230	9,431,281	1,616,250	7,971,473	139,559	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2017  
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Cost Center Description		Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4A. 01	5. 00	6. 00	7. 00	8. 00	
<b>GENERAL SERVICE COST CENTERS</b>							
1. 00	00100						1. 00
2. 00	00200						2. 00
4. 00	00400						4. 00
4. 01	00401						4. 01
5. 00	00500						5. 00
6. 00	00600	53,400,159	53,400,159				6. 00
7. 00	00700	4,483,722	978,285	5,462,007			7. 00
8. 00	00800	13,279,346	2,897,367	926,874	17,103,587		8. 00
9. 00	00900	273,328	59,636	20,001	75,431	428,396	9. 00
10. 00	01000	3,828,382	835,299	71,946	271,334	0	10. 00
11. 00	01100	2,773,170	605,067	114,457	431,659	0	11. 00
12. 00	01200	901,350	196,662	77,933	293,914	0	12. 00
13. 00	01300	0	0	0	0	0	13. 00
14. 00	01400	7,423,412	1,619,685	0	0	0	14. 00
15. 00	01500	-901,307	0	56,213	211,997	32,912	15. 00
16. 00	01600	4,946,092	1,079,168	43,402	163,685	0	16. 00
17. 00	01700	2,940,099	641,488	0	0	0	17. 00
18. 00	01800	0	0	0	0	0	18. 00
19. 00	01900	0	0	0	0	0	19. 00
20. 00	02000	2,008,452	438,216	994,914	3,752,171	0	20. 00
21. 00	02100	5,896,637	1,286,564	51,507	194,252	0	21. 00
22. 00	02200	3,203,063	698,864	0	0	0	22. 00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30. 00	03000	21,367,416	4,662,071	698,280	2,633,462	124,867	30. 00
31. 00	03100	4,356,396	950,505	107,056	403,744	16,932	31. 00
34. 00	03400	244,973	53,450	1,204	4,539	172	34. 00
40. 00	04000	6,049,293	1,319,871	192,508	726,015	18,160	40. 00
41. 00	04100	1,729,618	377,378	80,215	302,521	6,105	41. 00
43. 00	04300	1,586,898	346,239	23,854	89,963	3,335	43. 00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50. 00	05000	21,562,899	4,704,723	368,602	1,390,128	46,122	50. 00
51. 00	05100	2,226,839	485,865	122,648	462,551	5,856	51. 00
52. 00	05200	1,834,074	400,169	70,109	264,407	13,484	52. 00
53. 00	05300	1,883,848	411,029	9,911	37,377	74	53. 00
53. 01	03950	101,199	22,080	0	0	88	53. 01
54. 00	05400	7,171,263	1,564,669	251,769	949,508	30,619	54. 00
54. 01	05401	476,634	103,995	0	0	0	54. 01
54. 02	05402	344,000	75,056	0	0	0	54. 02
54. 03	05403	223,316	48,724	0	0	0	54. 03
54. 04	05404	0	0	0	0	0	54. 04
54. 05	05405	0	0	0	0	0	54. 05
55. 00	05500	2,185,151	476,769	91,252	344,142	7,459	55. 00
56. 00	05600	0	0	0	0	0	56. 00
56. 01	03450	1,352,029	294,994	87,148	328,667	6,118	56. 01
57. 00	05700	856,625	186,904	0	0	0	57. 00
57. 01	05701	340,631	74,321	0	0	0	57. 01
58. 00	05800	606,371	132,302	41,589	156,846	0	58. 00
58. 01	05801	471,218	102,813	0	0	0	58. 01
59. 00	05900	802,754	175,150	24,167	91,142	0	59. 00
60. 00	06000	14,193,729	3,096,873	171,663	647,400	168	60. 00
60. 01	06001	0	0	0	0	0	60. 01
62. 30	06250	0	0	0	0	0	62. 30
63. 00	06300	961,760	209,843	0	0	0	63. 00
64. 00	06400	3,183,629	694,623	91,979	346,884	26,297	64. 00
65. 00	06500	1,561,812	340,766	17,406	65,645	11	65. 00
66. 00	06600	2,866,263	625,378	103,413	390,008	4,384	66. 00
67. 00	06700	363,351	79,278	14,835	55,947	442	67. 00
68. 00	06800	628,047	137,031	14,608	55,092	1,417	68. 00
69. 00	06900	281,912	61,509	3,416	12,881	2	69. 00
70. 00	07000	1,135,927	247,843	0	0	8,544	70. 00
71. 00	07100	1,602,963	349,744	0	0	0	71. 00
72. 00	07200	15,191,491	3,314,571	0	0	0	72. 00
73. 00	07300	12,388,019	2,702,892	0	0	0	73. 00
74. 00	07400	415,351	90,624	9,629	36,315	846	74. 00
76. 00	03550	413,647	90,252	30,701	115,785	106	76. 00
76. 01	03340	1,474,793	321,779	39,408	148,622	3,019	76. 01
76. 02	03140	1,096,729	239,291	93,049	350,922	5,799	76. 02
76. 03	03560	161,610	35,261	3,103	11,702	151	76. 03
76. 97	07697	5,533	1,207	0	0	0	76. 97
76. 98	07698	274,789	59,955	0	0	0	76. 98
76. 99	07699	0	0	0	0	0	76. 99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90. 00	09000	3,638,814	793,938	23,448	88,431	5,123	90. 00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2017  
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Cost Center Description			Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4A. 01	5.00	6.00	7.00	8.00	
90.01	09001	CHILD FAMILY PHYSICIANS	1,604,109	349,994	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	26,860,441	5,860,499	153,623	579,367	3,195	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	389,842	85,058	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	1,296,210	282,815	0	0	3,868	90.07
90.08	09008	INTENSIVISTS CLINIC	296,685	64,733	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	125,437	27,369	0	0	0	90.09
90.10	09010	RHEUMATOLOGY CLINIC	127,957	27,918	31,115	117,347	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	24,256	5,292	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	31,690	6,914	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	51,566	11,251	9,301	35,077	0	90.13
91.00	09100	EMERGENCY	5,982,908	1,305,387	101,147	381,460	52,721	91.00
92.00	09200	OBSERVATION BEDS	0					92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	9,072,301	1,979,449	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,227,642	704,226	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	293,160,563	52,508,941	5,439,403	17,018,340	428,396	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	1,265,936	276,210	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	37,489	8,180	22,604	85,247	0	194.01
194.02	07952	WELLNESS CENTER	719,890	157,070	0	0	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	2,061,352	449,758	0	0	0	194.05
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	297,245,230	53,400,159	5,462,007	17,103,587	428,396	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0209		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part I Date/Time Prepared: 3/29/2018 11:29 am	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	5,006,961					9.00
10.00	01000	DIETARY	0	3,924,353				10.00
11.00	01100	CAFETERIA	110,222	0	1,580,081			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	19,552	0	9,062,649	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	110,222	0	17,579	0	0	14.00
15.00	01500	PHARMACY	25,033	0	43,759	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	113,681	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	55,344	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,375,254	2,423,899	223,808	0	1,571,968	30.00
31.00	03100	INTENSIVE CARE UNIT	287,393	145,170	39,898	0	280,230	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	4,075	158,384	477	0	3,349	34.00
40.00	04000	SUBPROVIDER - I PF	359,775	816,633	77,692	0	545,683	40.00
41.00	04100	SUBPROVIDER - I RF	80,920	380,267	15,101	0	106,063	41.00
43.00	04300	NURSERY	31,825	0	15,316	0	107,574	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	952,219	0	112,840	0	792,551	50.00
51.00	05100	RECOVERY ROOM	47,349	0	20,683	0	145,270	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	153,302	0	18,373	0	129,049	52.00
53.00	05300	ANESTHESIOLOGY	2,329	0	35,699	0	250,742	53.00
53.01	03950	PAIN CLINIC	0	0	224	0	1,576	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	122,836	0	58,486	0	410,789	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE RADIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	98,967	0	14,596	0	102,517	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	4,965	0	34,873	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	8,079	0	56,742	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	4,610	0	32,377	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	26,973	0	4,928	0	34,610	59.00
60.00	06000	LABORATORY	112,551	0	107,697	0	756,430	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	263,718	0	33,820	0	237,542	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	17,868	0	125,503	65.00
66.00	06600	PHYSICAL THERAPY	65,784	0	12,277	0	86,230	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,105	0	561	0	3,940	67.00
68.00	06800	SPEECH PATHOLOGY	5,822	0	1,692	0	11,887	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,506	0	24,628	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	11,669	0	81,961	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	17,077	0	1,936	0	13,594	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	4,245	0	29,816	76.00
76.01	03340	GASTROINTESTINAL SERVICES	91,981	0	8,612	0	60,486	76.01
76.02	03140	CARDIOLOGY	144,182	0	7,995	0	56,151	76.02
76.03	03560	PULMONARY FUNCTION TESTING	2,135	0	1,926	0	13,529	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	28	0	197	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	1,328	0	9,326	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	19,405	0	47,285	0	332,112	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B  
Part I  
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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
90.01	09001 CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.03	09002 PHYSICIAN OFFICES	0	0	138,628	0	973,679	90.03
90.06	09003 ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	6,770	0	47,548	90.06
90.07	09004 WOUND CARE CENTER	0	0	9,939	0	69,811	90.07
90.08	09008 INTENSIVISTS CLINIC	0	0	26,125	0	183,492	90.08
90.09	09009 NEUROLOGY CLINIC	0	0	11,996	0	84,259	90.09
90.10	09010 RHEUMATOLOGY CLINIC	0	0	14,297	0	100,415	90.10
90.11	09011 PEDIATRICS-GASTROENTEROL CLINIC	0	0	4,497	0	31,589	90.11
90.12	09012 VASCULAR CLINIC	0	0	187	0	1,313	90.12
90.13	09013 ONCOLOGY CLINIC	0	0	355	0	2,496	90.13
91.00	09100 EMERGENCY	492,507	0	54,858	0	385,308	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100 HOME HEALTH AGENCY	0	0	75,382	0	529,462	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	0	0	20,515	0	144,088	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	5,006,961	3,924,353	1,531,684	0	9,002,755	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	0	4,675	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951 FOUNDATION	0	0	0	0	0	194.01
194.02	07952 WELLNESS CENTER	0	0	8,527	0	59,894	194.02
194.03	07954 CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953 OTHER NON-REIMBURSABLE	0	0	35,195	0	0	194.05
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)	5,006,961	3,924,353	1,580,081	0	9,062,649	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-472,384					14.00
15.00	01500	PHARMACY	0	6,301,139				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	3,581,587			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0		20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	1,217,284	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	30,457	0	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	37,078	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	263,353	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	44,196	0	0	41.00
43.00	04300	NURSERY	0	0	200,701	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	1,198,001	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE RADIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	185,721	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
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 CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,129,127	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	0	0	0	0	0	76.01
76.02	03140	CARDIOLOGY	0	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	0	0	90.09
90.10	09010	RHEUMATOLOGY CLINIC	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	0	90.13
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	404,796	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	3,712	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	155,895	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	6,288,734	3,581,587	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
191.00	19100	RESEARCH	0	6	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	0	0	194.01
194.02	07952	WELLNESS CENTER	0	12,399	0	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	0	0	194.05
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	-472,384	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	-472,384	6,301,139	3,581,587	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS			
		20.00	21.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01 00401	PARKING					4.01
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL	7,307,434				20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD		7,484,304			21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD			3,901,927		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	5,169,996	930,826	485,284	42,884,415	-1,416,110
31.00 03100	INTENSIVE CARE UNIT	602,478	373,911	194,938	7,789,108	-568,849
34.00 03400	SURGICAL INTENSIVE CARE UNIT	323,481	0	0	831,182	0
40.00 04000	SUBPROVIDER - I PF	197,860	218,875	114,110	10,899,828	-332,985
41.00 04100	SUBPROVIDER - I RF	190,743	0	0	3,313,127	0
43.00 04300	NURSERY	0	0	0	2,405,705	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	402,487	209,836	31,740,408	-612,323
51.00 05100	RECOVERY ROOM	0	0	0	3,517,061	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	354,085	0	0	3,237,052	0
53.00 05300	ANESTHESIOLOGY	0	0	0	2,631,009	0
53.01 03950	PAIN CLINIC	0	0	0	125,167	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	33,439	17,433	10,610,811	-50,872
54.01 05401	NORTHSIDE IMAGING	0	0	0	580,629	0
54.02 05402	NORTHSIDE MAMMOGRAPHY	0	0	0	419,056	0
54.03 05403	NORTHSIDE ULTRASOUND	0	0	0	272,040	0
54.04 05404	NORTHSIDE RADIO	0	0	0	0	0
54.05 05405	NORTHSIDE ADMIN	0	0	0	0	0
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	3,506,574	0
56.00 05600	RADIOISOTOPE	0	0	0	0	0
56.01 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	2,108,794	0
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	1,108,350	0
57.01 05701	NORTHSIDE CT	0	0	0	414,952	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	974,095	0
58.01 05801	NORTHSIDE MRI	0	0	0	574,031	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	1,159,724	0
60.00 06000	LABORATORY	0	0	0	19,086,511	0
60.01 06001	NORTHSIDE LAB	0	0	0	0	0
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	1,171,603	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	4,878,492	0
65.00 06500	RESPIRATORY THERAPY	0	0	0	2,129,011	0
66.00 06600	PHYSICAL THERAPY	0	0	0	4,153,737	0
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	521,459	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	855,596	0
69.00 06900	ELECTROCARDIOLOGY	0	0	0	387,854	0
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,485,944	0
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	1,952,707	0
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	18,506,062	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	21,220,038	0
74.00 07400	RENAL DIALYSIS	0	0	0	585,372	0
76.00 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	684,552	0
76.01 03340	GASTROINTESTINAL SERVICES	0	31,919	16,641	2,197,260	-48,560
76.02 03140	CARDIOLOGY	0	0	0	1,994,118	0
76.03 03560	PULMONARY FUNCTION TESTING	0	0	0	229,417	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS			
		20.00	21.00			
76.97 07697 CARDIAC REHABILITATION	0	0	0	6,965	0	76.97
76.98 07698 HYPERBARIIC OXYGEN THERAPY	0	0	0	345,398	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	2,656,898	1,385,169	8,990,623	-4,042,067	90.00
90.01 09001 CHILLI FAMILY PHYSICIANS	0	0	0	1,954,103	0	90.01
90.03 09002 PHYSICIAN OFFICES	0	2,493,957	1,300,220	38,363,609	-3,794,177	90.03
90.06 09003 ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	529,218	0	90.06
90.07 09004 WOUND CARE CENTER	9,727	0	0	1,672,370	0	90.07
90.08 09008 INTENSIVISTS CLINIC	0	0	0	571,035	0	90.08
90.09 09009 NEUROLOGY CLINIC	0	0	0	249,061	0	90.09
90.10 09010 RHEUMATOLOGY CLINIC	0	0	0	419,049	0	90.10
90.11 09011 PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	65,634	0	90.11
90.12 09012 VASCULAR CLINIC	0	0	0	40,104	0	90.12
90.13 09013 ONCOLOGY CLINIC	0	0	0	110,046	0	90.13
91.00 09100 EMERGENCY	450,524	273,594	142,637	10,027,847	-416,231	91.00
92.00 09200 OBSERVATION BEDS					0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00 10100 HOME HEALTH AGENCY	4,270	0	0	11,664,576	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	4,270			4,256,636	0	116.00
118.00 11800 SUBTOTALS (SUM OF LINES 1 through 117)	7,307,434	7,415,906	3,866,268	292,409,125	-11,282,174	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00 19100 RESEARCH	0	68,398	35,659	1,650,884	-104,057	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01 07951 FOUNDATION	0	0	0	153,520	0	194.01
194.02 07952 WELLNESS CENTER	0	0	0	957,780	0	194.02
194.03 07954 CAPITAL LABOR	0	0	0	0	0	194.03
194.05 07953 OTHER NON-REIMBURSABLE	0	0	0	2,546,305	0	194.05
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	-472,384	0	201.00
202.00 TOTAL (sum lines 118 through 201)	7,307,434	7,484,304	3,901,927	297,245,230	-11,386,231	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0209	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 3/29/2018 11:29 am
Cost Center Description		Total			
		26.00			
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
4.01	00401	PARKING			4.01
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD			21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD			22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	41,468,305		30.00
31.00	03100	INTENSIVE CARE UNIT	7,220,259		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	831,182		34.00
40.00	04000	SUBPROVIDER - I PF	10,566,843		40.00
41.00	04100	SUBPROVIDER - I RF	3,313,127		41.00
43.00	04300	NURSERY	2,405,705		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	31,128,085		50.00
51.00	05100	RECOVERY ROOM	3,517,061		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,237,052		52.00
53.00	05300	ANESTHESIOLOGY	2,631,009		53.00
53.01	03950	PAIN CLINIC	125,167		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,559,939		54.00
54.01	05401	NORTHSIDE IMAGING	580,629		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	419,056		54.02
54.03	05403	NORTHSIDE ULTRASOUND	272,040		54.03
54.04	05404	NORTHSIDE RADIO	0		54.04
54.05	05405	NORTHSIDE ADMIN	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	3,506,574		55.00
56.00	05600	RADIOISOTOPE	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,108,794		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,108,350		57.00
57.01	05701	NORTHSIDE CT	414,952		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	974,095		58.00
58.01	05801	NORTHSIDE MRI	574,031		58.01
59.00	05900	CARDIAC CATHETERIZATION	1,159,724		59.00
60.00	06000	LABORATORY	19,086,511		60.00
60.01	06001	NORTHSIDE LAB	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,171,603		63.00
64.00	06400	INTRAVENOUS THERAPY	4,878,492		64.00
65.00	06500	RESPIRATORY THERAPY	2,129,011		65.00
66.00	06600	PHYSICAL THERAPY	4,153,737		66.00
67.00	06700	OCCUPATIONAL THERAPY	521,459		67.00
68.00	06800	SPEECH PATHOLOGY	855,596		68.00
69.00	06900	ELECTROCARDIOLOGY	387,854		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,485,944		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	1,952,707		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	18,506,062		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,220,038		73.00
74.00	07400	RENAL DIALYSIS	585,372		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	684,552		76.00
76.01	03340	GASTROINTESTINAL SERVICES	2,148,700		76.01
76.02	03140	CARDIOLOGY	1,994,118		76.02
76.03	03560	PULMONARY FUNCTION TESTING	229,417		76.03
76.97	07697	CARDIAC REHABILITATION	6,965		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	345,398		76.98
76.99	07699	LITHOTRIPSY	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	4,948,556		90.00
90.01	09001	CHILD/FAMILY PHYSICIANS	1,954,103		90.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description			Total	
			26.00	
90.03	09002	PHYSICIAN OFFICES	34,569,432	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	529,218	90.06
90.07	09004	WOUND CARE CENTER	1,672,370	90.07
90.08	09008	INTENSIVISTS CLINIC	571,035	90.08
90.09	09009	NEUROLOGY CLINIC	249,061	90.09
90.10	09010	RHEUMATOLOGY CLINIC	419,049	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	65,634	90.11
90.12	09012	VASCULAR CLINIC	40,104	90.12
90.13	09013	ONCOLOGY CLINIC	110,046	90.13
91.00	09100	EMERGENCY	9,611,616	91.00
92.00	09200	OBSERVATION BEDS		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500	AMBULANCE SERVICES	0	95.00
101.00	10100	HOME HEALTH AGENCY	11,664,576	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	4,256,636	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	281,126,951	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
191.00	19100	RESEARCH	1,546,827	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	19300	NONPAID WORKERS	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	194.00
194.01	07951	FOUNDATION	153,520	194.01
194.02	07952	WELLNESS CENTER	957,780	194.02
194.03	07954	CAPITAL LABOR	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	2,546,305	194.05
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	-472,384	201.00
202.00		TOTAL (sum lines 118 through 201)	285,858,999	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0209	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 3/29/2018 11:29 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	10,590	13,438	586	24,614	24,614 4.00
4.01 00401	PARKING	637,975	2,159	131,803	771,937	17 4.01
5.00 00500	ADMINISTRATIVE & GENERAL	232,642	315,619	19,496	567,757	357 5.00
6.00 00600	MAINTENANCE & REPAIRS	226,971	173,668	81,795	482,434	302 6.00
7.00 00700	OPERATION OF PLANT	639,618	1,514,764	140,750	2,295,132	181 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	662	32,687	137	33,486	20 8.00
9.00 00900	HOUSEKEEPING	41,494	117,579	7,977	167,050	327 9.00
10.00 01000	DIETARY	20,220	187,054	4,155	211,429	230 10.00
11.00 01100	CAFETERIA	4,609	127,364	23,839	155,812	167 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	0	0	0	181 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	324,301	91,867	24,444	440,612	99 14.00
15.00 01500	PHARMACY	104,402	70,931	21,569	196,902	652 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	992,719	1,625,955	55,412	2,674,086	934 20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	32,535	84,177	1,317	118,029	507 21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	2,358	0	0	2,358	290 22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	227,198	1,141,179	97,032	1,465,409	2,206 30.00
31.00 03100	INTENSIVE CARE UNIT	109,088	174,958	20,636	304,682	472 31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	-10,545	1,967	117	-8,461	6 34.00
40.00 04000	SUBPROVIDER - I PF	31,390	314,610	2,732	348,732	652 40.00
41.00 04100	SUBPROVIDER - I RF	12,809	131,094	2,608	146,511	137 41.00
43.00 04300	NURSERY	12,327	38,985	2,513	53,825	190 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	1,791,810	602,395	285,695	2,679,900	1,176 50.00
51.00 05100	RECOVERY ROOM	7,484	200,441	1,583	209,508	227 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	59,482	114,578	11,538	185,598	202 52.00
53.00 05300	ANESTHESIOLOGY	134,807	16,197	29,131	180,135	822 53.00
53.01 03950	PAIN CLINIC	2,366	0	82	2,448	2 53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,176,679	411,458	245,825	1,833,962	548 54.00
54.01 05401	NORTHSIDE IMAGING	24,473	0	3,281	27,754	16 54.01
54.02 05402	NORTHSIDE MAMMOGRAPHY	17,019	0	2,592	19,611	11 54.02
54.03 05403	NORTHSIDE ULTRASOUND	9,846	0	2,053	11,899	10 54.03
54.04 05404	NORTHSIDE CARDIO	0	0	0	0	0 54.04
54.05 05405	NORTHSIDE ADMIN	0	0	0	0	0 54.05
55.00 05500	RADIOLOGY-THERAPEUTIC	548,179	149,130	113,375	810,684	174 55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
56.01 03450	NUCLEAR MEDICINE - DIAGNOSTIC	297,350	142,424	8,522	448,296	58 56.01
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	16,215	0	6,847	23,062	74 57.00
57.01 05701	NORTHSIDE CT	15,894	0	2,892	18,786	11 57.01
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	30,500	67,967	6,301	104,768	51 58.00
58.01 05801	NORTHSIDE MRI	21,520	0	4,165	25,685	16 58.01
59.00 05900	CARDIAC CATHETERIZATION	207,000	39,495	36,849	283,344	63 59.00
60.00 06000	LABORATORY	560,418	280,543	20,633	861,594	837 60.00
60.01 06001	NORTHSIDE LAB	0	0	0	0	0 60.01
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0 62.30
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	40,327	150,318	12,771	203,416	333 64.00
65.00 06500	RESPIRATORY THERAPY	66,371	28,446	12,480	107,297	163 65.00
66.00 06600	PHYSICAL THERAPY	47,053	169,005	2,457	218,515	111 66.00
67.00 06700	OCCUPATIONAL THERAPY	2,067	24,244	207	26,518	5 67.00
68.00 06800	SPEECH PATHOLOGY	10,026	23,874	412	34,312	19 68.00
69.00 06900	ELECTROCARDIOLOGY	12,487	5,582	2,450	20,519	32 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	140,242	0	1,789	142,031	118 70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	30,450	15,737	5,504	51,691	29 74.00
76.00 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	869	50,174	156	51,199	45 76.00
76.01 03340	GASTROINTESTINAL SERVICES	54,738	64,404	10,880	130,022	93 76.01
76.02 03140	CARDIOLOGY	7,819	152,068	1,804	161,691	81 76.02
76.03 03560	PULMONARY FUNCTION TESTING	54,745	5,071	1,844	61,660	18 76.03
76.97 07697	CARDIAC REHABILITATION	0	0	128	128	1 76.97

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B  
Part II  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
		BLDG & FIXT	MVBLE EQUIP				
		0	2.00				2A
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	11	76.98	
76.99 07699 LITHOTRIpsy	0	0	0	0	0	76.99	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	148,374	38,320	16,034	202,728	367	90.00	
90.01 09001 CHI LLI FAMILY PHYSICIANS	57,430	0	2,504	59,934	331	90.01	
90.03 09002 PHYSICIAN OFFICES	1,562,117	251,062	76,195	1,889,374	7,282	90.03	
90.06 09003 ENDOCRINOLOGY, DIABETES & METABOLISM	17,827	0	1,595	19,422	110	90.06	
90.07 09004 WOUND CARE CENTER	50,986	0	777	51,763	146	90.07	
90.08 09008 INTENSIVISTS CLINIC	0	0	1,519	1,519	742	90.08	
90.09 09009 NEUROLOGY CLINIC	0	0	9,365	9,365	271	90.09	
90.10 09010 RHEUMATOLOGY CLINIC	31,930	50,851	1,128	83,909	160	90.10	
90.11 09011 PEDIATRICS-GASTROENTEROL CLINIC	24,599	0	0	24,599	101	90.11	
90.12 09012 VASCULAR CLINIC	4,139	0	0	4,139	1	90.12	
90.13 09013 ONCOLOGY CLINIC	9,544	15,200	0	24,744	11	90.13	
91.00 09100 EMERGENCY	102,930	165,301	22,011	290,242	564	91.00	
92.00 09200 OBSERVATION BEDS				0		92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
101.00 10100 HOME HEALTH AGENCY	181	0	9,862	10,043	766	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00 11300 INTEREST EXPENSE						113.00	
116.00 11600 HOSPICE	246,855	0	184	247,039	222	116.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	11,298,511	9,394,340	1,614,338	22,307,189	24,358	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
191.00 19100 RESEARCH	14,702	0	0	14,702	51	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
194.00 07950 HEARTLAND PHARMACY	0	0	0	0	0	194.00	
194.01 07951 FOUNDATION	0	36,941	0	36,941	0	194.01	
194.02 07952 WELLNESS CENTER	114,701	0	1,912	116,613	41	194.02	
194.03 07954 CAPITAL LABOR	0	0	0	0	0	194.03	
194.05 07953 OTHER NON-REIMBURSABLE	0	0	0	0	164	194.05	
200.00	Cross Foot Adjustments			0		200.00	
201.00	Negative Cost Centers			0		201.00	
202.00	TOTAL (sum lines 118 through 201)	11,427,914	9,431,281	1,616,250	22,475,445	24,614	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0209		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 3/29/2018 11:29 am	
Cost Center Description		PARKING	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4.01	5.00	6.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01	00401	PARKING	771,954				4.01
5.00	00500	ADMINISTRATIVE & GENERAL	25,876	593,990			5.00
6.00	00600	MAINTENANCE & REPAIRS	14,238	10,882	507,856		6.00
7.00	00700	OPERATION OF PLANT	124,189	32,229	86,180	2,537,911	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,680	663	1,860	11,193	49,902
9.00	00900	HOUSEKEEPING	9,640	9,291	6,690	40,262	0
10.00	01000	DIETARY	15,336	6,730	10,642	64,052	0
11.00	01100	CAFETERIA	10,442	2,188	7,246	43,612	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	18,017	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	7,532	0	5,227	31,457	3,834
15.00	01500	PHARMACY	5,815	12,004	4,036	24,288	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,136	0	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	133,305	4,875	92,507	556,765	0
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	6,901	14,311	4,789	28,824	0
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	7,774	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	93,561	51,859	64,926	390,765	14,545
31.00	03100	INTENSIVE CARE UNIT	14,344	10,573	9,954	59,910	1,972
34.00	03400	SURGICAL INTENSIVE CARE UNIT	161	595	112	674	20
40.00	04000	SUBPROVIDER - I PF	25,794	14,682	17,899	107,730	2,115
41.00	04100	SUBPROVIDER - I RF	10,748	4,198	7,458	44,889	711
43.00	04300	NURSERY	3,196	3,851	2,218	13,349	388
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	49,388	52,333	34,272	206,274	5,373
51.00	05100	RECOVERY ROOM	16,433	5,405	11,404	68,635	682
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,394	4,451	6,519	39,234	1,571
53.00	05300	ANESTHESIOLOGY	1,328	4,572	921	5,546	9
53.01	03950	PAIN CLINIC	0	246	0	0	10
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,734	17,405	23,409	140,893	3,567
54.01	05401	NORTHSIDE IMAGING	0	1,157	0	0	0
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	835	0	0	0
54.03	05403	NORTHSIDE ULTRASOUND	0	542	0	0	0
54.04	05404	NORTHSIDE RADIO	0	0	0	0	0
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	12,227	5,303	8,485	51,065	869
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	11,677	3,281	8,103	48,769	713
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	2,079	0	0	0
57.01	05701	NORTHSIDE CT	0	827	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,572	1,472	3,867	23,274	0
58.01	05801	NORTHSIDE MRI	0	1,144	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	3,238	1,948	2,247	13,524	0
60.00	06000	LABORATORY	23,001	34,448	15,961	96,064	20
60.01	06001	NORTHSIDE LAB	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	2,334	0	0	0
64.00	06400	INTRAVENOUS THERAPY	12,324	7,727	8,552	51,472	3,063
65.00	06500	RESPIRATORY THERAPY	2,332	3,791	1,618	9,741	1
66.00	06600	PHYSICAL THERAPY	13,856	6,956	9,615	57,871	511
67.00	06700	OCCUPATIONAL THERAPY	1,988	882	1,379	8,302	51
68.00	06800	SPEECH PATHOLOGY	1,957	1,524	1,358	8,175	165
69.00	06900	ELECTROCARDIOLOGY	458	684	318	1,911	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,757	0	0	995
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	3,890	0	0	0
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	36,870	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	30,066	0	0	0
74.00	07400	RENAL DIALYSIS	1,290	1,008	895	5,389	99
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,114	1,004	2,855	17,181	12
76.01	03340	GASTROINTESTINAL SERVICES	5,280	3,579	3,664	22,053	352
76.02	03140	CARDIOLOGY	12,467	2,662	8,652	52,071	675
76.03	03560	PULMONARY FUNCTION TESTING	416	392	289	1,736	18
76.97	07697	CARDIAC REHABILITATION	0	13	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	667	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	3,142	8,831	2,180	13,122	597

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description		PARKING	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4.01	5.00	6.00	7.00	8.00	
90.01	09001 CHILLI FAMILY PHYSICIANS	0	3,893	0	0	0	90.01
90.03	09002 PHYSICIAN OFFICES	20,584	65,181	14,284	85,969	372	90.03
90.06	09003 ENDOCRINOLOGY, DIABETES & METABOLISM	0	946	0	0	0	90.06
90.07	09004 WOUND CARE CENTER	0	3,146	0	0	451	90.07
90.08	09008 INTENSIVISTS CLINIC	0	720	0	0	0	90.08
90.09	09009 NEUROLOGY CLINIC	0	304	0	0	0	90.09
90.10	09010 RHEUMATOLOGY CLINIC	4,169	311	2,893	17,413	0	90.10
90.11	09011 PEDIATRICS-GASTROENTEROL CLINIC	0	59	0	0	0	90.11
90.12	09012 VASCULAR CLINIC	0	77	0	0	0	90.12
90.13	09013 ONCOLOGY CLINIC	1,246	125	865	5,205	0	90.13
91.00	09100 EMERGENCY	13,552	14,521	9,405	56,603	6,141	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100 HOME HEALTH AGENCY	0	22,018	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	0	7,833	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	768,925	584,077	505,754	2,525,262	49,902	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	3,072	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951 FOUNDATION	3,029	91	2,102	12,649	0	194.01
194.02	07952 WELLNESS CENTER	0	1,747	0	0	0	194.02
194.03	07954 CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953 OTHER NON-REIMBURSABLE	0	5,003	0	0	0	194.05
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)	771,954	593,990	507,856	2,537,911	49,902	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0209		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 3/29/2018 11:29 am	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	233,260					9.00
10.00	01000	DIETARY	0	308,419				10.00
11.00	01100	CAFETERIA	5,135	0	224,602			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,779	0	20,977	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,135	0	2,499	0	0	14.00
15.00	01500	PHARMACY	1,166	0	6,220	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	16,159	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	7,867	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	64,068	190,496	31,812	0	3,636	30.00
31.00	03100	INTENSIVE CARE UNIT	13,389	11,409	5,671	0	649	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	190	12,448	68	0	8	34.00
40.00	04000	SUBPROVIDER - I PF	16,761	64,180	11,044	0	1,263	40.00
41.00	04100	SUBPROVIDER - I RF	3,770	29,886	2,147	0	246	41.00
43.00	04300	NURSERY	1,483	0	2,177	0	249	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	44,361	0	16,040	0	1,834	50.00
51.00	05100	RECOVERY ROOM	2,206	0	2,940	0	336	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,142	0	2,612	0	299	52.00
53.00	05300	ANESTHESIOLOGY	108	0	5,075	0	580	53.00
53.01	03950	PAIN CLINIC	0	0	32	0	4	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,723	0	8,314	0	951	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE RADIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	4,611	0	2,075	0	237	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	706	0	81	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	1,148	0	131	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	655	0	75	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,257	0	700	0	80	59.00
60.00	06000	LABORATORY	5,243	0	15,309	0	1,751	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	12,286	0	4,807	0	550	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	2,540	0	290	65.00
66.00	06600	PHYSICAL THERAPY	3,065	0	1,745	0	200	66.00
67.00	06700	OCCUPATIONAL THERAPY	145	0	80	0	9	67.00
68.00	06800	SPEECH PATHOLOGY	271	0	241	0	28	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	498	0	57	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,659	0	190	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	796	0	275	0	31	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	603	0	69	76.00
76.01	03340	GASTROINTESTINAL SERVICES	4,285	0	1,224	0	140	76.01
76.02	03140	CARDIOLOGY	6,717	0	1,136	0	130	76.02
76.03	03560	PULMONARY FUNCTION TESTING	99	0	274	0	31	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	4	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	189	0	22	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	904	0	6,721	0	769	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B  
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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
90.01	09001 CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.03	09002 PHYSICIAN OFFICES	0	0	19,705	0	2,254	90.03
90.06	09003 ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	962	0	110	90.06
90.07	09004 WOUND CARE CENTER	0	0	1,413	0	162	90.07
90.08	09008 INTENSIVISTS CLINIC	0	0	3,714	0	425	90.08
90.09	09009 NEUROLOGY CLINIC	0	0	1,705	0	195	90.09
90.10	09010 RHEUMATOLOGY CLINIC	0	0	2,032	0	232	90.10
90.11	09011 PEDIATRICS-GASTROENTEROL CLINIC	0	0	639	0	73	90.11
90.12	09012 VASCULAR CLINIC	0	0	27	0	3	90.12
90.13	09013 ONCOLOGY CLINIC	0	0	51	0	6	90.13
91.00	09100 EMERGENCY	22,944	0	7,798	0	892	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100 HOME HEALTH AGENCY	0	0	10,715	0	1,226	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	0	0	2,916	0	334	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	233,260	308,419	217,722	0	20,838	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	0	665	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951 FOUNDATION	0	0	0	0	0	194.01
194.02	07952 WELLNESS CENTER	0	0	1,212	0	139	194.02
194.03	07954 CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953 OTHER NON-REIMBURSABLE	0	0	5,003	0	0	194.05
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)	233,260	308,419	224,602	0	20,977	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0209	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 3/29/2018 11:29 am		
Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
			14.00	15.00	16.00	17.00	19.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01	00401	PARKING					4.01
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	496,395				14.00
15.00	01500	PHARMACY	0	251,083			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	7,136		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	0	2,424	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	61	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	74	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	525	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	88	0	41.00
43.00	04300	NURSERY	0	0	400	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	2,387	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	54.03
54.04	05404	NORTHSIDE RADIO	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	370	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	244,229	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	0	0	0	0	76.01
76.02	03140	CARDIOLOGY	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B  
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Date/Time Prepared:  
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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	0	0	90.09
90.10	09010	RHEUMATOLOGY CLINIC	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	0	90.13
91.00	09100	EMERGENCY	0	0	807	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	148	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	0	6,212	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	250,589	7,136	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	0	0	194.01
194.02	07952	WELLNESS CENTER	0	494	0	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	0	0	194.05
200.00		Cross Foot Adjustments					0200.00
201.00		Negative Cost Centers	496,395	0	0	0	0201.00
202.00		TOTAL (sum lines 118 through 201)	496,395	251,083	7,136	0	0202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
		SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS		
		20.00	21.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01 00401 PARKING					4.01
5.00 00500 ADMINISTRATIVE & GENERAL					5.00
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000 NURSING SCHOOL	3,478,631				20.00
21.00 02100 I&R SRVCES-SALARY & FRINGES APPRVD		181,228			21.00
22.00 02200 I&R SRVCES-OTHER PRGM COSTS APPRVD			10,422		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS				2,375,707	0 30.00
31.00 03100 INTENSIVE CARE UNIT				433,086	0 31.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT				5,895	0 34.00
40.00 04000 SUBPROVIDER - I PF				611,377	0 40.00
41.00 04100 SUBPROVIDER - I RF				250,789	0 41.00
43.00 04300 NURSERY				81,326	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM				3,093,338	0 50.00
51.00 05100 RECOVERY ROOM				317,776	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM				257,022	0 52.00
53.00 05300 ANESTHESIOLOGY				199,096	0 53.00
53.01 03950 PAIN CLINIC				2,742	0 53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC				2,068,506	0 54.00
54.01 05401 NORTHSIDE IMAGING				28,927	0 54.01
54.02 05402 NORTHSIDE MAMMOGRAPHY				20,457	0 54.02
54.03 05403 NORTHSIDE ULTRASOUND				12,451	0 54.03
54.04 05404 NORTHSIDE RADIO				0	0 54.04
54.05 05405 NORTHSIDE ADMIN				0	0 54.05
55.00 05500 RADIOLOGY-THERAPEUTIC				896,100	0 55.00
56.00 05600 RADIOISOTOPE				0	0 56.00
56.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC				521,684	0 56.01
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN				26,494	0 57.00
57.01 05701 NORTHSIDE CT				19,624	0 57.01
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)				139,734	0 58.00
58.01 05801 NORTHSIDE MRI				26,845	0 58.01
59.00 05900 CARDIAC CATHETERIZATION				306,401	0 59.00
60.00 06000 LABORATORY				1,054,228	0 60.00
60.01 06001 NORTHSIDE LAB				0	0 60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.				0	0 62.30
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.				2,334	0 63.00
64.00 06400 INTRAVENOUS THERAPY				304,530	0 64.00
65.00 06500 RESPIRATORY THERAPY				127,773	0 65.00
66.00 06600 PHYSICAL THERAPY				312,445	0 66.00
67.00 06700 OCCUPATIONAL THERAPY				39,359	0 67.00
68.00 06800 SPEECH PATHOLOGY				48,050	0 68.00
69.00 06900 ELECTROCARDIOLOGY				24,477	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY				147,750	0 70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS				3,890	0 71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS				36,870	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS				274,295	0 73.00
74.00 07400 RENAL DIALYSIS				61,503	0 74.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES				77,082	0 76.00
76.01 03340 GASTROINTESTINAL SERVICES				170,692	0 76.01
76.02 03140 RADIOLOGY				246,282	0 76.02
76.03 03560 PULMONARY FUNCTION TESTING				64,933	0 76.03

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0209	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 3/29/2018 11:29 am
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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS			
		20.00	21.00			
76.97 07697 CARDIAC REHABILITATION				146	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY				889	0	76.98
76.99 07699 LITHOTRIpsy				0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC				239,361	0	90.00
90.01 09001 CHILLI FAMILY PHYSICIANS				64,158	0	90.01
90.03 09002 PHYSICIAN OFFICES				2,105,005	0	90.03
90.06 09003 ENDOCRINOLOGY, DIABETES & METABOLISM				21,550	0	90.06
90.07 09004 WOUND CARE CENTER				57,081	0	90.07
90.08 09008 INTENSIVISTS CLINIC				7,120	0	90.08
90.09 09009 NEUROLOGY CLINIC				11,840	0	90.09
90.10 09010 RHEUMATOLOGY CLINIC				111,119	0	90.10
90.11 09011 PEDIATRICS-GASTROENTEROL CLINIC				25,471	0	90.11
90.12 09012 VASCULAR CLINIC				4,247	0	90.12
90.13 09013 ONCOLOGY CLINIC				32,253	0	90.13
91.00 09100 EMERGENCY				423,469	0	91.00
92.00 09200 OBSERVATION BEDS					0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES				0	0	95.00
101.00 10100 HOME HEALTH AGENCY				44,916	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE				264,556	0	116.00
118.00 11800 SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	18,105,051	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00 19100 RESEARCH				18,490	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES				0	0	192.00
193.00 19300 NONPAID WORKERS				0	0	193.00
194.00 07950 HEARTLAND PHARMACY				0	0	194.00
194.01 07951 FOUNDATION				54,812	0	194.01
194.02 07952 WELLNESS CENTER				120,246	0	194.02
194.03 07954 CAPITAL LABOR				0	0	194.03
194.05 07953 OTHER NON-REIMBURSABLE				10,170	0	194.05
200.00 Cross Foot Adjustments	3,478,631	181,228	10,422	3,670,281	0	200.00
201.00 Negative Cost Centers	0	0	0	496,395	0	201.00
202.00 TOTAL (sum lines 118 through 201)	3,478,631	181,228	10,422	22,475,445	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0209	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 3/29/2018 11:29 am
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Cost Center Description		Total		
		26.00		
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
4.01	00401	PARKING		4.01
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	2,375,707	30.00
31.00	03100	INTENSIVE CARE UNIT	433,086	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	5,895	34.00
40.00	04000	SUBPROVIDER - I PF	611,377	40.00
41.00	04100	SUBPROVIDER - I RF	250,789	41.00
43.00	04300	NURSERY	81,326	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	3,093,338	50.00
51.00	05100	RECOVERY ROOM	317,776	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	257,022	52.00
53.00	05300	ANESTHESIOLOGY	199,096	53.00
53.01	03950	PAIN CLINIC	2,742	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,068,506	54.00
54.01	05401	NORTHSIDE IMAGING	28,927	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	20,457	54.02
54.03	05403	NORTHSIDE ULTRASOUND	12,451	54.03
54.04	05404	NORTHSIDE RADIO	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	896,100	55.00
56.00	05600	RADIOISOTOPE	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	521,684	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	26,494	57.00
57.01	05701	NORTHSIDE CT	19,624	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	139,734	58.00
58.01	05801	NORTHSIDE MRI	26,845	58.01
59.00	05900	CARDIAC CATHETERIZATION	306,401	59.00
60.00	06000	LABORATORY	1,054,228	60.00
60.01	06001	NORTHSIDE LAB	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,334	63.00
64.00	06400	INTRAVENOUS THERAPY	304,530	64.00
65.00	06500	RESPIRATORY THERAPY	127,773	65.00
66.00	06600	PHYSICAL THERAPY	312,445	66.00
67.00	06700	OCCUPATIONAL THERAPY	39,359	67.00
68.00	06800	SPEECH PATHOLOGY	48,050	68.00
69.00	06900	ELECTROCARDIOLOGY	24,477	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	147,750	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	3,890	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	36,870	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	274,295	73.00
74.00	07400	RENAL DIALYSIS	61,503	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	77,082	76.00
76.01	03340	GASTROINTESTINAL SERVICES	170,692	76.01
76.02	03140	CARDIOLOGY	246,282	76.02
76.03	03560	PULMONARY FUNCTION TESTING	64,933	76.03
76.97	07697	CARDIAC REHABILITATION	146	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	889	76.98
76.99	07699	LITHOTRIPSY	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	239,361	90.00
90.01	09001	CHILD/FAMILY PHYSICIANS	64,158	90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B  
Part II  
Date/Time Prepared:  
3/29/2018 11:29 am

Cost Center Description			Total	
			26.00	
90.03	09002	PHYSICIAN OFFICES	2,105,005	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	21,550	90.06
90.07	09004	WOUND CARE CENTER	57,081	90.07
90.08	09008	INTENSIVISTS CLINIC	7,120	90.08
90.09	09009	NEUROLOGY CLINIC	11,840	90.09
90.10	09010	RHEUMATOLOGY CLINIC	111,119	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	25,471	90.11
90.12	09012	VASCULAR CLINIC	4,247	90.12
90.13	09013	ONCOLOGY CLINIC	32,253	90.13
91.00	09100	EMERGENCY	423,469	91.00
92.00	09200	OBSERVATION BEDS		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500	AMBULANCE SERVICES	0	95.00
101.00	10100	HOME HEALTH AGENCY	44,916	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	264,556	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	18,105,051	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
191.00	19100	RESEARCH	18,490	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	19300	NONPAID WORKERS	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	194.00
194.01	07951	FOUNDATION	54,812	194.01
194.02	07952	WELLNESS CENTER	120,246	194.02
194.03	07954	CAPITAL LABOR	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	10,170	194.05
200.00		Cross Foot Adjustments	3,670,281	200.00
201.00		Negative Cost Centers	496,395	201.00
202.00		TOTAL (sum lines 118 through 201)	22,475,445	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B-1

Date/Time Prepared:  
3/29/2018 11:29 am

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PARKING (SQUARE FEET)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00	4.00	4.01				
<b>GENERAL SERVICE COST CENTERS</b>								
1.00 00100	CAP REL COSTS-BLDG & FIXT	738,351						1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		7,823,241					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,052	2,835	155,502,439				4.00
4.01 00401	PARKING	169	637,975	109,184	737,130			4.01
5.00 00500	ADMINISTRATIVE & GENERAL	24,709	94,370	2,260,428	24,709	-53,400,159		5.00
6.00 00600	MAINTENANCE & REPAIRS	13,596	395,918	1,912,335	13,596			6.00
7.00 00700	OPERATION OF PLANT	118,587	681,280	1,146,813	118,587			7.00
8.00 00800	LAUNDRY & LINEN SERVICE	2,559	662	127,055	2,559			8.00
9.00 00900	HOUSEKEEPING	9,205	38,611	2,069,997	9,205			9.00
10.00 01000	DIETARY	14,644	20,114	1,453,791	14,644			10.00
11.00 01100	CAFETERIA	9,971	115,388	1,059,479	9,971			11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0			12.00
13.00 01300	NURSING ADMINISTRATION	0	0	1,146,250	0			13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	7,192	118,316	626,737	7,192	901,307		14.00
15.00 01500	PHARMACY	5,553	104,402	4,124,903	5,553			15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0			16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0			17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0			19.00
20.00 02000	NURSING SCHOOL	127,292	268,212	5,910,425	127,292			20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	6,590	6,373	3,211,404	6,590			21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	1,833,277	0			22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00 03000	ADULTS & PEDIATRICS	89,340	469,672	13,963,889	89,340			30.00
31.00 03100	INTENSIVE CARE UNIT	13,697	99,887	2,989,991	13,697			31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	154	564	36,075	154			34.00
40.00 04000	SUBPROVIDER - I PF	24,630	13,223	4,128,318	24,630			40.00
41.00 04100	SUBPROVIDER - I RF	10,263	12,622	867,838	10,263			41.00
43.00 04300	NURSERY	3,052	12,166	1,204,434	3,052			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00 05000	OPERATING ROOM	47,160	1,382,881	7,442,128	47,160			50.00
51.00 05100	RECOVERY ROOM	15,692	7,662	1,435,640	15,692			51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	8,970	55,848	1,278,453	8,970			52.00
53.00 05300	ANESTHESIOLOGY	1,268	141,004	5,201,685	1,268			53.00
53.01 03950	PAIN CLINIC	0	395	10,453	0			53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	32,212	1,189,883	3,469,377	32,212			54.00
54.01 05401	NORTHSIDE IMAGING	0	15,882	101,388	0			54.01
54.02 05402	NORTHSIDE MAMMOGRAPHY	0	12,546	67,600	0			54.02
54.03 05403	NORTHSIDE ULTRASOUND	0	9,936	65,012	0			54.03
54.04 05404	NORTHSIDE RADIO	0	0	0	0			54.04
54.05 05405	NORTHSIDE ADMIN	0	0	0	0			54.05
55.00 05500	RADIOLOGY-THERAPEUTIC	11,675	548,774	1,102,025	11,675			55.00
56.00 05600	RADIOISOTOPE	0	0	0	0			56.00
56.01 03450	NUCLEAR MEDICINE - DIAGNOSTIC	11,150	41,248	369,312	11,150			56.01
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	33,140	471,065	0			57.00
57.01 05701	NORTHSIDE CT	0	13,997	70,780	0			57.01
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	5,321	30,500	323,714	5,321			58.00
58.01 05801	NORTHSIDE MRI	0	20,161	98,672	0			58.01
59.00 05900	CARDIAC CATHETERIZATION	3,092	178,365	396,843	3,092			59.00
60.00 06000	LABORATORY	21,963	99,872	5,296,026	21,963			60.00
60.01 06001	NORTHSIDE LAB	0	0	0	0			60.01
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0			62.30
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0			63.00
64.00 06400	INTRAVENOUS THERAPY	11,768	61,817	2,107,125	11,768			64.00
65.00 06500	RESPIRATORY THERAPY	2,227	60,406	1,031,221	2,227			65.00
66.00 06600	PHYSICAL THERAPY	13,231	11,893	700,505	13,231			66.00
67.00 06700	OCCUPATIONAL THERAPY	1,898	1,000	32,135	1,898			67.00
68.00 06800	SPEECH PATHOLOGY	1,869	1,994	122,103	1,869			68.00
69.00 06900	ELECTROCARDIOLOGY	437	11,860	202,462	437			69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	8,661	748,443	0			70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0			71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0			73.00
74.00 07400	RENAL DIALYSIS	1,232	26,643	183,778	1,232			74.00
76.00 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,928	755	283,138	3,928			76.00
76.01 03340	GASTROINTESTINAL SERVICES	5,042	52,665	586,623	5,042			76.01
76.02 03140	CARDIOLOGY	11,905	8,732	510,684	11,905			76.02
76.03 03560	PULMONARY FUNCTION TESTING	397	8,926	113,920	397			76.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B-1

Date/Time Prepared:  
3/29/2018 11:29 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PARKING (SQUARE FEET)	Reconciliation		
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00					4.00
76.97	07697	CARDI AC REHABILITATION	0	620	3,622	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	67,178	0	0	76.98
76.99	07699	LI THOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,000	77,610	2,325,317	3,000	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	12,122	2,092,579	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	19,655	368,811	45,810,554	19,655	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	7,721	695,776	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	3,759	926,004	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0	7,353	4,694,842	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0	45,331	1,715,977	0	0	90.09
90.10	09010	RHEUMATOLOGY CLINIC	3,981	5,462	1,012,494	3,981	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	638,985	0	0	90.11
90.12	09012	VASCULAR CLINIC	0	0	6,136	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	1,190	0	72,191	1,190	0	90.13
91.00	09100	EMERGENCY	12,941	106,539	3,568,162	12,941	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	47,734	4,846,208	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	890	1,403,034	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	735,459	7,813,988	153,883,992	734,238	-52,498,852	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	320,392	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	2,892	0	0	2,892	0	194.01
194.02	07952	WELLNESS CENTER	0	9,253	259,639	0	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	1,038,416	0	0	194.05
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)	9,431,281	1,616,250	7,971,473	139,559		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.773438	0.206596	0.051263	0.189328		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			24,614	771,954		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000158	1.047243		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01	00401	PARKING					4.01
5.00	00500	ADMINISTRATIVE & GENERAL	244,746,378				5.00
6.00	00600	MAINTENANCE & REPAIRS	4,483,722	698,825			6.00
7.00	00700	OPERATION OF PLANT	13,279,346	118,587	580,238		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	273,328	2,559	2,559	1,205,140	8.00
9.00	00900	HOUSEKEEPING	3,828,382	9,205	9,205	0	25,802
10.00	01000	DIETARY	2,773,170	14,644	14,644	0	0
11.00	01100	CAFETERIA	901,350	9,971	9,971	0	568
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	7,423,412	0	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,192	7,192	92,585	568
15.00	01500	PHARMACY	4,946,092	5,553	5,553	0	129
16.00	01600	MEDICAL RECORDS & LIBRARY	2,940,099	0	0	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	2,008,452	127,292	127,292	0	0
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	5,896,637	6,590	6,590	0	0
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	3,203,063	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	21,367,416	89,340	89,340	351,269	7,087
31.00	03100	INTENSIVE CARE UNIT	4,356,396	13,697	13,697	47,632	1,481
34.00	03400	SURGICAL INTENSIVE CARE UNIT	244,973	154	154	483	21
40.00	04000	SUBPROVIDER - I/PF	6,049,293	24,630	24,630	51,087	1,854
41.00	04100	SUBPROVIDER - I/RF	1,729,618	10,263	10,263	17,173	417
43.00	04300	NURSERY	1,586,898	3,052	3,052	9,382	164
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	21,562,899	47,160	47,160	129,749	4,907
51.00	05100	RECOVERY ROOM	2,226,839	15,692	15,692	16,474	244
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,834,074	8,970	8,970	37,932	790
53.00	05300	ANESTHESIOLOGY	1,883,848	1,268	1,268	208	12
53.01	03950	PAIN CLINIC	101,199	0	0	248	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,171,263	32,212	32,212	86,135	633
54.01	05401	NORTHSIDE IMAGING	476,634	0	0	0	0
54.02	05402	NORTHSIDE MAMMOGRAPHY	344,000	0	0	0	0
54.03	05403	NORTHSIDE ULTRASOUND	223,316	0	0	0	0
54.04	05404	NORTHSIDE RADIO	0	0	0	0	0
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	2,185,151	11,675	11,675	20,984	510
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,352,029	11,150	11,150	17,212	0
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	856,625	0	0	0	0
57.01	05701	NORTHSIDE CT	340,631	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	606,371	5,321	5,321	0	0
58.01	05801	NORTHSIDE MRI	471,218	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	802,754	3,092	3,092	0	139
60.00	06000	LABORATORY	14,193,729	21,963	21,963	473	580
60.01	06001	NORTHSIDE LAB	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	961,760	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	3,183,629	11,768	11,768	73,977	1,359
65.00	06500	RESPIRATORY THERAPY	1,561,812	2,227	2,227	31	0
66.00	06600	PHYSICAL THERAPY	2,866,263	13,231	13,231	12,333	339
67.00	06700	OCCUPATIONAL THERAPY	363,351	1,898	1,898	1,243	16
68.00	06800	SPEECH PATHOLOGY	628,047	1,869	1,869	3,986	30
69.00	06900	ELECTROCARDIOLOGY	281,912	437	437	6	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,135,927	0	0	24,035	0
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	1,602,963	0	0	0	0
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	15,191,491	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	12,388,019	0	0	0	0
74.00	07400	RENAL DIALYSIS	415,351	1,232	1,232	2,381	88
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	413,647	3,928	3,928	299	0
76.01	03340	GASTROINTESTINAL SERVICES	1,474,793	5,042	5,042	8,492	474
76.02	03140	CARDIOLOGY	1,096,729	11,905	11,905	16,313	743
76.03	03560	PULMONARY FUNCTION TESTING	161,610	397	397	424	11
76.97	07697	CARDIAC REHABILITATION	5,533	0	0	0	0
76.98	07698	HYPERBARI C OXYGEN THERAPY	274,789	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0209

Period:  
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To 12/31/2017

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Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)		
		5.00	6.00	7.00	8.00	9.00		
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	3,638,814	3,000	3,000	14,411	100	90.00
90.01	09001	CHILD FAMILY PHYSICIANS	1,604,109	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	26,860,441	19,655	19,655	8,989	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	389,842	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	1,296,210	0	0	10,882	0	90.07
90.08	09008	INTENSIVISTS CLINIC	296,685	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	125,437	0	0	0	0	90.09
90.10	09010	RHEUMATOLOGY CLINIC	127,957	3,981	3,981	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	24,256	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	31,690	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	51,566	1,190	1,190	0	0	90.13
91.00	09100	EMERGENCY	5,982,908	12,941	12,941	148,312	2,538	91.00
92.00	09200	OBSERVATION BEDS						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	9,072,301	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,227,642	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	240,661,711	695,933	577,346	1,205,140	25,802	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
191.00	19100	RESEARCH	1,265,936	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	37,489	2,892	2,892	0	0	194.01
194.02	07952	WELLNESS CENTER	719,890	0	0	0	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	2,061,352	0	0	0	0	194.05
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)	53,400,159	5,462,007	17,103,587	428,396	5,006,961	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.218186	7.815987	29.476847	0.355474	194.053213	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	593,990	507,856	2,537,911	49,902	233,260	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.002427	0.726728	4.373914	0.041408	9.040384	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

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Date/Time Prepared:  
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Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
4.01	00401						4.01
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	192,447					11.00
12.00	01200	0	168,987				12.00
13.00	01300	0	0	0			13.00
14.00	01400	0	2,091	0	137,995		14.00
15.00	01500	0	1,880	0	0	15,267,472	15.00
16.00	01600	0	4,680	0	0	42,490	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	12,158	0	0	29,556	20.00
21.00	02100	0	5,919	0	0	321	21.00
22.00	02200	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	118,866	23,936	0	23,936	860,942	30.00
31.00	03100	7,119	4,267	0	4,267	194,189	31.00
34.00	03400	7,767	51	0	51	195,606	34.00
40.00	04000	40,047	8,309	0	8,309	20,402	40.00
41.00	04100	18,648	1,615	0	1,615	66,506	41.00
43.00	04300	0	1,638	0	1,638	77,596	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	12,068	0	12,068	7,187,229	50.00
51.00	05100	0	2,212	0	2,212	157,614	51.00
52.00	05200	0	1,965	0	1,965	329,207	52.00
53.00	05300	0	3,818	0	3,818	453,365	53.00
53.01	03950	0	24	0	24	155,570	53.01
54.00	05400	0	6,255	0	6,255	523,842	54.00
54.01	05401	0	0	0	0	78	54.01
54.02	05402	0	0	0	0	3,855	54.02
54.03	05403	0	0	0	0	423	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	0	0	0	0	6,419	54.05
55.00	05500	0	1,561	0	1,561	24,650	55.00
56.00	05600	0	0	0	0	0	56.00
56.01	03450	0	531	0	531	659,632	56.01
57.00	05700	0	864	0	864	132,182	57.00
57.01	05701	0	0	0	0	19,561	57.01
58.00	05800	0	493	0	493	67,636	58.00
58.01	05801	0	0	0	0	35,466	58.01
59.00	05900	0	527	0	527	0	59.00
60.00	06000	0	11,518	0	11,518	26,810	60.00
60.01	06001	0	0	0	0	0	60.01
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	3,617	0	3,617	121	64.00
65.00	06500	0	1,911	0	1,911	134,193	65.00
66.00	06600	0	1,313	0	1,313	2,014	66.00
67.00	06700	0	60	0	60	0	67.00
68.00	06800	0	181	0	181	0	68.00
69.00	06900	0	375	0	375	0	69.00
70.00	07000	0	1,248	0	1,248	91,982	70.00
71.00	07100	0	0	0	0	1,602,963	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	207	0	207	138,291	74.00
76.00	03550	0	454	0	454	229	76.00
76.01	03340	0	921	0	921	514,091	76.01
76.02	03140	0	855	0	855	82,502	76.02
76.03	03560	0	206	0	206	0	76.03
76.97	07697	0	3	0	3	0	76.97
76.98	07698	0	142	0	142	0	76.98

COST ALLOCATION - STATISTICAL BASIS

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Period:  
From 01/01/2017  
To 12/31/2017

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Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.00	11.00	12.00	13.00	14.00	
76.99	07699 LI THOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	5,057	0	5,057	94,432	90.00
90.01	09001 CHILLI FAMILY PHYSICIANS	0	0	0	0	15,339	90.01
90.03	09002 PHYSICIAN OFFICES	0	14,826	0	14,826	473,412	90.03
90.06	09003 ENDOCRINOLOGY, DIABETES & METABOLISM	0	724	0	724	7,973	90.06
90.07	09004 WOUND CARE CENTER	0	1,063	0	1,063	112,579	90.07
90.08	09008 INTENSIVISTS CLINIC	0	2,794	0	2,794	0	90.08
90.09	09009 NEUROLOGY CLINIC	0	1,283	0	1,283	0	90.09
90.10	09010 RHEUMATOLOGY CLINIC	0	1,529	0	1,529	0	90.10
90.11	09011 PEDIATRICS-GASTROENTEROL CLINIC	0	481	0	481	0	90.11
90.12	09012 VASCULAR CLINIC	0	20	0	20	0	90.12
90.13	09013 ONCOLOGY CLINIC	0	38	0	38	0	90.13
91.00	09100 EMERGENCY	0	5,867	0	5,867	454,473	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100 HOME HEALTH AGENCY	0	8,062	0	8,062	202,247	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	0	2,194	0	2,194	68,801	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	192,447	163,811	0	137,083	15,266,789	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	500	0	0	256	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951 FOUNDATION	0	0	0	0	0	194.01
194.02	07952 WELLNESS CENTER	0	912	0	912	427	194.02
194.03	07954 CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953 OTHER NON-REIMBURSABLE	0	3,764	0	0	0	194.05
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,924,353	1,580,081	0	9,062,649	-472,384	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	20.391864	9.350311	0.000000	65.673749	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	308,419	224,602	0	20,977	496,395	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.602618	1.329108	0.000000	0.152013	0.032513	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0209

Period:  
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To 12/31/2017

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Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		15.00	16.00	17.00	19.00	20.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
4.01	00401						4.01
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	12,317,427					15.00
16.00	01600	0	43,275				16.00
17.00	01700	0	0	0			17.00
19.00	01900	0	0	0	0		19.00
20.00	02000	0	0	0		61,603	20.00
21.00	02100	0	0	0			21.00
22.00	02200	0	0	0			22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	14,708	0	0	43,584	30.00
31.00	03100	0	368	0	0	5,079	31.00
34.00	03400	0	448	0	0	2,727	34.00
40.00	04000	0	3,182	0	0	1,668	40.00
41.00	04100	0	534	0	0	1,608	41.00
43.00	04300	0	2,425	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	14,475	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	2,985	52.00
53.00	05300	0	0	0	0	0	53.00
53.01	03950	0	0	0	0	0	53.01
54.00	05400	0	0	0	0	0	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	0	0	0	0	0	54.05
55.00	05500	0	2,244	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
56.01	03450	0	0	0	0	0	56.01
57.00	05700	0	0	0	0	0	57.00
57.01	05701	0	0	0	0	0	57.01
58.00	05800	0	0	0	0	0	58.00
58.01	05801	0	0	0	0	0	58.01
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	0	0	0	0	65.00
66.00	06600	0	0	0	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	11,981,180	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03550	0	0	0	0	0	76.00
76.01	03340	0	0	0	0	0	76.01
76.02	03140	0	0	0	0	0	76.02
76.03	03560	0	0	0	0	0	76.03
76.97	07697	0	0	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		15.00	16.00	17.00	19.00	20.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	CHILD FAMILY PHYSICIANS	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	0	0	82	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	0	0	90.09
90.10	09010	RHEUMATOLOGY CLINIC	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	0	90.13
91.00	09100	EMERGENCY	0	4,891	0	3,798	91.00
92.00	09200	OBSERVATION BEDS					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	7,256	0	0	36	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	304,743	0	0	36	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,293,179	43,275	0	61,603	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
191.00	19100	RESEARCH	11	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	0	0	194.01
194.02	07952	WELLNESS CENTER	24,237	0	0	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	0	0	194.05
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,301,139	3,581,587	0	7,307,434	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.511563	82.763420	0.000000	118.621398	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	251,083	7,136	0	3,478,631	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.020384	0.164899	0.000000	56.468532	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

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Cost Center Description	INTERNS & RESIDENTS		
	SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)	
	21.00	22.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00 00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
4.01 00401	PARKING		4.01
5.00 00500	ADMINISTRATIVE & GENERAL		5.00
6.00 00600	MAINTENANCE & REPAIRS		6.00
7.00 00700	OPERATION OF PLANT		7.00
8.00 00800	LAUNDRY & LINEN SERVICE		8.00
9.00 00900	HOUSEKEEPING		9.00
10.00 01000	DIETARY		10.00
11.00 01100	CAFETERIA		11.00
12.00 01200	MAINTENANCE OF PERSONNEL		12.00
13.00 01300	NURSING ADMINISTRATION		13.00
14.00 01400	CENTRAL SERVICES & SUPPLY		14.00
15.00 01500	PHARMACY		15.00
16.00 01600	MEDICAL RECORDS & LIBRARY		16.00
17.00 01700	SOCIAL SERVICE		17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00 02000	NURSING SCHOOL		20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	24,620	21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD		22.00
		24,620	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00 03000	ADULTS & PEDIATRICS	3,062	30.00
31.00 03100	INTENSIVE CARE UNIT	1,230	31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00 04000	SUBPROVIDER - I PF	720	40.00
41.00 04100	SUBPROVIDER - I RF	0	41.00
43.00 04300	NURSERY	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000	OPERATING ROOM	1,324	50.00
51.00 05100	RECOVERY ROOM	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00 05300	ANESTHESIOLOGY	0	53.00
53.01 03950	PAIN CLINIC	0	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	110	54.00
54.01 05401	NORTHSIDE IMAGING	0	54.01
54.02 05402	NORTHSIDE MAMMOGRAPHY	0	54.02
54.03 05403	NORTHSIDE ULTRASOUND	0	54.03
54.04 05404	NORTHSIDE RADIO	0	54.04
54.05 05405	NORTHSIDE ADMIN	0	54.05
55.00 05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00 05600	RADIOISOTOPE	0	56.00
56.01 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	56.01
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	57.00
57.01 05701	NORTHSIDE CT	0	57.01
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
58.01 05801	NORTHSIDE MRI	0	58.01
59.00 05900	CARDIAC CATHETERIZATION	0	59.00
60.00 06000	LABORATORY	0	60.00
60.01 06001	NORTHSIDE LAB	0	60.01
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	62.30
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	65.00
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 CHRGD TO PATIENTS	0	71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00 07400	RENAL DIALYSIS	0	74.00
76.00 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	76.00
76.01 03340	GASTROINTESTINAL SERVICES	105	76.01
76.02 03140	CARDIOLOGY	0	76.02
76.03 03560	PULMONARY FUNCTION TESTING	0	76.03
76.97 07697	CARDIAC REHABILITATION	0	76.97

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0209

Period:  
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To 12/31/2017

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Cost Center Description	INTERNS & RESIDENTS			
	SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)		
	21.00	22.00		
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LITHOTRIpsy	0	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	8,740	8,740		90.00
90.01 09001 CHI LLI FAMILY PHYSICIANS	0	0		90.01
90.03 09002 PHYSICIAN OFFICES	8,204	8,204		90.03
90.06 09003 ENDOCRINOLOGY, DIABETES & METABOLISM	0	0		90.06
90.07 09004 WOUND CARE CENTER	0	0		90.07
90.08 09008 INTENSIVISTS CLINIC	0	0		90.08
90.09 09009 NEUROLOGY CLINIC	0	0		90.09
90.10 09010 RHEUMATOLOGY CLINIC	0	0		90.10
90.11 09011 PEDIATRICS-GASTROENTEROL CLINIC	0	0		90.11
90.12 09012 VASCULAR CLINIC	0	0		90.12
90.13 09013 ONCOLOGY CLINIC	0	0		90.13
91.00 09100 EMERGENCY	900	900		91.00
92.00 09200 OBSERVATION BEDS				92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
101.00 10100 HOME HEALTH AGENCY	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00 11300 INTEREST EXPENSE				113.00
116.00 11600 HOSPICE				116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	24,395	24,395	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
191.00 19100 RESEARCH	225	225		191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0		192.00
193.00 19300 NONPAID WORKERS	0	0		193.00
194.00 07950 HEARTLAND PHARMACY	0	0		194.00
194.01 07951 FOUNDATION	0	0		194.01
194.02 07952 WELLNESS CENTER	0	0		194.02
194.03 07954 CAPITAL LABOR	0	0		194.03
194.05 07953 OTHER NON-REIMBURSABLE	0	0		194.05
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)	7,484,304	3,901,927	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	303.992851	158.486068	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	181,228	10,422	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	7.361007	0.423314	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0209	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 3/29/2018 11:29 am
			Title XVIII	Hospital	PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		41,468,305	2,797	41,471,102
31.00	03100 INTENSIVE CARE UNIT		7,220,259	0	7,220,259
34.00	03400 SURGICAL INTENSIVE CARE UNIT		831,182	0	831,182
40.00	04000 SUBPROVIDER - I/PF		10,566,843	0	10,566,843
41.00	04100 SUBPROVIDER - I/RF		3,313,127	0	3,313,127
43.00	04300 NURSERY		2,405,705	0	2,405,705
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM		31,128,085	2,454	31,130,539
51.00	05100 RECOVERY ROOM		3,517,061	0	3,517,061
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,237,052	18,400	3,255,452
53.00	05300 ANESTHESIOLOGY		2,631,009	9,274	2,640,283
53.01	03950 PAIN CLINIC		125,167	812	125,979
54.00	05400 RADIOLOGY-DIAGNOSTIC		10,559,939	0	10,559,939
54.01	05401 NORTHSIDE IMAGING		580,629	0	580,629
54.02	05402 NORTHSIDE MAMMOGRAPHY		419,056	0	419,056
54.03	05403 NORTHSIDE ULTRASOUND		272,040	0	272,040
54.04	05404 NORTHSIDE RADIO		0	0	0
54.05	05405 NORTHSIDE ADMIN		0	0	0
55.00	05500 RADIOLOGY-THERAPEUTIC		3,506,574	0	3,506,574
56.00	05600 RADIOISOTOPE		0	0	0
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC		2,108,794	0	2,108,794
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN		1,108,350	0	1,108,350
57.01	05701 NORTHSIDE CT		414,952	0	414,952
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		974,095	0	974,095
58.01	05801 NORTHSIDE MRI		574,031	0	574,031
59.00	05900 CARDIAC CATHETERIZATION		1,159,724	0	1,159,724
60.00	06000 LABORATORY		19,086,511	0	19,086,511
60.01	06001 NORTHSIDE LAB		0	0	0
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.		1,171,603	0	1,171,603
64.00	06400 INTRAVENOUS THERAPY		4,878,492	0	4,878,492
65.00	06500 RESPIRATORY THERAPY	0	2,129,011	0	2,129,011
66.00	06600 PHYSICAL THERAPY	0	4,153,737	0	4,153,737
67.00	06700 OCCUPATIONAL THERAPY	0	521,459	0	521,459
68.00	06800 SPEECH PATHOLOGY	0	855,596	0	855,596
69.00	06900 ELECTROCARDIOLOGY		387,854	0	387,854
70.00	07000 ELECTROENCEPHALOGRAPHY		1,485,944	9,132	1,495,076
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS		1,952,707	0	1,952,707
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS		18,506,062	0	18,506,062
73.00	07300 DRUGS CHARGED TO PATIENTS		21,220,038	0	21,220,038
74.00	07400 RENAL DIALYSIS		585,372	0	585,372
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		684,552	0	684,552
76.01	03340 GASTROINTESTINAL SERVICES		2,148,700	0	2,148,700
76.02	03140 RADIOLOGY		1,994,118	0	1,994,118
76.03	03560 PULMONARY FUNCTION TESTING		229,417	0	229,417
76.97	07697 CARDIAC REHABILITATION		6,965	0	6,965
76.98	07698 HYPERBARIC OXYGEN THERAPY		345,398	0	345,398
76.99	07699 LI THOTRI PSY		0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC		4,948,556	3,682	4,952,238
90.01	09001 CHI LLI FAMILY PHYSICIANS		1,954,103	1,351	1,955,454
90.03	09002 PHYSICIAN OFFICES		34,569,432	308,887	34,878,319
90.06	09003 ENDOCRINOLOGY, DIABETES & METABOLISM		529,218	0	529,218
90.07	09004 WOUND CARE CENTER		1,672,370	0	1,672,370
90.08	09008 INTENSIVISTS CLINIC		571,035	2,132	573,167
90.09	09009 NEUROLOGY CLINIC		249,061	0	249,061
90.10	09010 RHEUMATOLOGY CLINIC		419,049	142	419,191
90.11	09011 PEDIATRICS-GASTROENTEROL CLINIC		65,634	62	65,696
90.12	09012 VASCULAR CLINIC		40,104	3,539	43,643
90.13	09013 ONCOLOGY CLINIC		110,046	0	110,046
91.00	09100 EMERGENCY		9,611,616	126,882	9,738,498
92.00	09200 OBSERVATION BEDS		4,801,644	0	4,801,644
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES	0	0	0	0
101.00	10100 HOME HEALTH AGENCY		11,664,576	0	11,664,576
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300 INTEREST EXPENSE				
116.00	11600 HOSPICE		4,256,636		4,256,636

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0209		Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 3/29/2018 11:29 am	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
200.00	Subtotal (see instructions)	285,928,595	0	285,928,595	489,546	286,418,141	200.00
201.00	Less Observation Beds	4,801,644		4,801,644		4,801,644	201.00
202.00	Total (see instructions)	281,126,951	0	281,126,951	489,546	281,616,497	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 14-0209		Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 3/29/2018 11:29 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
				Inpatient	Outpatient	Total (col. 6 + col. 7)			
				6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	92,888,137		92,888,137				30.00
31.00	03100	INTENSIVE CARE UNIT	21,985,361		21,985,361				31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	4,787		4,787				34.00
40.00	04000	SUBPROVIDER - I/PF	30,856,515		30,856,515				40.00
41.00	04100	SUBPROVIDER - I/RF	8,663,612		8,663,612				41.00
43.00	04300	NURSERY	6,214,616		6,214,616				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	79,497,269	69,550,838	149,048,107	0.208846	0.000000		50.00
51.00	05100	RECOVERY ROOM	13,937,579	15,694,055	29,631,634	0.118693	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,293,597	217,164	11,510,761	0.281220	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	19,618,771	28,502,325	48,121,096	0.054675	0.000000		53.00
53.01	03950	PAIN CLINIC	10	440	450	278.148889	0.000000		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,617,928	32,115,262	44,733,190	0.236065	0.000000		54.00
54.01	05401	NORTHSIDE IMAGING	6,103	2,582,695	2,588,798	0.224285	0.000000		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	481	1,876,006	1,876,487	0.223319	0.000000		54.02
54.03	05403	NORTHSIDE ULTRASOUND	7,979	1,483,934	1,491,913	0.182343	0.000000		54.03
54.04	05404	NORTHSIDE RADIO	0	0	0	0.000000	0.000000		54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0.000000	0.000000		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	782,717	20,438,214	21,220,931	0.165241	0.000000		55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,529,408	12,889,321	14,418,729	0.146254	0.000000		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	18,377,195	46,986,881	65,364,076	0.016957	0.000000		57.00
57.01	05701	NORTHSIDE CT	88,143	7,975,252	8,063,395	0.051461	0.000000		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,002,512	14,712,914	20,715,426	0.047023	0.000000		58.00
58.01	05801	NORTHSIDE MRI	12,358	7,412,896	7,425,254	0.077308	0.000000		58.01
59.00	05900	CARDIAC CATHETERIZATION	11,312,915	22,342,030	33,654,945	0.034459	0.000000		59.00
60.00	06000	LABORATORY	51,918,115	153,210,415	205,128,530	0.093047	0.000000		60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0.000000	0.000000		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	4,814,371	358,460	5,172,831	0.226492	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	4,888,522	19,325,625	24,214,147	0.201473	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	18,185,934	1,483,155	19,669,089	0.108241	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	11,639,790	2,423,940	14,063,730	0.295351	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,837,032	182,194	2,019,226	0.258247	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	2,161,678	571,740	2,733,418	0.313013	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	2,799,673	4,271,628	7,071,301	0.054849	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	577,914	10,906,357	11,484,271	0.129389	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	44,621,920	26,333,575	70,955,495	0.027520	0.000000		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	41,406,152	16,544,502	57,950,654	0.319342	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	41,360,719	24,685,137	66,045,856	0.321292	0.000000		73.00
74.00	07400	RENAL DIALYSIS	1,892,843	45,228	1,938,071	0.302038	0.000000		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	212,228	2,818,297	3,030,525	0.225886	0.000000		76.00
76.01	03340	GASTROINTESTINAL SERVICES	4,390,325	14,492,039	18,882,364	0.113794	0.000000		76.01
76.02	03140	CARDIOLOGY	6,578,609	7,184,744	13,763,353	0.144886	0.000000		76.02
76.03	03560	PULMONARY FUNCTION TESTING	1,401,021	1,983,073	3,384,094	0.067793	0.000000		76.03
76.97	07697	CARDIAC REHABILITATION	0	1	1	6,965.000000	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,339,351	2,339,351	0.147647	0.000000		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	2,110,944	13,692,787	15,803,731	0.313126	0.000000		90.00
90.01	09001	CHILD/FAMILY PHYSICIANS	0	0	0	0.000000	0.000000		90.01
90.03	09002	PHYSICIAN OFFICES	0	26,805,941	26,805,941	1.289618	0.000000		90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	274,670	1,735,493	2,010,163	0.263271	0.000000		90.06
90.07	09004	WOUND CARE CENTER	680,799	3,058,606	3,739,405	0.447229	0.000000		90.07
90.08	09008	INTENSIVISTS CLINIC	0	52,723	52,723	10.830852	0.000000		90.08
90.09	09009	NEUROLOGY CLINIC	0	32,706	32,706	7.615147	0.000000		90.09
90.10	09010	RHEUMATOLOGY CLINIC	0	129,265	129,265	3.241782	0.000000		90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	167	167	393.017964	0.000000		90.11
90.12	09012	VASCULAR CLINIC	0	0	0	0.000000	0.000000		90.12
90.13	09013	ONCOLOGY CLINIC	0	28,857	28,857	3.813494	0.000000		90.13
91.00	09100	EMERGENCY	11,373,254	41,890,255	53,263,509	0.180454	0.000000		91.00
92.00	09200	OBSERVATION BEDS	1,087,119	7,059,541	8,146,660	0.589400	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
101.00	10100	HOME HEALTH AGENCY	0	10,113,005	10,113,005				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	0	4,862,759	4,862,759				116.00
200.00		Subtotal (see instructions)	591,911,625	683,401,793	1,275,313,418				200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0209			Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 3/29/2018 11:29 am	
		Title XVIII			Hospital		PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
		Inpatient	Outpatient	Total (col. 6 + col. 7)				
		6.00	7.00	8.00	9.00	10.00		
201.00	Less Observation Beds						201.00	
202.00	Total (see instructions)	591,911,625	683,401,793	1,275,313,418			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0209	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 3/29/2018 11:29 am
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.208862		50.00
51.00	05100	RECOVERY ROOM	0.118693		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.282818		52.00
53.00	05300	ANESTHESIOLOGY	0.054867		53.00
53.01	03950	PAIN CLINIC	279.953333		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.236065		54.00
54.01	05401	NORTHSIDE IMAGING	0.224285		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.223319		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.182343		54.03
54.04	05404	NORTHSIDE RADIO	0.000000		54.04
54.05	05405	NORTHSIDE ADMIN	0.000000		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.165241		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.146254		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.016957		57.00
57.01	05701	NORTHSIDE CT	0.051461		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.047023		58.00
58.01	05801	NORTHSIDE MRI	0.077308		58.01
59.00	05900	CARDIAC CATHETERIZATION	0.034459		59.00
60.00	06000	LABORATORY	0.093047		60.00
60.01	06001	NORTHSIDE LAB	0.000000		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.226492		63.00
64.00	06400	INTRAVENOUS THERAPY	0.201473		64.00
65.00	06500	RESPIRATORY THERAPY	0.108241		65.00
66.00	06600	PHYSICAL THERAPY	0.295351		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.258247		67.00
68.00	06800	SPEECH PATHOLOGY	0.313013		68.00
69.00	06900	ELECTROCARDIOLOGY	0.054849		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.130185		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.027520		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.319342		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.321292		73.00
74.00	07400	RENAL DIALYSIS	0.302038		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.225886		76.00
76.01	03340	GASTROINTESTINAL SERVICES	0.113794		76.01
76.02	03140	CARDIOLOGY	0.144886		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.067793		76.03
76.97	07697	CARDIAC REHABILITATION	6,965.000000		76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.147647		76.98
76.99	07699	LITHOTRI PSY	0.000000		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.313359		90.00
90.01	09001	CHILD FAMIL Y PHYSICIANS	0.000000		90.01
90.03	09002	PHYSICIAN OFFICES	1.301141		90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0.263271		90.06
90.07	09004	WOUND CARE CENTER	0.447229		90.07
90.08	09008	INTENSIVISTS CLINIC	10.871290		90.08
90.09	09009	NEUROLOGY CLINIC	7.615147		90.09
90.10	09010	RHEUMATOLOGY CLINIC	3.242881		90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	393.389222		90.11
90.12	09012	VASCULAR CLINIC	0.000000		90.12
90.13	09013	ONCOLOGY CLINIC	3.813494		90.13
91.00	09100	EMERGENCY	0.182836		91.00
92.00	09200	OBSERVATION BEDS	0.589400		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0209		Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 3/29/2018 11:29 am		
		Title XIX		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	42,884,415		42,884,415	2,797	42,887,212	30.00
31.00	03100	INTENSIVE CARE UNIT	7,789,108		7,789,108	0	7,789,108	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	831,182		831,182	0	831,182	34.00
40.00	04000	SUBPROVIDER - I/PF	10,899,828		10,899,828	0	10,899,828	40.00
41.00	04100	SUBPROVIDER - I/RF	3,313,127		3,313,127	0	3,313,127	41.00
43.00	04300	NURSERY	2,405,705		2,405,705	0	2,405,705	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	31,740,408		31,740,408	2,454	31,742,862	50.00
51.00	05100	RECOVERY ROOM	3,517,061		3,517,061	0	3,517,061	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,237,052		3,237,052	18,400	3,255,452	52.00
53.00	05300	ANESTHESIOLOGY	2,631,009		2,631,009	9,274	2,640,283	53.00
53.01	03950	PAIN CLINIC	125,167		125,167	812	125,979	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,610,811		10,610,811	0	10,610,811	54.00
54.01	05401	NORTHSIDE IMAGING	580,629		580,629	0	580,629	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	419,056		419,056	0	419,056	54.02
54.03	05403	NORTHSIDE ULTRASOUND	272,040		272,040	0	272,040	54.03
54.04	05404	NORTHSIDE RADIO	0		0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0		0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	3,506,574		3,506,574	0	3,506,574	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,108,794		2,108,794	0	2,108,794	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,108,350		1,108,350	0	1,108,350	57.00
57.01	05701	NORTHSIDE CT	414,952		414,952	0	414,952	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	974,095		974,095	0	974,095	58.00
58.01	05801	NORTHSIDE MRI	574,031		574,031	0	574,031	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,159,724		1,159,724	0	1,159,724	59.00
60.00	06000	LABORATORY	19,086,511		19,086,511	0	19,086,511	60.00
60.01	06001	NORTHSIDE LAB	0		0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,171,603		1,171,603	0	1,171,603	63.00
64.00	06400	INTRAVENOUS THERAPY	4,878,492		4,878,492	0	4,878,492	64.00
65.00	06500	RESPIRATORY THERAPY	2,129,011	0	2,129,011	0	2,129,011	65.00
66.00	06600	PHYSICAL THERAPY	4,153,737	0	4,153,737	0	4,153,737	66.00
67.00	06700	OCCUPATIONAL THERAPY	521,459	0	521,459	0	521,459	67.00
68.00	06800	SPEECH PATHOLOGY	855,596	0	855,596	0	855,596	68.00
69.00	06900	ELECTROCARDIOLOGY	387,854		387,854	0	387,854	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,485,944		1,485,944	9,132	1,495,076	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	1,952,707		1,952,707	0	1,952,707	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	18,506,062		18,506,062	0	18,506,062	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,220,038		21,220,038	0	21,220,038	73.00
74.00	07400	RENAL DIALYSIS	585,372		585,372	0	585,372	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	684,552		684,552	0	684,552	76.00
76.01	03340	GASTROINTESTINAL SERVICES	2,197,260		2,197,260	0	2,197,260	76.01
76.02	03140	CARDIOLOGY	1,994,118		1,994,118	0	1,994,118	76.02
76.03	03560	PULMONARY FUNCTION TESTING	229,417		229,417	0	229,417	76.03
76.97	07697	CARDIAC REHABILITATION	6,965		6,965	0	6,965	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	345,398		345,398	0	345,398	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	8,990,623		8,990,623	3,682	8,994,305	90.00
90.01	09001	CHILD FAMILIY PHYSICIANS	1,954,103		1,954,103	1,351	1,955,454	90.01
90.03	09002	PHYSICIAN OFFICES	38,363,609		38,363,609	308,887	38,672,496	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	529,218		529,218	0	529,218	90.06
90.07	09004	WOUND CARE CENTER	1,672,370		1,672,370	0	1,672,370	90.07
90.08	09008	INTENSIVISTS CLINIC	571,035		571,035	2,132	573,167	90.08
90.09	09009	NEUROLOGY CLINIC	249,061		249,061	0	249,061	90.09
90.10	09010	RHEUMATOLOGY CLINIC	419,049		419,049	142	419,191	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	65,634		65,634	62	65,696	90.11
90.12	09012	VASCULAR CLINIC	40,104		40,104	3,539	43,643	90.12
90.13	09013	ONCOLOGY CLINIC	110,046		110,046	0	110,046	90.13
91.00	09100	EMERGENCY	10,027,847		10,027,847	126,882	10,154,729	91.00
92.00	09200	OBSERVATION BEDS	4,965,593		4,965,593	0	4,965,593	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	11,664,576		11,664,576	0	11,664,576	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	4,256,636		4,256,636		4,256,636	116.00

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	
200.00	Subtotal (see instructions)	297,374,718	0	297,374,718	489,546	297,864,264	200.00
201.00	Less Observation Beds	4,965,593		4,965,593		4,965,593	201.00
202.00	Total (see instructions)	292,409,125	0	292,409,125	489,546	292,898,671	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet C  
Part I  
Date/Time Prepared:  
3/29/2018 11:29 am

			Title XIX			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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	0		0				30.00
31.00	03100	INTENSIVE CARE UNIT	0		0				31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
40.00	04000	SUBPROVIDER - I PF	0		0				40.00
41.00	04100	SUBPROVIDER - I RF	0		0				41.00
43.00	04300	NURSERY	0		0				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000		53.00
53.01	03950	PAIN CLINIC	0	0	0	0.000000	0.000000		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000		54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0.000000	0.000000		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0.000000	0.000000		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0.000000	0.000000		54.03
54.04	05404	NORTHSIDE RADIO	0	0	0	0.000000	0.000000		54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0.000000	0.000000		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0.000000	0.000000		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0.000000	0.000000		57.00
57.01	05701	NORTHSIDE CT	0	0	0	0.000000	0.000000		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000		58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0.000000	0.000000		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000		59.00
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000		60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0.000000	0.000000		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0.000000	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0.000000	0.000000		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0.000000	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	0.000000		76.00
76.01	03340	GASTROINTESTINAL SERVICES	0	0	0	0.000000	0.000000		76.01
76.02	03140	CARDIOLOGY	0	0	0	0.000000	0.000000		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0.000000	0.000000		76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000		76.98
76.99	07699	LI THOTRI PSY	0	0	0	0.000000	0.000000		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	CHILD FAMILY PHYSICIANS	0	0	0	0.000000	0.000000		90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0	0.000000	0.000000		90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	0.000000	0.000000		90.06
90.07	09004	WOUND CARE CENTER	0	0	0	0.000000	0.000000		90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	0	0.000000	0.000000		90.08
90.09	09009	NEUROLOGY CLINIC	0	0	0	0.000000	0.000000		90.09
90.10	09010	RHEUMATOLOGY CLINIC	0	0	0	0.000000	0.000000		90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0.000000	0.000000		90.11
90.12	09012	VASCULAR CLINIC	0	0	0	0.000000	0.000000		90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	0.000000	0.000000		90.13
91.00	09100	EMERGENCY	0	0	0	0.000000	0.000000		91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0.000000	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	0	0	0				116.00
200.00		Subtotal (see instructions)	0	0	0				200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0209			Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 3/29/2018 11:29 am	
		Title XIX			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		
201.00	Less Observation Beds						201.00	
202.00	Total (see instructions)	0	0	0			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0209	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 3/29/2018 11:29 am
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
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
53.01	03950	PAIN CLINIC	0.000000		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401	NORTHSIDE IMAGING	0.000000		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.000000		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.000000		54.03
54.04	05404	NORTHSIDE RADIO	0.000000		54.04
54.05	05405	NORTHSIDE ADMIN	0.000000		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000		57.00
57.01	05701	NORTHSIDE CT	0.000000		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
58.01	05801	NORTHSIDE MRI	0.000000		58.01
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
60.01	06001	NORTHSIDE LAB	0.000000		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
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 CHRGD TO PATIENTS	0.000000		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		76.00
76.01	03340	GASTROINTESTINAL SERVICES	0.000000		76.01
76.02	03140	CARDIOLOGY	0.000000		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.000000		76.03
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHIOTHERAPY	0.000000		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	CHILD FAMILY PHYSICIANS	0.000000		90.01
90.03	09002	PHYSICIAN OFFICES	0.000000		90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0.000000		90.06
90.07	09004	WOUND CARE CENTER	0.000000		90.07
90.08	09008	INTENSIVISTS CLINIC	0.000000		90.08
90.09	09009	NEUROLOGY CLINIC	0.000000		90.09
90.10	09010	RHEUMATOLOGY CLINIC	0.000000		90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0.000000		90.11
90.12	09012	VASCULAR CLINIC	0.000000		90.12
90.13	09013	ONCOLOGY CLINIC	0.000000		90.13
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 14-0209

Period: From 01/01/2017 To 12/31/2017

Worksheet C Part II Date/Time Prepared: 3/29/2018 11:29 am

Cost Center Description			Title XIX			Hospital	PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	31,740,408	3,093,338	28,647,070	0	0	50.00
51.00	05100	RECOVERY ROOM	3,517,061	317,776	3,199,285	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,237,052	257,022	2,980,030	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,631,009	199,096	2,431,913	0	0	53.00
53.01	03950	PAIN CLINIC	125,167	2,742	122,425	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,610,811	2,068,506	8,542,305	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	580,629	28,927	551,702	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	419,056	20,457	398,599	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	272,040	12,451	259,589	0	0	54.03
54.04	05404	NORTHSIDE RADIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	3,506,574	896,100	2,610,474	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,108,794	521,684	1,587,110	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,108,350	26,494	1,081,856	0	0	57.00
57.01	05701	NORTHSIDE CT	414,952	19,624	395,328	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	974,095	139,734	834,361	0	0	58.00
58.01	05801	NORTHSIDE MRI	574,031	26,845	547,186	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,159,724	306,401	853,323	0	0	59.00
60.00	06000	LABORATORY	19,086,511	1,054,228	18,032,283	0	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,171,603	2,334	1,169,269	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	4,878,492	304,530	4,573,962	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,129,011	127,773	2,001,238	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,153,737	312,445	3,841,292	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	521,459	39,359	482,100	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	855,596	48,050	807,546	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	387,854	24,477	363,377	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,485,944	147,750	1,338,194	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	1,952,707	3,890	1,948,817	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	18,506,062	36,870	18,469,192	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,220,038	274,295	20,945,743	0	0	73.00
74.00	07400	RENAL DIALYSIS	585,372	61,503	523,869	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	684,552	77,082	607,470	0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	2,197,260	170,692	2,026,568	0	0	76.01
76.02	03140	CARDIOLOGY	1,994,118	246,282	1,747,836	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	229,417	64,933	164,484	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	6,965	146	6,819	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	345,398	889	344,509	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	8,990,623	239,361	8,751,262	0	0	90.00
90.01	09001	CHILD/FAMILY PHYSICIANS	1,954,103	64,158	1,889,945	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	38,363,609	2,105,005	36,258,604	0	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	529,218	21,550	507,668	0	0	90.06
90.07	09004	WOUND CARE CENTER	1,672,370	57,081	1,615,289	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	571,035	7,120	563,915	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	249,061	11,840	237,221	0	0	90.09
90.10	09010	RHEUMATOLOGY CLINIC	419,049	111,119	307,930	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	65,634	25,471	40,163	0	0	90.11
90.12	09012	VASCULAR CLINIC	40,104	4,247	35,857	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	110,046	32,253	77,793	0	0	90.13
91.00	09100	EMERGENCY	10,027,847	423,469	9,604,378	0	0	91.00
92.00	09200	OBSERVATION BEDS	4,965,593	275,064	4,690,529	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	11,664,576	44,916	11,619,660	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	4,256,636	264,556	3,992,080	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	229,251,353	14,621,935	214,629,418	0	0	200.00
201.00		Less Observation Beds	4,965,593	275,064	4,690,529	0	0	201.00
202.00		Total (line 200 minus line 201)	224,285,760	14,346,871	209,938,889	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY			Provider CCN: 14-0209		Period: From 01/01/2017 To 12/31/2017	Worksheet C Part II Date/Time Prepared: 3/29/2018 11:29 am
Cost Center Description			Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
			6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	31,740,408	149,048,107	0.212954	50.00
51.00	05100	RECOVERY ROOM	3,517,061	29,631,634	0.118693	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,237,052	11,510,761	0.281220	52.00
53.00	05300	ANESTHESIOLOGY	2,631,009	48,121,096	0.054675	53.00
53.01	03950	PAIN CLINIC	125,167	450	278.148889	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,610,811	44,733,190	0.237202	54.00
54.01	05401	NORTHSIDE IMAGING	580,629	2,588,798	0.224285	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	419,056	1,876,487	0.223319	54.02
54.03	05403	NORTHSIDE ULTRASOUND	272,040	1,491,913	0.182343	54.03
54.04	05404	NORTHSIDE RADIO	0	0	0.000000	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	3,506,574	21,220,931	0.165241	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,108,794	14,418,729	0.146254	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,108,350	65,364,076	0.016957	57.00
57.01	05701	NORTHSIDE CT	414,952	8,063,395	0.051461	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	974,095	20,715,426	0.047023	58.00
58.01	05801	NORTHSIDE MRI	574,031	7,425,254	0.077308	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,159,724	33,654,945	0.034459	59.00
60.00	06000	LABORATORY	19,086,511	205,128,530	0.093047	60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,171,603	5,172,831	0.226492	63.00
64.00	06400	INTRAVENOUS THERAPY	4,878,492	24,214,147	0.201473	64.00
65.00	06500	RESPIRATORY THERAPY	2,129,011	19,669,089	0.108241	65.00
66.00	06600	PHYSICAL THERAPY	4,153,737	14,063,730	0.295351	66.00
67.00	06700	OCCUPATIONAL THERAPY	521,459	2,019,226	0.258247	67.00
68.00	06800	SPEECH PATHOLOGY	855,596	2,733,418	0.313013	68.00
69.00	06900	ELECTROCARDIOLOGY	387,854	7,071,301	0.054849	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,485,944	11,484,271	0.129389	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	1,952,707	70,955,495	0.027520	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	18,506,062	57,950,654	0.319342	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,220,038	66,045,856	0.321292	73.00
74.00	07400	RENAL DIALYSIS	585,372	1,938,071	0.302038	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	684,552	3,030,525	0.225886	76.00
76.01	03340	GASTROINTESTINAL SERVICES	2,197,260	18,882,364	0.116366	76.01
76.02	03140	CARDIOLOGY	1,994,118	13,763,353	0.144886	76.02
76.03	03560	PULMONARY FUNCTION TESTING	229,417	3,384,094	0.067793	76.03
76.97	07697	CARDIAC REHABILITATION	6,965	1	6,965.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	345,398	2,339,351	0.147647	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	8,990,623	15,803,731	0.568892	90.00
90.01	09001	CHILD/FAMILY PHYSICIANS	1,954,103	0	0.000000	90.01
90.03	09002	PHYSICIAN OFFICES	38,363,609	26,805,941	1.431161	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	529,218	2,010,163	0.263271	90.06
90.07	09004	WOUND CARE CENTER	1,672,370	3,739,405	0.447229	90.07
90.08	09008	INTENSIVISTS CLINIC	571,035	52,723	10.830852	90.08
90.09	09009	NEUROLOGY CLINIC	249,061	32,706	7.615147	90.09
90.10	09010	RHEUMATOLOGY CLINIC	419,049	129,265	3.241782	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	65,634	167	393.017964	90.11
90.12	09012	VASCULAR CLINIC	40,104	0	0.000000	90.12
90.13	09013	ONCOLOGY CLINIC	110,046	28,857	3.813494	90.13
91.00	09100	EMERGENCY	10,027,847	53,263,509	0.188269	91.00
92.00	09200	OBSERVATION BEDS	4,965,593	8,146,660	0.609525	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	11,664,576	10,113,005	1.153423	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	4,256,636	4,862,759	0.875354	116.00
200.00		Subtotal (sum of lines 50 thru 199)	229,251,353	1,114,700,390		200.00
201.00		Less Observation Beds	4,965,593	0		201.00
202.00		Total (line 200 minus line 201)	224,285,760	1,114,700,390		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0209	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part I Date/Time Prepared: 3/29/2018 11:29 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,375,707	0	2,375,707	45,283	52.46	30.00
31.00	INTENSIVE CARE UNIT	433,086		433,086	2,479	174.70	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	5,895		5,895	2,600	2.27	34.00
40.00	SUBPROVIDER - IPF	611,377	0	611,377	13,487	45.33	40.00
41.00	SUBPROVIDER - IRF	250,789	0	250,789	5,533	45.33	41.00
43.00	NURSERY	81,326		81,326	3,568	22.79	43.00
200.00	Total (lines 30 through 199)	3,758,180		3,758,180	72,950		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	15,206	797,707				
31.00	INTENSIVE CARE UNIT	2,084	364,075				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	2,799	126,879				
41.00	SUBPROVIDER - IRF	4,391	199,044				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	24,480	1,487,705				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 14-0209		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 3/29/2018 11:29 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)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,093,338	149,048,107	0.020754	32,238,408	669,076	50.00
51.00	05100	RECOVERY ROOM	317,776	29,631,634	0.010724	5,731,391	61,463	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	257,022	11,510,761	0.022329	37,403	835	52.00
53.00	05300	ANESTHESIOLOGY	199,096	48,121,096	0.004137	7,439,123	30,776	53.00
53.01	03950	PAIN CLINIC	2,742	450	6.093333	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,068,506	44,733,190	0.046241	5,939,768	274,661	54.00
54.01	05401	NORTHSIDE IMAGING	28,927	2,588,798	0.011174	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	20,457	1,876,487	0.010902	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	12,451	1,491,913	0.008346	0	0	54.03
54.04	05404	NORTHSIDE RADIO	0	0	0.000000	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	896,100	21,220,931	0.042227	312,277	13,187	55.00
56.00	05600	RADIO SOTOPE	0	0	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	521,684	14,418,729	0.036181	798,109	28,876	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	26,494	65,364,076	0.000405	8,409,618	3,406	57.00
57.01	05701	NORTHSIDE CT	19,624	8,063,395	0.002434	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	139,734	20,715,426	0.006745	2,695,399	18,180	58.00
58.01	05801	NORTHSIDE MRI	26,845	7,425,254	0.003615	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	306,401	33,654,945	0.009104	4,973,702	45,281	59.00
60.00	06000	LABORATORY	1,054,228	205,128,530	0.005139	20,444,208	105,063	60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,334	5,172,831	0.000451	2,207,059	995	63.00
64.00	06400	INTRAVENOUS THERAPY	304,530	24,214,147	0.012577	2,111,692	26,559	64.00
65.00	06500	RESPIRATORY THERAPY	127,773	19,669,089	0.006496	8,564,349	55,634	65.00
66.00	06600	PHYSICAL THERAPY	312,445	14,063,730	0.022216	2,541,240	56,456	66.00
67.00	06700	OCCUPATIONAL THERAPY	39,359	2,019,226	0.019492	760,865	14,831	67.00
68.00	06800	SPEECH PATHOLOGY	48,050	2,733,418	0.017579	556,206	9,778	68.00
69.00	06900	ELECTROCARDIOLOGY	24,477	7,071,301	0.003461	1,312,312	4,542	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	147,750	11,484,271	0.012865	223,094	2,870	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	3,890	70,955,495	0.000055	19,360,482	1,065	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	36,870	57,950,654	0.000636	18,513,358	11,774	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	274,295	66,045,856	0.004153	17,011,557	70,649	73.00
74.00	07400	RENAL DIALYSIS	61,503	1,938,071	0.031734	1,091,037	34,623	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	77,082	3,030,525	0.025435	0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	170,692	18,882,364	0.009040	2,186,671	19,768	76.01
76.02	03140	CARDIOLOGY	246,282	13,763,353	0.017894	3,373,211	60,360	76.02
76.03	03560	PULMONARY FUNCTION TESTING	64,933	3,384,094	0.019188	643,012	12,338	76.03
76.97	07697	CARDIAC REHABILITATION	146	1	146.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	889	2,339,351	0.000380	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	239,361	15,803,731	0.015146	1,288,560	19,517	90.00
90.01	09001	CHILDLI FAMILY PHYSICIANS	64,158	0	0.000000	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	2,105,005	26,805,941	0.078528	0	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	21,550	2,010,163	0.010721	0	0	90.06
90.07	09004	WOUND CARE CENTER	57,081	3,739,405	0.015265	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	7,120	52,723	0.135045	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	11,840	32,706	0.362013	0	0	90.09
90.10	09010	RHEUMATOLOGY CLINIC	111,119	129,265	0.859622	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	25,471	167	152.520958	0,01	0	90.11
90.12	09012	VASCULAR CLINIC	4,247	0	0.000000	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	32,253	28,857	1.117684	0	0	90.13
91.00	09100	EMERGENCY	423,469	53,263,509	0.007950	3,835,524	30,492	91.00
92.00	09200	OBSERVATION BEDS	275,067	8,146,660	0.033764	579,195	19,556	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	14,312,466	1,099,724,626		175,178,830	1,702,611	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0209	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 3/29/2018 11:29 am
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	5,169,996	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	602,478	0	0	0	31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	323,481	0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	197,860	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	190,743	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	6,484,558	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	5,169,996	45,283	114.17	15,206	30.00	
31.00	03100	INTENSIVE CARE UNIT		602,478	2,479	243.03	2,084	31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		323,481	2,600	124.42	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	197,860	13,487	14.67	2,799	40.00	
41.00	04100	SUBPROVIDER - IRF	0	190,743	5,533	34.47	4,391	41.00	
43.00	04300	NURSERY		0	3,568	0.00	0	43.00	
200.00		Total (lines 30 through 199)		6,484,558	72,950		24,480	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	1,736,069						30.00
31.00	03100	INTENSIVE CARE UNIT	506,475						31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
40.00	04000	SUBPROVIDER - IPF	41,061						40.00
41.00	04100	SUBPROVIDER - IRF	151,358						41.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	2,434,963						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0209	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 3/29/2018 11:29 am
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Cost Center Description	Title XVIII					
	Hospital		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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
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	354,085	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01 03950 PAIN CLINIC	0	0	0	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 05401 NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02 05402 NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03 05403 NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04 05404 NORTHSIDE RADIO	0	0	0	0	0	54.04
54.05 05405 NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
57.01 05701 NORTHSIDE CT	0	0	0	0	0	57.01
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01 05801 NORTHSIDE MRI	0	0	0	0	0	58.01
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 NORTHSIDE LAB	0	0	0	0	0	60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
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 CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01 03340 GASTROINTESTINAL SERVICES	0	0	0	0	0	76.01
76.02 03140 RADIOLOGY	0	0	0	0	0	76.02
76.03 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.03 09002 PHYSICIAN OFFICES	0	0	0	0	0	90.03
90.06 09003 ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	0	0	90.06
90.07 09004 WOUND CARE CENTER	0	0	9,727	0	0	90.07
90.08 09008 INTENSIVISTS CLINIC	0	0	0	0	0	90.08
90.09 09009 NEUROLOGY CLINIC	0	0	0	0	0	90.09
90.10 09010 RHEUMATOLOGY CLINIC	0	0	0	0	0	90.10
90.11 09011 PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0	0	90.11
90.12 09012 VASCULAR CLINIC	0	0	0	0	0	90.12
90.13 09013 ONCOLOGY CLINIC	0	0	0	0	0	90.13
91.00 09100 EMERGENCY	0	0	450,524	0	0	91.00
92.00 09200 OBSERVATION BEDS	0	0	598,597	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00 Total (lines 50 through 199)	0	0	1,412,933	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0209	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 3/29/2018 11:29 am
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Cost Center Description		All Other Medical Education Cost	Title XVIII		Hospital	PPS		
			Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	149,048,107	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	29,631,634	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	354,085	354,085	11,510,761	0.030761	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	48,121,096	0.000000	53.00
53.01	03950	PAIN CLINIC	0	0	0	450	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	44,733,190	0.000000	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	2,588,798	0.000000	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	1,876,487	0.000000	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	1,491,913	0.000000	54.03
54.04	05404	NORTHSIDE RADIO	0	0	0	0	0.000000	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	21,220,931	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	14,418,729	0.000000	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	65,364,076	0.000000	57.00
57.01	05701	NORTHSIDE CT	0	0	0	8,063,395	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	20,715,426	0.000000	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	7,425,254	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	33,654,945	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	205,128,530	0.000000	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	5,172,831	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	24,214,147	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	19,669,089	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	14,063,730	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,019,226	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,733,418	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	7,071,301	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	11,484,271	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	70,955,495	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	57,950,654	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	66,045,856	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,938,071	0.000000	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	3,030,525	0.000000	76.00
76.01	03340	GASTROINTESTINAL SERVICES	0	0	0	18,882,364	0.000000	76.01
76.02	03140	CARDIOLOGY	0	0	0	13,763,353	0.000000	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	3,384,094	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	1	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	2,339,351	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	15,803,731	0.000000	90.00
90.01	09001	CHILD/FAMILY PHYSICIANS	0	0	0	0	0.000000	90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0	26,805,941	0.000000	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	2,010,163	0.000000	90.06
90.07	09004	WOUND CARE CENTER	0	9,727	9,727	3,739,405	0.002601	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	0	52,723	0.000000	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	0	32,706	0.000000	90.09
90.10	09010	RHEUMATOLOGY CLINIC	0	0	0	129,265	0.000000	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	167	0.000000	90.11
90.12	09012	VASCULAR CLINIC	0	0	0	0	0.000000	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	28,857	0.000000	90.13
91.00	09100	EMERGENCY	0	450,524	450,524	53,263,509	0.008458	91.00
92.00	09200	OBSERVATION BEDS	0	598,597	598,597	8,146,660	0.073478	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	1,412,933	1,412,933	1,099,724,626		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0209	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 3/29/2018 11:29 am
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Cost Center Description		Title XVIII					Hospital	PPS
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000 OPERATING ROOM	0.000000	32,238,408	0	20,151,178	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	5,731,391	0	3,590,221	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.030761	37,403	1,151	568	17	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	7,439,123	0	5,275,012	0	53.00	
53.01	03950 PAIN CLINIC	0.000000	0	0	0	0	53.01	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	5,939,768	0	8,044,693	0	54.00	
54.01	05401 NORTHSIDE IMAGING	0.000000	0	0	0	0	54.01	
54.02	05402 NORTHSIDE MAMMOGRAPHY	0.000000	0	0	0	0	54.02	
54.03	05403 NORTHSIDE ULTRASOUND	0.000000	0	0	0	0	54.03	
54.04	05404 NORTHSIDE CARDIO	0.000000	0	0	0	0	54.04	
54.05	05405 NORTHSIDE ADMIN	0.000000	0	0	0	0	54.05	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	312,277	0	6,884,284	0	55.00	
56.00	05600 RADIO SOTOPE	0.000000	0	0	0	0	56.00	
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	798,109	0	6,681,093	0	56.01	
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	8,409,618	0	16,264,757	0	57.00	
57.01	05701 NORTHSIDE CT	0.000000	0	0	0	0	57.01	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	2,695,399	0	5,710,697	0	58.00	
58.01	05801 NORTHSIDE MRI	0.000000	0	0	0	0	58.01	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	4,973,702	0	9,491,920	0	59.00	
60.00	06000 LABORATORY	0.000000	20,444,208	0	7,828,412	0	60.00	
60.01	06001 NORTHSIDE LAB	0.000000	0	0	0	0	60.01	
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30	
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	2,207,059	0	106,562	0	63.00	
64.00	06400 INTRAVENOUS THERAPY	0.000000	2,111,692	0	3,880,401	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	8,564,349	0	448,909	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	2,541,240	0	151,215	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	760,865	0	39,831	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	556,206	0	16,396	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,312,312	0	1,433,603	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	223,094	0	2,568,548	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	19,360,482	0	7,554,086	0	71.00	
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	18,513,358	0	5,647,294	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	17,011,557	0	9,170,592	0	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	1,091,037	0	13,124	0	74.00	
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	71,859	0	76.00	
76.01	03340 GASTROINTESTINAL SERVICES	0.000000	2,186,671	0	3,748,150	0	76.01	
76.02	03140 RADIOLOGY	0.000000	3,373,211	0	4,266,481	0	76.02	
76.03	03560 PULMONARY FUNCTION TESTING	0.000000	643,012	0	671,409	0	76.03	
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	413,336	0	76.98	
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000 CLINIC	0.000000	1,288,560	0	7,207,247	0	90.00	
90.01	09001 CHI LLI FAMILY PHYSICIANS	0.000000	0	0	0	0	90.01	
90.03	09002 PHYSICIAN OFFICES	0.000000	0	0	0	0	90.03	
90.06	09003 ENDOCRINOLOGY, DIABETES & METABOLISM	0.000000	0	0	0	0	90.06	
90.07	09004 WOUND CARE CENTER	0.002601	0	0	0	0	90.07	
90.08	09008 INTENSIVISTS CLINIC	0.000000	0	0	0	0	90.08	
90.09	09009 NEUROLOGY CLINIC	0.000000	0	0	0	0	90.09	
90.10	09010 RHEUMATOLOGY CLINIC	0.000000	0	0	0	0	90.10	
90.11	09011 PEDIATRICS-GASTROENTEROL CLINIC	0.000000	0	0	0	0	90.11	
90.12	09012 VASCULAR CLINIC	0.000000	0	0	0	0	90.12	
90.13	09013 ONCOLOGY CLINIC	0.000000	0	0	0	0	90.13	
91.00	09100 EMERGENCY	0.008458	3,835,524	32,441	6,272,756	53,055	91.00	
92.00	09200 OBSERVATION BEDS	0.073478	579,195	42,558	1,484,016	109,043	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500 AMBULANCE SERVICES						95.00	
200.00	Total (lines 50 through 199)		175,178,830	76,150	145,088,650	162,115,200.00	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0209		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part V Date/Time Prepared: 3/29/2018 11:29 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			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.208846	20,151,178	0	0	4,208,493	50.00
51.00	05100	RECOVERY ROOM	0.118693	3,590,221	0	0	426,134	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.281220	568	0	0	160	52.00
53.00	05300	ANESTHESIOLOGY	0.054675	5,275,012	0	0	288,411	53.00
53.01	03950	PAIN CLINIC	278.148889	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.236065	8,044,693	0	0	1,899,070	54.00
54.01	05401	NORTHSIDE IMAGING	0.224285	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.223319	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.182343	0	0	0	0	54.03
54.04	05404	NORTHSIDE RADIO	0.000000	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.165241	6,884,284	0	0	1,137,566	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.146254	6,681,093	0	0	977,137	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.016957	16,264,757	0	0	275,801	57.00
57.01	05701	NORTHSIDE CT	0.051461	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.047023	5,710,697	0	0	268,534	58.00
58.01	05801	NORTHSIDE MRI	0.077308	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.034459	9,491,920	0	0	327,082	59.00
60.00	06000	LABORATORY	0.093047	7,828,412	560	0	728,410	60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.226492	106,562	0	0	24,135	63.00
64.00	06400	INTRAVENOUS THERAPY	0.201473	3,880,401	0	0	781,796	64.00
65.00	06500	RESPIRATORY THERAPY	0.108241	448,909	0	0	48,590	65.00
66.00	06600	PHYSICAL THERAPY	0.295351	151,215	0	0	44,662	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.258247	39,831	0	0	10,286	67.00
68.00	06800	SPEECH PATHOLOGY	0.313013	16,396	0	0	5,132	68.00
69.00	06900	ELECTROCARDIOLOGY	0.054849	1,433,603	0	0	78,632	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.129389	2,568,548	0	0	332,342	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.027520	7,554,086	0	0	207,888	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.319342	5,647,294	0	0	1,803,418	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.321292	9,170,592	0	108,133	2,946,438	73.00
74.00	07400	RENAL DIALYSIS	0.302038	13,124	0	0	3,964	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.225886	71,859	0	0	16,232	76.00
76.01	03340	GASTROINTESTINAL SERVICES	0.113794	3,748,150	0	0	426,517	76.01
76.02	03140	CARDIOLOGY	0.144886	4,266,481	0	0	618,153	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.067793	671,409	0	0	45,517	76.03
76.97	07697	CARDIAC REHABILITATION	6,965.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.147647	413,336	0	0	61,028	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.313126	7,207,247	0	0	2,256,776	90.00
90.01	09001	CHILD FAMILY PHYSICIANS	0.000000	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	1.289618	0	0	0	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0.263271	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0.447229	0	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	10.830852	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	7.615147	0	0	0	0	90.09
90.10	09010	RHEUMATOLOGY CLINIC	3.241782	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	393.017964	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0.000000	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	3.813494	0	0	0	0	90.13
91.00	09100	EMERGENCY	0.180454	6,272,756	0	0	1,131,944	91.00
92.00	09200	OBSERVATION BEDS	0.589400	1,484,016	0	0	874,679	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00		Subtotal (see instructions)		145,088,650	560	108,133	22,254,927	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		145,088,650	560	108,133	22,254,927	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0209		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part V Date/Time Prepared: 3/29/2018 11:29 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.)				
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
53.01	03950	PAIN CLINIC	0	0			53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0			54.00
54.01	05401	NORTHSIDE IMAGING	0	0			54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0			54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0			54.03
54.04	05404	NORTHSIDE RADIO	0	0			54.04
54.05	05405	NORTHSIDE ADMIN	0	0			54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0			55.00
56.00	05600	RADIOISOTOPE	0	0			56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0			56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0			57.00
57.01	05701	NORTHSIDE CT	0	0			57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
58.01	05801	NORTHSIDE MRI	0	0			58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000	LABORATORY	52	0			60.00
60.01	06001	NORTHSIDE LAB	0	0			60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0			62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0			63.00
64.00	06400	INTRAVENOUS THERAPY	0	0			64.00
65.00	06500	RESPIRATORY THERAPY	0	0			65.00
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 CHRGD TO PATIENTS	0	0			71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	34,742			73.00
74.00	07400	RENAL DIALYSIS	0	0			74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0			76.00
76.01	03340	GASTROINTESTINAL SERVICES	0	0			76.01
76.02	03140	CARDIOLOGY	0	0			76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0			76.03
76.97	07697	CARDIAC REHABILITATION	0	0			76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0			76.98
76.99	07699	LITHOTRI PSY	0	0			76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0			90.00
90.01	09001	CHILD FAMILY PHYSICIANS	0	0			90.01
90.03	09002	PHYSICIAN OFFICES	0	0			90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0			90.06
90.07	09004	WOUND CARE CENTER	0	0			90.07
90.08	09008	INTENSIVISTS CLINIC	0	0			90.08
90.09	09009	NEUROLOGY CLINIC	0	0			90.09
90.10	09010	RHEUMATOLOGY CLINIC	0	0			90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0			90.11
90.12	09012	VASCULAR CLINIC	0	0			90.12
90.13	09013	ONCOLOGY CLINIC	0	0			90.13
91.00	09100	EMERGENCY	0	0			91.00
92.00	09200	OBSERVATION BEDS	0	0			92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0			95.00
200.00		Subtotal (see instructions)	52	34,742			200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0			201.00
202.00		Net Charges (line 200 - line 201)	52	34,742			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0209 Component CCN: 14-S209		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 3/29/2018 11:29 am		
Title XVIII				Subprovider - IPF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,093,338	149,048,107	0.020754	0	0	50.00
51.00	05100	RECOVERY ROOM	317,776	29,631,634	0.010724	127,643	1,369	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	257,022	11,510,761	0.022329	0	0	52.00
53.00	05300	ANESTHESIOLOGY	199,096	48,121,096	0.004137	258,777	1,071	53.00
53.01	03950	PAIN CLINIC	2,742	450	6.093333	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,068,506	44,733,190	0.046241	55,973	2,588	54.00
54.01	05401	NORTHSIDE IMAGING	28,927	2,588,798	0.011174	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	20,457	1,876,487	0.010902	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	12,451	1,491,913	0.008346	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	896,100	21,220,931	0.042227	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	521,684	14,418,729	0.036181	10,850	393	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	26,494	65,364,076	0.000405	147,013	60	57.00
57.01	05701	NORTHSIDE CT	19,624	8,063,395	0.002434	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	139,734	20,715,426	0.006745	55,794	376	58.00
58.01	05801	NORTHSIDE MRI	26,845	7,425,254	0.003615	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	306,401	33,654,945	0.009104	0	0	59.00
60.00	06000	LABORATORY	1,054,228	205,128,530	0.005139	631,588	3,246	60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,334	5,172,831	0.000451	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	304,530	24,214,147	0.012577	35,992	453	64.00
65.00	06500	RESPIRATORY THERAPY	127,773	19,669,089	0.006496	249,120	1,618	65.00
66.00	06600	PHYSICAL THERAPY	312,445	14,063,730	0.022216	15,157	337	66.00
67.00	06700	OCCUPATIONAL THERAPY	39,359	2,019,226	0.019492	3,797	74	67.00
68.00	06800	SPEECH PATHOLOGY	48,050	2,733,418	0.017579	3,994	70	68.00
69.00	06900	ELECTROCARDIOLOGY	24,477	7,071,301	0.003461	40,120	139	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	147,750	11,484,271	0.012865	8,610	111	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	3,890	70,955,495	0.000055	37,238	2	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	36,870	57,950,654	0.000636	2,991	2	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	274,295	66,045,856	0.004153	237,127	985	73.00
74.00	07400	RENAL DIALYSIS	61,503	1,938,071	0.031734	3,975	126	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	77,082	3,030,525	0.025435	98,362	2,502	76.00
76.01	03340	GASTROINTESTINAL SERVICES	170,692	18,882,364	0.009040	0	0	76.01
76.02	03140	CARDIOLOGY	246,282	13,763,353	0.017894	20,468	366	76.02
76.03	03560	PULMONARY FUNCTION TESTING	64,933	3,384,094	0.019188	2,829	54	76.03
76.97	07697	CARDIAC REHABILITATION	146	1	146.000000	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	889	2,339,351	0.000380	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	239,361	15,803,731	0.015146	17,821	270	90.00
90.01	09001	CHILD FAMILY PHYSICIANS	64,158	0	0.000000	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	2,105,005	26,805,941	0.078528	0	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	21,550	2,010,163	0.010721	0	0	90.06
90.07	09004	WOUND CARE CENTER	57,081	3,739,405	0.015265	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	7,120	52,723	0.135045	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	11,840	32,706	0.362013	0	0	90.09
90.10	09010	RHEUMATOLOGY CLINIC	111,119	129,265	0.859622	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	25,471	167	152.520958	0	0	90.11
90.12	09012	VASCULAR CLINIC	4,247	0	0.000000	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	32,253	28,857	1.117684	0	0	90.13
91.00	09100	EMERGENCY	423,469	53,263,509	0.007950	446,048	3,546	91.00
92.00	09200	OBSERVATION BEDS	0	8,146,660	0.000000	1,885	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	14,037,399	1,099,724,626		2,513,172	19,758	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0209 Component CCN: 14-S209	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 3/29/2018 11:29 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
<b>ANCILLARY SERVICE COST CENTERS</b>					
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	354,085	0	0 52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0 53.00
53.01 03950 PAIN CLINIC	0	0	0	0	0 53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
54.01 05401 NORTHSIDE IMAGING	0	0	0	0	0 54.01
54.02 05402 NORTHSIDE MAMMOGRAPHY	0	0	0	0	0 54.02
54.03 05403 NORTHSIDE ULTRASOUND	0	0	0	0	0 54.03
54.04 05404 NORTHSIDE RADIO	0	0	0	0	0 54.04
54.05 05405 NORTHSIDE ADMIN	0	0	0	0	0 54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0 56.00
56.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0 56.01
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0 57.00
57.01 05701 NORTHSIDE CT	0	0	0	0	0 57.01
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
58.01 05801 NORTHSIDE MRI	0	0	0	0	0 58.01
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000 LABORATORY	0	0	0	0	0 60.00
60.01 06001 NORTHSIDE LAB	0	0	0	0	0 60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0 62.30
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0 63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0 65.00
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 CHRGD TO PATIENTS	0	0	0	0	0 71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0 74.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0 76.00
76.01 03340 GASTROINTESTINAL SERVICES	0	0	0	0	0 76.01
76.02 03140 RADIOLOGY	0	0	0	0	0 76.02
76.03 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0 76.03
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000 CLINIC	0	0	0	0	0 90.00
90.01 09001 CHILLI FAMILY PHYSICIANS	0	0	0	0	0 90.01
90.03 09002 PHYSICIAN OFFICES	0	0	0	0	0 90.03
90.06 09003 ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	0	0 90.06
90.07 09004 WOUND CARE CENTER	0	0	9,727	0	0 90.07
90.08 09008 INTENSIVISTS CLINIC	0	0	0	0	0 90.08
90.09 09009 NEUROLOGY CLINIC	0	0	0	0	0 90.09
90.10 09010 RHEUMATOLOGY CLINIC	0	0	0	0	0 90.10
90.11 09011 PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0	0 90.11
90.12 09012 VASCULAR CLINIC	0	0	0	0	0 90.12
90.13 09013 ONCOLOGY CLINIC	0	0	0	0	0 90.13
91.00 09100 EMERGENCY	0	0	450,524	0	0 91.00
92.00 09200 OBSERVATION BEDS	0	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0 95.00
200.00 Total (lines 50 through 199)	0	0	814,336	0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0209 Component CCN: 14-S209		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part IV Date/Time Prepared: 3/29/2018 11:29 am		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)		
		4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	149,048,107	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	29,631,634	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	354,085	354,085	11,510,761	0.030761	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	48,121,096	0.000000	53.00
53.01	03950	PAIN CLINIC	0	0	0	450	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	44,733,190	0.000000	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	2,588,798	0.000000	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	1,876,487	0.000000	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	1,491,913	0.000000	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0.000000	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	21,220,931	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	14,418,729	0.000000	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	65,364,076	0.000000	57.00
57.01	05701	NORTHSIDE CT	0	0	0	8,063,395	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	20,715,426	0.000000	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	7,425,254	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	33,654,945	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	205,128,530	0.000000	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	5,172,831	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	24,214,147	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	19,669,089	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	14,063,730	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,019,226	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,733,418	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	7,071,301	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	11,484,271	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	70,955,495	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	57,950,654	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	66,045,856	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,938,071	0.000000	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	3,030,525	0.000000	76.00
76.01	03340	GASTROINTESTINAL SERVICES	0	0	0	18,882,364	0.000000	76.01
76.02	03140	CARDIOLOGY	0	0	0	13,763,353	0.000000	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	3,384,094	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	1	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	2,339,351	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	15,803,731	0.000000	90.00
90.01	09001	CHILD/FAMILY PHYSICIANS	0	0	0	0	0.000000	90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0	26,805,941	0.000000	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	2,010,163	0.000000	90.06
90.07	09004	WOUND CARE CENTER	0	9,727	9,727	3,739,405	0.002601	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	0	52,723	0.000000	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	0	32,706	0.000000	90.09
90.10	09010	RHEUMATOLOGY CLINIC	0	0	0	129,265	0.000000	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	167	0.000000	90.11
90.12	09012	VASCULAR CLINIC	0	0	0	0	0.000000	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	28,857	0.000000	90.13
91.00	09100	EMERGENCY	0	450,524	450,524	53,263,509	0.008458	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	8,146,660	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	814,336	814,336	1,099,724,626		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0209 Component CCN: 14-S209		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part IV Date/Time Prepared: 3/29/2018 11:29 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	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0.000000	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	127,643	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.030761	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	258,777	0	0	53.00
53.01	03950	PAIN CLINIC	0.000000	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	55,973	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0.000000	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.000000	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.000000	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0.000000	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	10,850	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	147,013	0	0	57.00
57.01	05701	NORTHSIDE CT	0.000000	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	55,794	0	0	58.00
58.01	05801	NORTHSIDE MRI	0.000000	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	631,588	0	0	60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	62.30
63.00	06300	BLOOD STORAGE, PROCESSING, & TRANS.	0.000000	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	35,992	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	249,120	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	15,157	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	3,797	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	3,994	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	40,120	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	8,610	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	37,238	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	2,991	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	237,127	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	3,975	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	98,362	0	5,062	76.00
76.01	03340	GASTROINTESTINAL SERVICES	0.000000	0	0	0	76.01
76.02	03140	CARDIOLOGY	0.000000	20,468	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.000000	2,829	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0.000000	17,821	0	5,783	90.00
90.01	09001	CHILD FAMILY PHYSICIANS	0.000000	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	0.000000	0	0	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0.000000	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0.002601	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0.000000	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0.000000	0	0	0	90.09
90.10	09010	RHEUMATOLOGY CLINIC	0.000000	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0.000000	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0.000000	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0.000000	0	0	0	90.13
91.00	09100	EMERGENCY	0.008458	446,048	3,773	0	91.00
92.00	09200	OBSERVATION BEDS	0.000000	1,885	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)		2,513,172	3,773	10,845	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0209 Component CCN: 14-S209		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part V Date/Time Prepared: 3/29/2018 11:29 am		
				Title XVIII		Subprovider - IPF	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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.208846	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.118693	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.281220	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.054675	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	278.148889	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.236065	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0.224285	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.223319	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.182343	0	0	0	0	54.03
54.04	05404	NORTHSIDE RADIO	0.000000	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.165241	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.146254	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.016957	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0.051461	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.047023	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0.077308	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.034459	0	0	0	0	59.00
60.00	06000	LABORATORY	0.093047	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.226492	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.201473	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.108241	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.295351	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.258247	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.313013	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.054849	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.129389	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.027520	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.319342	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.321292	0	0	2,264	0	73.00
74.00	07400	RENAL DIALYSIS	0.302038	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.225886	5,062	0	0	1,143	76.00
76.01	03340	GASTROINTESTINAL SERVICES	0.113794	0	0	0	0	76.01
76.02	03140	CARDIOLOGY	0.144886	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.067793	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	6,965.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.147647	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.313126	5,783	0	0	1,811	90.00
90.01	09001	CHILD FAMILIY PHYSICIANS	0.000000	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	1.289618	0	0	0	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0.263271	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0.447229	0	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	10.830852	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	7.615147	0	0	0	0	90.09
90.10	09010	RHEUMATOLOGY CLINIC	3.241782	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	393.017964	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0.000000	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	3.813494	0	0	0	0	90.13
91.00	09100	EMERGENCY	0.180454	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0.589400	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00		Subtotal (see instructions)		10,845	0	2,264	2,954	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)		10,845	0	2,264	2,954	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0209 Component CCN: 14-S209	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 3/29/2018 11:29 am
	Title XVIII	Subprovider - IPF	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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
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
53.01 03950 PAIN CLINIC	0	0		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 NORTHSIDE IMAGING	0	0		54.01
54.02 05402 NORTHSIDE MAMMOGRAPHY	0	0		54.02
54.03 05403 NORTHSIDE ULTRASOUND	0	0		54.03
54.04 05404 NORTHSIDE RADIO	0	0		54.04
54.05 05405 NORTHSIDE ADMIN	0	0		54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.01
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0		57.00
57.01 05701 NORTHSIDE CT	0	0		57.01
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
58.01 05801 NORTHSIDE MRI	0	0		58.01
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 NORTHSIDE LAB	0	0		60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
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 CHRGD TO PATIENTS	0	0		71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	727		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.00
76.01 03340 GASTROINTESTINAL SERVICES	0	0		76.01
76.02 03140 RADIOLOGY	0	0		76.02
76.03 03560 PULMONARY FUNCTION TESTING	0	0		76.03
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 CHILLI FAMILY PHYSICIANS	0	0		90.01
90.03 09002 PHYSICIAN OFFICES	0	0		90.03
90.06 09003 ENDOCRINOLOGY, DIABETES & METABOLISM	0	0		90.06
90.07 09004 WOUND CARE CENTER	0	0		90.07
90.08 09008 INTENSIVISTS CLINIC	0	0		90.08
90.09 09009 NEUROLOGY CLINIC	0	0		90.09
90.10 09010 RHEUMATOLOGY CLINIC	0	0		90.10
90.11 09011 PEDIATRICS-GASTROENTEROL CLINIC	0	0		90.11
90.12 09012 VASCULAR CLINIC	0	0		90.12
90.13 09013 ONCOLOGY CLINIC	0	0		90.13
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	0	727		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 - line 201)	0	727		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0209	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part II Date/Time Prepared: 3/29/2018 11:29 am	
				Component CCN: 14-T209		PPS	
				Title XVIII		Subprovider - IRF	
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
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	3,093,338	149,048,107	0.020754	1,298	27
51.00	05100	RECOVERY ROOM	317,776	29,631,634	0.010724	598	6
52.00	05200	DELIVERY ROOM & LABOR ROOM	257,022	11,510,761	0.022329	0	0
53.00	05300	ANESTHESIOLOGY	199,096	48,121,096	0.004137	7,082	29
53.01	03950	PAIN CLINIC	2,742	450	6.093333	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,068,506	44,733,190	0.046241	175,956	8,136
54.01	05401	NORTHSIDE IMAGING	28,927	2,588,798	0.011174	0	0
54.02	05402	NORTHSIDE MAMMOGRAPHY	20,457	1,876,487	0.010902	0	0
54.03	05403	NORTHSIDE ULTRASOUND	12,451	1,491,913	0.008346	0	0
54.04	05404	NORTHSIDE RADIO	0	0	0.000000	0	0
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	896,100	21,220,931	0.042227	43,566	1,840
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	521,684	14,418,729	0.036181	18,084	654
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	26,494	65,364,076	0.000405	204,324	83
57.01	05701	NORTHSIDE CT	19,624	8,063,395	0.002434	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	139,734	20,715,426	0.006745	68,128	460
58.01	05801	NORTHSIDE MRI	26,845	7,425,254	0.003615	0	0
59.00	05900	CARDIAC CATHETERIZATION	306,401	33,654,945	0.009104	0	0
60.00	06000	LABORATORY	1,054,228	205,128,530	0.005139	1,222,495	6,282
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,334	5,172,831	0.000451	57,983	26
64.00	06400	INTRAVENOUS THERAPY	304,530	24,214,147	0.012577	229	3
65.00	06500	RESPIRATORY THERAPY	127,773	19,669,089	0.006496	703,705	4,571
66.00	06600	PHYSICAL THERAPY	312,445	14,063,730	0.022216	5,524,436	122,731
67.00	06700	OCCUPATIONAL THERAPY	39,359	2,019,226	0.019492	309,354	6,030
68.00	06800	SPEECH PATHOLOGY	48,050	2,733,418	0.017579	234,433	4,121
69.00	06900	ELECTROCARDIOLOGY	24,477	7,071,301	0.003461	36,348	126
70.00	07000	ELECTROENCEPHALOGRAPHY	147,750	11,484,271	0.012865	8,610	111
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	3,890	70,955,495	0.000055	610,255	34
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	36,870	57,950,654	0.000636	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	274,295	66,045,856	0.004153	722,378	3,000
74.00	07400	RENAL DIALYSIS	61,503	1,938,071	0.031734	68,900	2,186
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	77,082	3,030,525	0.025435	0	0
76.01	03340	GASTROINTESTINAL SERVICES	170,692	18,882,364	0.009040	20,365	184
76.02	03140	CARDIOLOGY	246,282	13,763,353	0.017894	44,933	804
76.03	03560	PULMONARY FUNCTION TESTING	64,933	3,384,094	0.019188	30,491	585
76.97	07697	CARDIAC REHABILITATION	146	1	146.000000	0	0
76.98	07698	HYPERBARI C OXYGEN THERAPY	889	2,339,351	0.000380	0	0
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	239,361	15,803,731	0.015146	83,676	1,267
90.01	09001	CHILD FAMILY PHYSICIANS	64,158	0	0.000000	0	0
90.03	09002	PHYSICIAN OFFICES	2,105,005	26,805,941	0.078528	0	0
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	21,550	2,010,163	0.010721	0	0
90.07	09004	WOUND CARE CENTER	57,081	3,739,405	0.015265	0	0
90.08	09008	INTENSIVISTS CLINIC	7,120	52,723	0.135045	0	0
90.09	09009	NEUROLOGY CLINIC	11,840	32,706	0.362013	0	0
90.10	09010	RHEUMATOLOGY CLINIC	111,119	129,265	0.859622	0	0
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	25,471	167	152.520958	0	0
90.12	09012	VASCULAR CLINIC	4,247	0	0.000000	0	0
90.13	09013	ONCOLOGY CLINIC	32,253	28,857	1.117684	0	0
91.00	09100	EMERGENCY	423,469	53,263,509	0.007950	0	0
92.00	09200	OBSERVATION BEDS	0	8,146,660	0.000000	2,990	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES					
200.00		Total (lines 50 through 199)	14,037,399	1,099,724,626		10,200,617	163,296

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0209 Component CCN: 14-T209	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 3/29/2018 11:29 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
<b>ANCILLARY SERVICE COST CENTERS</b>					
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	354,085	0	0 52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0 53.00
53.01 03950 PAIN CLINIC	0	0	0	0	0 53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
54.01 05401 NORTHSIDE IMAGING	0	0	0	0	0 54.01
54.02 05402 NORTHSIDE MAMMOGRAPHY	0	0	0	0	0 54.02
54.03 05403 NORTHSIDE ULTRASOUND	0	0	0	0	0 54.03
54.04 05404 NORTHSIDE RADIO	0	0	0	0	0 54.04
54.05 05405 NORTHSIDE ADMIN	0	0	0	0	0 54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0 56.00
56.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0 56.01
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0 57.00
57.01 05701 NORTHSIDE CT	0	0	0	0	0 57.01
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
58.01 05801 NORTHSIDE MRI	0	0	0	0	0 58.01
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000 LABORATORY	0	0	0	0	0 60.00
60.01 06001 NORTHSIDE LAB	0	0	0	0	0 60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0 62.30
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0 63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0 65.00
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 CHRGD TO PATIENTS	0	0	0	0	0 71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0 74.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0 76.00
76.01 03340 GASTROINTESTINAL SERVICES	0	0	0	0	0 76.01
76.02 03140 RADIOLOGY	0	0	0	0	0 76.02
76.03 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0 76.03
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000 CLINIC	0	0	0	0	0 90.00
90.01 09001 CHILLI FAMILY PHYSICIANS	0	0	0	0	0 90.01
90.03 09002 PHYSICIAN OFFICES	0	0	0	0	0 90.03
90.06 09003 ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	0	0 90.06
90.07 09004 WOUND CARE CENTER	0	0	9,727	0	0 90.07
90.08 09008 INTENSIVISTS CLINIC	0	0	0	0	0 90.08
90.09 09009 NEUROLOGY CLINIC	0	0	0	0	0 90.09
90.10 09010 RHEUMATOLOGY CLINIC	0	0	0	0	0 90.10
90.11 09011 PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0	0 90.11
90.12 09012 VASCULAR CLINIC	0	0	0	0	0 90.12
90.13 09013 ONCOLOGY CLINIC	0	0	0	0	0 90.13
91.00 09100 EMERGENCY	0	0	450,524	0	0 91.00
92.00 09200 OBSERVATION BEDS	0	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00 09500 AMBULANCE SERVICES	0	0	814,336	0	0 95.00
200.00 Total (lines 50 through 199)	0	0	814,336	0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0209 Component CCN: 14-T209		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part IV Date/Time Prepared: 3/29/2018 11:29 am		
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)		
		4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	149,048,107	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	29,631,634	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	354,085	354,085	11,510,761	0.030761	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	48,121,096	0.000000	53.00
53.01	03950	PAIN CLINIC	0	0	0	450	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	44,733,190	0.000000	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	2,588,798	0.000000	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	1,876,487	0.000000	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	1,491,913	0.000000	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0.000000	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	21,220,931	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	14,418,729	0.000000	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	65,364,076	0.000000	57.00
57.01	05701	NORTHSIDE CT	0	0	0	8,063,395	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	20,715,426	0.000000	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	7,425,254	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	33,654,945	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	205,128,530	0.000000	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	5,172,831	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	24,214,147	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	19,669,089	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	14,063,730	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,019,226	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,733,418	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	7,071,301	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	11,484,271	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	70,955,495	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	57,950,654	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	66,045,856	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,938,071	0.000000	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	3,030,525	0.000000	76.00
76.01	03340	GASTROINTESTINAL SERVICES	0	0	0	18,882,364	0.000000	76.01
76.02	03140	CARDIOLOGY	0	0	0	13,763,353	0.000000	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	3,384,094	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	1	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	2,339,351	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	15,803,731	0.000000	90.00
90.01	09001	CHILD/FAMILY PHYSICIANS	0	0	0	0	0.000000	90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0	26,805,941	0.000000	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	2,010,163	0.000000	90.06
90.07	09004	WOUND CARE CENTER	0	9,727	9,727	3,739,405	0.002601	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	0	52,723	0.000000	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	0	32,706	0.000000	90.09
90.10	09010	RHEUMATOLOGY CLINIC	0	0	0	129,265	0.000000	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	167	0.000000	90.11
90.12	09012	VASCULAR CLINIC	0	0	0	0	0.000000	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	28,857	0.000000	90.13
91.00	09100	EMERGENCY	0	450,524	450,524	53,263,509	0.008458	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	8,146,660	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	814,336	814,336	1,099,724,626		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0209 Component CCN: 14-T209		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part IV Date/Time Prepared: 3/29/2018 11:29 am	
				Title XVIII		Subprovider - IRF	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0.000000	1,298	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	598	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.030761	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	7,082	0	0	53.00
53.01	03950	PAIN CLINIC	0.000000	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	175,956	0	2,770	54.00
54.01	05401	NORTHSIDE IMAGING	0.000000	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.000000	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.000000	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0.000000	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	43,566	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	18,084	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	204,324	0	0	57.00
57.01	05701	NORTHSIDE CT	0.000000	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	68,128	0	0	58.00
58.01	05801	NORTHSIDE MRI	0.000000	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	1,222,495	0	604	60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000	57,983	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	229	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	703,705	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	5,524,436	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	309,354	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	234,433	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	36,348	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	8,610	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	610,255	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	722,378	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	68,900	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	0.000000	20,365	0	0	76.01
76.02	03140	CARDIOLOGY	0.000000	44,933	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.000000	30,491	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0.000000	83,676	0	780	90.00
90.01	09001	CHILD FAMILY PHYSICIANS	0.000000	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	0.000000	0	0	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0.000000	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0.002601	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0.000000	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0.000000	0	0	0	90.09
90.10	09010	RHEUMATOLOGY CLINIC	0.000000	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0.000000	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0.000000	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0.000000	0	0	0	90.13
91.00	09100	EMERGENCY	0.008458	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0.000000	2,990	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)		10,200,617	0	4,154	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0209 Component CCN: 14-T209		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part V Date/Time Prepared: 3/29/2018 11:29 am		
				Title XVIII		Subprovider - IRF	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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.208846	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.118693	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.281220	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.054675	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	278.148889	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.236065	2,770	0	0	654	54.00
54.01	05401	NORTHSIDE IMAGING	0.224285	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.223319	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.182343	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0.000000	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.165241	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.146254	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.016957	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0.051461	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.047023	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0.077308	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.034459	0	0	0	0	59.00
60.00	06000	LABORATORY	0.093047	604	0	0	56	60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.226492	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.201473	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.108241	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.295351	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.258247	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.313013	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.054849	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.129389	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.027520	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.319342	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.321292	0	0	2,094	0	73.00
74.00	07400	RENAL DIALYSIS	0.302038	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.225886	0	0	0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	0.113794	0	0	0	0	76.01
76.02	03140	CARDIOLOGY	0.144886	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.067793	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	6,965.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.147647	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.313126	780	0	0	244	90.00
90.01	09001	CHILD/FAMILY PHYSICIANS	0.000000	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	1.289618	0	0	0	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0.263271	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0.447229	0	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	10.830852	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	7.615147	0	0	0	0	90.09
90.10	09010	RHEUMATOLOGY CLINIC	3.241782	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	393.017964	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0.000000	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	3.813494	0	0	0	0	90.13
91.00	09100	EMERGENCY	0.180454	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0.589400	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
200.00		Subtotal (see instructions)		4,154	0	2,094	954	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		4,154	0	2,094	954	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0209 Component CCN: 14-T209	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 3/29/2018 11:29 am
		Title XVIII	Subprovider - IRF	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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
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
53.01 03950 PAIN CLINIC	0	0		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 NORTHSIDE IMAGING	0	0		54.01
54.02 05402 NORTHSIDE MAMMOGRAPHY	0	0		54.02
54.03 05403 NORTHSIDE ULTRASOUND	0	0		54.03
54.04 05404 NORTHSIDE RADIO	0	0		54.04
54.05 05405 NORTHSIDE ADMIN	0	0		54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.01
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0		57.00
57.01 05701 NORTHSIDE CT	0	0		57.01
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
58.01 05801 NORTHSIDE MRI	0	0		58.01
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 NORTHSIDE LAB	0	0		60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
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 CHRGD TO PATIENTS	0	0		71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	673		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.00
76.01 03340 GASTROINTESTINAL SERVICES	0	0		76.01
76.02 03140 RADIOLOGY	0	0		76.02
76.03 03560 PULMONARY FUNCTION TESTING	0	0		76.03
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 CHILLI FAMILY PHYSICIANS	0	0		90.01
90.03 09002 PHYSICIAN OFFICES	0	0		90.03
90.06 09003 ENDOCRINOLOGY, DIABETES & METABOLISM	0	0		90.06
90.07 09004 WOUND CARE CENTER	0	0		90.07
90.08 09008 INTENSIVISTS CLINIC	0	0		90.08
90.09 09009 NEUROLOGY CLINIC	0	0		90.09
90.10 09010 RHEUMATOLOGY CLINIC	0	0		90.10
90.11 09011 PEDIATRICS-GASTROENTEROL CLINIC	0	0		90.11
90.12 09012 VASCULAR CLINIC	0	0		90.12
90.13 09013 ONCOLOGY CLINIC	0	0		90.13
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	0	673		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 - line 201)	0	673		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet D  
Part I  
Date/Time Prepared:  
3/29/2018 11:29 am

Cost Center Description		Title XIX			Hospital	PPS	
		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	2,375,707	0	2,375,707	45,283	52.46	30.00
31.00	INTENSIVE CARE UNIT	433,086		433,086	2,479	174.70	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	5,895		5,895	2,600	2.27	34.00
40.00	SUBPROVIDER - IPF	611,377	0	611,377	13,487	45.33	40.00
41.00	SUBPROVIDER - IRF	250,789	0	250,789	5,533	45.33	41.00
43.00	NURSERY	81,326		81,326	3,568	22.79	43.00
200.00	Total (lines 30 through 199)	3,758,180		3,758,180	72,950		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	11,967	627,789				
31.00	INTENSIVE CARE UNIT	249	43,500				
34.00	SURGICAL INTENSIVE CARE UNIT	140	318				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	322	14,596				
43.00	NURSERY	1,752	39,928				
200.00	Total (lines 30 through 199)	14,430	726,131				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0209	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part II Date/Time Prepared: 3/29/2018 11:29 am
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Cost Center Description		Title XIX			Hospital	PPS
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
		1.00	2.00	3.00	4.00	5.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	3,093,338	0	0.000000	0	0 50.00
51.00	05100 RECOVERY ROOM	317,776	0	0.000000	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	257,022	0	0.000000	0	0 52.00
53.00	05300 ANESTHESIOLOGY	199,096	0	0.000000	0	0 53.00
53.01	03950 PAIN CLINIC	2,742	0	0.000000	0	0 53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,068,506	0	0.000000	0	0 54.00
54.01	05401 NORTHSIDE IMAGING	28,927	0	0.000000	0	0 54.01
54.02	05402 NORTHSIDE MAMMOGRAPHY	20,457	0	0.000000	0	0 54.02
54.03	05403 NORTHSIDE ULTRASOUND	12,451	0	0.000000	0	0 54.03
54.04	05404 NORTHSIDE RADIO	0	0	0.000000	0	0 54.04
54.05	05405 NORTHSIDE ADMIN	0	0	0.000000	0	0 54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	896,100	0	0.000000	0	0 55.00
56.00	05600 RADIO SOTOPE	0	0	0.000000	0	0 56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	521,684	0	0.000000	0	0 56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	26,494	0	0.000000	0	0 57.00
57.01	05701 NORTHSIDE CT	19,624	0	0.000000	0	0 57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	139,734	0	0.000000	0	0 58.00
58.01	05801 NORTHSIDE MRI	26,845	0	0.000000	0	0 58.01
59.00	05900 CARDIAC CATHETERIZATION	306,401	0	0.000000	0	0 59.00
60.00	06000 LABORATORY	1,054,228	0	0.000000	0	0 60.00
60.01	06001 NORTHSIDE LAB	0	0	0.000000	0	0 60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0 62.30
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	2,334	0	0.000000	0	0 63.00
64.00	06400 INTRAVENOUS THERAPY	304,530	0	0.000000	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	127,773	0	0.000000	0	0 65.00
66.00	06600 PHYSICAL THERAPY	312,445	0	0.000000	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	39,359	0	0.000000	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	48,050	0	0.000000	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	24,477	0	0.000000	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	147,750	0	0.000000	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	3,890	0	0.000000	3,890	0 71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	36,870	0	0.000000	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	274,295	0	0.000000	0	0 73.00
74.00	07400 RENAL DIALYSIS	61,503	0	0.000000	0	0 74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	77,082	0	0.000000	0	0 76.00
76.01	03340 GASTROINTESTINAL SERVICES	170,692	0	0.000000	0	0 76.01
76.02	03140 RADIOLOGY	246,282	0	0.000000	0	0 76.02
76.03	03560 PULMONARY FUNCTION TESTING	64,933	0	0.000000	0	0 76.03
76.97	07697 CARDIAC REHABILITATION	146	0	0.000000	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	889	0	0.000000	0	0 76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	239,361	0	0.000000	0	0 90.00
90.01	09001 CHILLY FAMILY PHYSICIANS	64,158	0	0.000000	0	0 90.01
90.03	09002 PHYSICIAN OFFICES	2,105,005	0	0.000000	0	0 90.03
90.06	09003 ENDOCRINOLOGY, DIABETES & METABOLISM	21,550	0	0.000000	0	0 90.06
90.07	09004 WOUND CARE CENTER	57,081	0	0.000000	0	0 90.07
90.08	09008 INTENSIVISTS CLINIC	7,120	0	0.000000	0	0 90.08
90.09	09009 NEUROLOGY CLINIC	11,840	0	0.000000	0	0 90.09
90.10	09010 RHEUMATOLOGY CLINIC	111,119	0	0.000000	0	0 90.10
90.11	09011 PEDIATRICS-GASTROENTEROL CLINIC	25,471	0	0.000000	0	0 90.11
90.12	09012 VASCULAR CLINIC	4,247	0	0.000000	0	0 90.12
90.13	09013 ONCOLOGY CLINIC	32,253	0	0.000000	0	0 90.13
91.00	09100 EMERGENCY	423,469	0	0.000000	0	0 91.00
92.00	09200 OBSERVATION BEDS	275,064	0	0.000000	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (lines 50 through 199)	14,312,463	0		0	0,200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0209	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 3/29/2018 11:29 am
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	5,169,996	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	602,478	0	0	0	31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	323,481	0	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	0	197,860	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	190,743	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	6,484,558	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	5,169,996	45,283	114.17	11,967	30.00	
31.00	03100	INTENSIVE CARE UNIT		602,478	2,479	243.03	249	31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		323,481	2,600	124.42	140	34.00	
40.00	04000	SUBPROVIDER - IPF	0	197,860	13,487	14.67	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	190,743	5,533	34.47	322	41.00	
43.00	04300	NURSERY		0	3,568	0.00	1,752	43.00	
200.00		Total (lines 30 through 199)		6,484,558	72,950		14,430	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	1,366,272						30.00
31.00	03100	INTENSIVE CARE UNIT	60,514						31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	17,419						34.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	11,099						41.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	1,455,304						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0209	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 3/29/2018 11:29 am
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Cost Center Description	Title XIX			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		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	354,085	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
53.01 03950 PAIN CLINIC	0	0	0	0	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01 05401 NORTHSIDE IMAGING	0	0	0	0	0	0	54.01
54.02 05402 NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	0	54.02
54.03 05403 NORTHSIDE ULTRASOUND	0	0	0	0	0	0	54.03
54.04 05404 NORTHSIDE RADIO	0	0	0	0	0	0	54.04
54.05 05405 NORTHSIDE ADMIN	0	0	0	0	0	0	54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
56.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	0	56.01
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	0	57.00
57.01 05701 NORTHSIDE CT	0	0	0	0	0	0	57.01
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
58.01 05801 NORTHSIDE MRI	0	0	0	0	0	0	58.01
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
60.01 06001 NORTHSIDE LAB	0	0	0	0	0	0	60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	0	71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	76.00
76.01 03340 GASTROINTESTINAL SERVICES	0	0	0	0	0	0	76.01
76.02 03140 RADIOLOGY	0	0	0	0	0	0	76.02
76.03 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	0	76.03
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 CHILLI FAMILY PHYSICIANS	0	0	0	0	0	0	90.01
90.03 09002 PHYSICIAN OFFICES	0	0	0	0	0	0	90.03
90.06 09003 ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	0	0	0	90.06
90.07 09004 WOUND CARE CENTER	0	0	9,727	0	0	0	90.07
90.08 09008 INTENSIVISTS CLINIC	0	0	0	0	0	0	90.08
90.09 09009 NEUROLOGY CLINIC	0	0	0	0	0	0	90.09
90.10 09010 RHEUMATOLOGY CLINIC	0	0	0	0	0	0	90.10
90.11 09011 PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0	0	0	90.11
90.12 09012 VASCULAR CLINIC	0	0	0	0	0	0	90.12
90.13 09013 ONCOLOGY CLINIC	0	0	0	0	0	0	90.13
91.00 09100 EMERGENCY	0	0	450,524	0	0	0	91.00
92.00 09200 OBSERVATION BEDS	0	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
200.00 Total (lines 50 through 199)	0	0	814,336	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0209	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 3/29/2018 11:29 am
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Cost Center Description		Title XIX				Hospital		PPS	
		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)			
		4.00	5.00	6.00	7.00	8.00			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	0	0	0	0	0.000000	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	354,085	354,085	0	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00	
53.01	03950	PAIN CLINIC	0	0	0	0	0.000000	53.01	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0.000000	54.00	
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0.000000	54.01	
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0.000000	54.02	
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0.000000	54.03	
54.04	05404	NORTHSIDE RADIO	0	0	0	0	0.000000	54.04	
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0.000000	54.05	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00	
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0.000000	56.01	
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0.000000	57.00	
57.01	05701	NORTHSIDE CT	0	0	0	0	0.000000	57.01	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00	
58.01	05801	NORTHSIDE MRI	0	0	0	0	0.000000	58.01	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00	
60.00	06000	LABORATORY	0	0	0	0	0.000000	60.00	
60.01	06001	NORTHSIDE LAB	0	0	0	0	0.000000	60.01	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30	
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0.000000	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0.000000	71.00	
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00	
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0.000000	76.00	
76.01	03340	GASTROINTESTINAL SERVICES	0	0	0	0	0.000000	76.01	
76.02	03140	CARDIOLOGY	0	0	0	0	0.000000	76.02	
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0.000000	76.03	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99	
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00	
90.01	09001	CHILD FAMILY PHYSICIANS	0	0	0	0	0.000000	90.01	
90.03	09002	PHYSICIAN OFFICES	0	0	0	0	0.000000	90.03	
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	0	0.000000	90.06	
90.07	09004	WOUND CARE CENTER	0	9,727	9,727	0	0.000000	90.07	
90.08	09008	INTENSIVISTS CLINIC	0	0	0	0	0.000000	90.08	
90.09	09009	NEUROLOGY CLINIC	0	0	0	0	0.000000	90.09	
90.10	09010	RHEUMATOLOGY CLINIC	0	0	0	0	0.000000	90.10	
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0	0.000000	90.11	
90.12	09012	VASCULAR CLINIC	0	0	0	0	0.000000	90.12	
90.13	09013	ONCOLOGY CLINIC	0	0	0	0	0.000000	90.13	
91.00	09100	EMERGENCY	0	450,524	450,524	0	0.000000	91.00	
92.00	09200	OBSERVATION BEDS	0	0	0	0	0.000000	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00	
200.00		Total (lines 50 through 199)	0	814,336	814,336	0		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0209	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 3/29/2018 11:29 am
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Cost Center Description		Title XIX			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
53.01	03950 PAIN CLINIC	0.000000	0	0	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.01	05401 NORTHSIDE IMAGING	0.000000	0	0	0	0	54.01
54.02	05402 NORTHSIDE MAMMOGRAPHY	0.000000	0	0	0	0	54.02
54.03	05403 NORTHSIDE ULTRASOUND	0.000000	0	0	0	0	54.03
54.04	05404 NORTHSIDE RADIO	0.000000	0	0	0	0	54.04
54.05	05405 NORTHSIDE ADMIN	0.000000	0	0	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIO SOTOP	0.000000	0	0	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	0	0	0	0	57.00
57.01	05701 NORTHSIDE CT	0.000000	0	0	0	0	57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
58.01	05801 NORTHSIDE MRI	0.000000	0	0	0	0	58.01
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	0	0	0	0	60.00
60.01	06001 NORTHSIDE LAB	0.000000	0	0	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	76.00
76.01	03340 GASTROINTESTINAL SERVICES	0.000000	0	0	0	0	76.01
76.02	03140 RADIOLOGY	0.000000	0	0	0	0	76.02
76.03	03560 PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	76.03
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 CHILLI FAMILY PHYSICIANS	0.000000	0	0	0	0	90.01
90.03	09002 PHYSICIAN OFFICES	0.000000	0	0	0	0	90.03
90.06	09003 ENDOCRINOLOGY, DIABETES & METABOLISM	0.000000	0	0	0	0	90.06
90.07	09004 WOUND CARE CENTER	0.000000	0	0	0	0	90.07
90.08	09008 INTENSIVISTS CLINIC	0.000000	0	0	0	0	90.08
90.09	09009 NEUROLOGY CLINIC	0.000000	0	0	0	0	90.09
90.10	09010 RHEUMATOLOGY CLINIC	0.000000	0	0	0	0	90.10
90.11	09011 PEDIATRICS-GASTROENTEROL CLINIC	0.000000	0	0	0	0	90.11
90.12	09012 VASCULAR CLINIC	0.000000	0	0	0	0	90.12
90.13	09013 ONCOLOGY CLINIC	0.000000	0	0	0	0	90.13
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0.000000	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0209 Component CCN: 14-S209		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 3/29/2018 11:29 am	
				Title XIX		Subprovider - IPF	
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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	3,093,338	0	0.000000	0	0 50.00
51.00	05100	RECOVERY ROOM	317,776	0	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	257,022	0	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	199,096	0	0.000000	0	0 53.00
53.01	03950	PAIN CLINIC	2,742	0	0.000000	0	0 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,068,506	0	0.000000	0	0 54.00
54.01	05401	NORTHSIDE IMAGING	28,927	0	0.000000	0	0 54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	20,457	0	0.000000	0	0 54.02
54.03	05403	NORTHSIDE ULTRASOUND	12,451	0	0.000000	0	0 54.03
54.04	05404	NORTHSIDE RADIO	0	0	0.000000	0	0 54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	0	0 54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	896,100	0	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0 56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	521,684	0	0.000000	0	0 56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	26,494	0	0.000000	0	0 57.00
57.01	05701	NORTHSIDE CT	19,624	0	0.000000	0	0 57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	139,734	0	0.000000	0	0 58.00
58.01	05801	NORTHSIDE MRI	26,845	0	0.000000	0	0 58.01
59.00	05900	CARDIAC CATHETERIZATION	306,401	0	0.000000	0	0 59.00
60.00	06000	LABORATORY	1,054,228	0	0.000000	0	0 60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0	0 60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,334	0	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	304,530	0	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	127,773	0	0.000000	0	0 65.00
66.00	06600	PHYSICAL THERAPY	312,445	0	0.000000	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	39,359	0	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	48,050	0	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	24,477	0	0.000000	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	147,750	0	0.000000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	3,890	0	0.000000	0	0 71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	36,870	0	0.000000	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	274,295	0	0.000000	0	0 73.00
74.00	07400	RENAL DIALYSIS	61,503	0	0.000000	0	0 74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	77,082	0	0.000000	0	0 76.00
76.01	03340	GASTROINTESTINAL SERVICES	170,692	0	0.000000	0	0 76.01
76.02	03140	CARDIOLOGY	246,282	0	0.000000	0	0 76.02
76.03	03560	PULMONARY FUNCTION TESTING	64,933	0	0.000000	0	0 76.03
76.97	07697	CARDIAC REHABILITATION	146	0	0.000000	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	889	0	0.000000	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	239,361	0	0.000000	0	0 90.00
90.01	09001	CHILD FAMILY PHYSICIANS	64,158	0	0.000000	0	0 90.01
90.03	09002	PHYSICIAN OFFICES	2,105,005	0	0.000000	0	0 90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	21,550	0	0.000000	0	0 90.06
90.07	09004	WOUND CARE CENTER	57,081	0	0.000000	0	0 90.07
90.08	09008	INTENSIVISTS CLINIC	7,120	0	0.000000	0	0 90.08
90.09	09009	NEUROLOGY CLINIC	11,840	0	0.000000	0	0 90.09
90.10	09010	RHEUMATOLOGY CLINIC	111,119	0	0.000000	0	0 90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	25,471	0	0.000000	0	0 90.11
90.12	09012	VASCULAR CLINIC	4,247	0	0.000000	0	0 90.12
90.13	09013	ONCOLOGY CLINIC	32,253	0	0.000000	0	0 90.13
91.00	09100	EMERGENCY	423,469	0	0.000000	0	0 91.00
92.00	09200	OBSERVATION BEDS	0	0	0.000000	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES					0 95.00
200.00		Total (lines 50 through 199)	14,037,399	0		0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0209 Component CCN: 14-S209	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 3/29/2018 11:29 am
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	Title XIX	Subprovider - IPF	PPS
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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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
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	354,085	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	03950 PAIN CLINIC	0	0	0	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402 NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403 NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404 NORTHSIDE RADIO	0	0	0	0	0	54.04
54.05	05405 NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
57.01	05701 NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801 NORTHSIDE MRI	0	0	0	0	0	58.01
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
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 CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03340 GASTROINTESTINAL SERVICES	0	0	0	0	0	76.01
76.02	03140 RADIOLOGY	0	0	0	0	0	76.02
76.03	03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 CHILDLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.03	09002 PHYSICIAN OFFICES	0	0	0	0	0	90.03
90.06	09003 ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	0	0	90.06
90.07	09004 WOUND CARE CENTER	0	0	9,727	0	0	90.07
90.08	09008 INTENSIVISTS CLINIC	0	0	0	0	0	90.08
90.09	09009 NEUROLOGY CLINIC	0	0	0	0	0	90.09
90.10	09010 RHEUMATOLOGY CLINIC	0	0	0	0	0	90.10
90.11	09011 PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0	0	90.11
90.12	09012 VASCULAR CLINIC	0	0	0	0	0	90.12
90.13	09013 ONCOLOGY CLINIC	0	0	0	0	0	90.13
91.00	09100 EMERGENCY	0	0	450,524	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	814,336	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0209 Component CCN: 14-S209		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part IV Date/Time Prepared: 3/29/2018 11:29 am		
				Title XIX		Subprovider - IPF	PPS	
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)		
		4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	354,085	354,085	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
53.01	03950	PAIN CLINIC	0	0	0	0	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0.000000	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0.000000	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0.000000	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0.000000	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0.000000	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0.000000	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0.000000	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0	0.000000	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0.000000	76.00
76.01	03340	GASTROINTESTINAL SERVICES	0	0	0	0	0.000000	76.01
76.02	03140	CARDIOLOGY	0	0	0	0	0.000000	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0.000000	90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0	0	0.000000	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	0	0.000000	90.06
90.07	09004	WOUND CARE CENTER	0	9,727	9,727	0	0.000000	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	0	0	0.000000	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	0	0	0.000000	90.09
90.10	09010	RHEUMATOLOGY CLINIC	0	0	0	0	0.000000	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0	0.000000	90.11
90.12	09012	VASCULAR CLINIC	0	0	0	0	0.000000	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	0	0.000000	90.13
91.00	09100	EMERGENCY	0	450,524	450,524	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	814,336	814,336	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0209 Component CCN: 14-S209		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part IV Date/Time Prepared: 3/29/2018 11:29 am	
				Title XIX		Subprovider - IPF	PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0.000000	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	53.00
53.01	03950	PAIN CLINIC	0.000000	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0.000000	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.000000	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.000000	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0.000000	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0.000000	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0.000000	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	0.000000	0	0	0	76.01
76.02	03140	CARDIOLOGY	0.000000	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	76.98
76.99	07699	LITHOTRI PSY	0.000000	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0.000000	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	0.000000	0	0	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0.000000	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0.000000	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0.000000	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0.000000	0	0	0	90.09
90.10	09010	RHEUMATOLOGY CLINIC	0.000000	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0.000000	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0.000000	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0.000000	0	0	0	90.13
91.00	09100	EMERGENCY	0.000000	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0.000000	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)		0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 14-0209 Component CCN: 14-T209		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 3/29/2018 11:29 am	
			Title XIX		Subprovider - IRF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,093,338	0	0.000000	0	0	50.00
51.00	05100	RECOVERY ROOM	317,776	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	257,022	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	199,096	0	0.000000	0	0	53.00
53.01	03950	PAIN CLINIC	2,742	0	0.000000	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,068,506	0	0.000000	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	28,927	0	0.000000	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	20,457	0	0.000000	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	12,451	0	0.000000	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	896,100	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	521,684	0	0.000000	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	26,494	0	0.000000	0	0	57.00
57.01	05701	NORTHSIDE CT	19,624	0	0.000000	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	139,734	0	0.000000	0	0	58.00
58.01	05801	NORTHSIDE MRI	26,845	0	0.000000	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	306,401	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,054,228	0	0.000000	0	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,334	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	304,530	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	127,773	0	0.000000	0	0	65.00
66.00	06600	PHYSICAL THERAPY	312,445	0	0.000000	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	39,359	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	48,050	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	24,477	0	0.000000	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	147,750	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	3,890	0	0.000000	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	36,870	0	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	274,295	0	0.000000	0	0	73.00
74.00	07400	RENAL DIALYSIS	61,503	0	0.000000	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	77,082	0	0.000000	0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	170,692	0	0.000000	0	0	76.01
76.02	03140	CARDIOLOGY	246,282	0	0.000000	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	64,933	0	0.000000	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	146	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	889	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	239,361	0	0.000000	0	0	90.00
90.01	09001	CHILD FAMILY PHYSICIANS	64,158	0	0.000000	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	2,105,005	0	0.000000	0	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	21,550	0	0.000000	0	0	90.06
90.07	09004	WOUND CARE CENTER	57,081	0	0.000000	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	7,120	0	0.000000	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	11,840	0	0.000000	0	0	90.09
90.10	09010	RHEUMATOLOGY CLINIC	111,119	0	0.000000	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	25,471	0	0.000000	0	0	90.11
90.12	09012	VASCULAR CLINIC	4,247	0	0.000000	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	32,253	0	0.000000	0	0	90.13
91.00	09100	EMERGENCY	423,469	0	0.000000	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	14,037,399	0		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0209	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 3/29/2018 11:29 am			
		Component CCN: 14-T209	Title XIX		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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	354,085	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	54.03
54.04	05404	NORTHSIDE RADIO	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	0	0	0	0	76.01
76.02	03140	CARDIOLOGY	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	CHILD/FAMILY PHYSICIANS	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	0	9,727	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	0	0	90.09
90.10	09010	RHEUMATOLOGY CLINIC	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	0	90.13
91.00	09100	EMERGENCY	0	0	450,524	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	814,336	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0209 Component CCN: 14-T209		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part IV Date/Time Prepared: 3/29/2018 11:29 am		
				Title XIX		Subprovider - IRF	PPS	
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)		
		4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	354,085	354,085	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
53.01	03950	PAIN CLINIC	0	0	0	0	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0.000000	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0.000000	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0.000000	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0.000000	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0.000000	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0.000000	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0.000000	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0	0.000000	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0.000000	76.00
76.01	03340	GASTROINTESTINAL SERVICES	0	0	0	0	0.000000	76.01
76.02	03140	CARDIOLOGY	0	0	0	0	0.000000	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	CHILD/FAMILY PHYSICIANS	0	0	0	0	0.000000	90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0	0	0.000000	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	0	0.000000	90.06
90.07	09004	WOUND CARE CENTER	0	9,727	9,727	0	0.000000	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	0	0	0.000000	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	0	0	0.000000	90.09
90.10	09010	RHEUMATOLOGY CLINIC	0	0	0	0	0.000000	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0	0.000000	90.11
90.12	09012	VASCULAR CLINIC	0	0	0	0	0.000000	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	0	0.000000	90.13
91.00	09100	EMERGENCY	0	450,524	450,524	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	814,336	814,336	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0209 Component CCN: 14-T209		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part IV Date/Time Prepared: 3/29/2018 11:29 am	
			Title XIX		Subprovider - IRF		PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0.000000	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0.000000	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.000000	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.000000	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0.000000	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0.000000	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0.000000	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	0.000000	0	0	0	0	76.01
76.02	03140	CARDIOLOGY	0.000000	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRI PSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	0.000000	0	0	0	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0.000000	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0.000000	0	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0.000000	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0.000000	0	0	0	0	90.09
90.10	09010	RHEUMATOLOGY CLINIC	0.000000	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0.000000	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0.000000	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0.000000	0	0	0	0	90.13
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0.000000	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0209	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 3/29/2018 11:29 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		45,283	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		45,283	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)		40,040	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)		15,206	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
<b>SWING BED ADJUSTMENT</b>				
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)		41,471,102	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)		41,471,102	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		41,471,102	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		915.82	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		13,925,959	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)		13,925,959	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0209		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 3/29/2018 11:29 am	
Cost Center Description			Title XVIII		Hospital		PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	7,220,259	2,479	2,912.57	2,084	6,069,796	43.00	
44.00	CORONARY CARE UNIT						44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	831,182	2,600	319.69	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)					29,288,107	48.00	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					49,283,862	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)					3,404,326	50.00	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,778,761	51.00	
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,183,087	52.00	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					44,100,775	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)					5,243	87.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					915.82	88.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,801,644	89.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0209		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 3/29/2018 11:29 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,375,707	41,471,102	0.057286	4,801,644	275,067	90.00
91.00	Nursing School cost	5,169,996	41,471,102	0.124665	4,801,644	598,597	91.00
92.00	Allied health cost	0	41,471,102	0.000000	4,801,644	0	92.00
93.00	All other Medical Education	0	41,471,102	0.000000	4,801,644	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0209 Component CCN: 14-S209	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 3/29/2018 11:29 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		13,487	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		13,487	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)		13,487	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)		2,799	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
<b>SWING BED ADJUSTMENT</b>				
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)		10,566,843	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)		10,566,843	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		10,566,843	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		783.48	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,192,961	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)		2,192,961	41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 14-0209	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
					Component CCN: 14-S209		Date/Time Prepared: 3/29/2018 11:29 am
					Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
						1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						345,272	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						2,538,233	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						167,940	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						23,531	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						191,471	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)						2,346,762	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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: 14-0209 Component CCN: 14-S209		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 3/29/2018 11:29 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	611,377	10,566,843	0.057858	0	0	90.00
91.00	Nursing School cost	197,860	10,566,843	0.018725	0	0	91.00
92.00	Allied health cost	0	10,566,843	0.000000	0	0	92.00
93.00	All other Medical Education	0	10,566,843	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0209 Component CCN: 14-T209	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 3/29/2018 11:29 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,533	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,533	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)		5,533	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		4,391	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
<b>SWING BED ADJUSTMENT</b>				
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)		3,313,127	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)		3,313,127	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		3,313,127	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		598.79	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,629,287	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)		2,629,287	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0209	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1	
				Component CCN: 14-T209	Date/Time Prepared: 3/29/2018 11:29 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	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
						1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						2,358,488	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						4,987,775	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						350,402	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						163,296	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						513,698	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						4,474,077	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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: 14-0209 Component CCN: 14-T209		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 3/29/2018 11:29 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	250,789	3,313,127	0.075696	0	0	90.00
91.00	Nursing School cost	190,743	3,313,127	0.057572	0	0	91.00
92.00	Allied health cost	0	3,313,127	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,313,127	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0209	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 3/29/2018 11:29 am
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		45,283	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		45,283	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)		40,040	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)		11,967	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)		3,568	15.00
16.00	Nursery days (title V or XIX only)		1,752	16.00
<b>SWING BED ADJUSTMENT</b>				
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)		42,887,212	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)		42,887,212	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		42,887,212	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		947.09	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,333,826	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)		11,333,826	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0209	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 3/29/2018 11:29 am		
Cost Center Description			Title XIX		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	2,405,705	3,568	674.24	1,752	1,181,268	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,789,108	2,479	3,142.04	249	782,368	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	831,182	2,600	319.69	140	44,757	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)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					13,342,219	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)					2,155,740	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,155,740	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					11,186,479	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)					5,243	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					947.09	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,965,593	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet D-1

Date/Time Prepared:  
3/29/2018 11:29 am

Cost Center Description	Cost	Title XIX		Hospital	PPS	
		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	2,375,707	42,887,212	0.055394	4,965,593	275,064	90.00
91.00 Nursing School cost	5,169,996	42,887,212	0.120549	4,965,593	598,597	91.00
92.00 Allied health cost	0	42,887,212	0.000000	4,965,593	0	92.00
93.00 All other Medical Education	0	42,887,212	0.000000	4,965,593	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0209 Component CCN: 14-S209	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 3/29/2018 11:29 am
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			13,487 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			13,487 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)			13,487 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)			0 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)			3,568 15.00
16.00	Nursery days (title V or XIX only)			1,752 16.00
<b>SWING BED ADJUSTMENT</b>				
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)			10,899,828 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)			10,899,828 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)			10,899,828 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			808.17 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			0 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)			0 41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 14-0209	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
					Component CCN: 14-S209		Date/Time Prepared: 3/29/2018 11:29 am
					Title XIX	Subprovider - IPF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
						1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						0	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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: 14-0209 Component CCN: 14-S209		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 3/29/2018 11:29 am	
		Title XIX		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	611,377	10,899,828	0.056091	0	0	90.00
91.00	Nursing School cost	197,860	10,899,828	0.018153	0	0	91.00
92.00	Allied health cost	0	10,899,828	0.000000	0	0	92.00
93.00	All other Medical Education	0	10,899,828	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0209 Component CCN: 14-T209	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 3/29/2018 11:29 am
		Title XIX	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			5,533 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			5,533 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)			5,533 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)			322 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)			3,568 15.00
16.00	Nursery days (title V or XIX only)			1,752 16.00
<b>SWING BED ADJUSTMENT</b>				
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)			3,313,127 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)			3,313,127 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)			3,313,127 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			598.79 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			192,810 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)			192,810 41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 14-0209	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
					Component CCN: 14-T209		Date/Time Prepared: 3/29/2018 11:29 am
					Title XIX	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
						1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						192,810	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						25,695	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						25,695	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						167,115	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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: 14-0209 Component CCN: 14-T209		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 3/29/2018 11:29 am	
		Title XIX		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	250,789	3,313,127	0.075696	0	0	90.00
91.00	Nursing School cost	190,743	3,313,127	0.057572	0	0	91.00
92.00	Allied health cost	0	3,313,127	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,313,127	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0209	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3	
		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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		37,244,807	30.00
31.00	03100	INTENSIVE CARE UNIT		9,790,207	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.208862	32,238,408	50.00
51.00	05100	RECOVERY ROOM	0.118693	5,731,391	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.282818	37,403	52.00
53.00	05300	ANESTHESIOLOGY	0.054867	7,439,123	53.00
53.01	03950	PAIN CLINIC	279.953333	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.236065	5,939,768	54.00
54.01	05401	NORTHSIDE IMAGING	0.224285	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.223319	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.182343	0	54.03
54.04	05404	NORTHSIDE RADIO	0.000000	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.165241	312,277	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.146254	798,109	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.016957	8,409,618	57.00
57.01	05701	NORTHSIDE CT	0.051461	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.047023	2,695,399	58.00
58.01	05801	NORTHSIDE MRI	0.077308	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.034459	4,973,702	59.00
60.00	06000	LABORATORY	0.093047	20,444,208	60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.226492	2,207,059	63.00
64.00	06400	INTRAVENOUS THERAPY	0.201473	2,111,692	64.00
65.00	06500	RESPIRATORY THERAPY	0.108241	8,564,349	65.00
66.00	06600	PHYSICAL THERAPY	0.295351	2,541,240	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.258247	760,865	67.00
68.00	06800	SPEECH PATHOLOGY	0.313013	556,206	68.00
69.00	06900	ELECTROCARDIOLOGY	0.054849	1,312,312	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.130185	223,094	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.027520	19,360,482	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.319342	18,513,358	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.321292	17,011,557	73.00
74.00	07400	RENAL DIALYSIS	0.302038	1,091,037	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.225886	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	0.113794	2,186,671	76.01
76.02	03140	CARDIOLOGY	0.144886	3,373,211	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.067793	643,012	76.03
76.97	07697	CARDIAC REHABILITATION	6,965.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.147647	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.313359	1,288,560	90.00
90.01	09001	CHILD/FAMILY PHYSICIANS	0.000000	0	90.01
90.03	09002	PHYSICIAN OFFICES	1.301141	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0.263271	0	90.06
90.07	09004	WOUND CARE CENTER	0.447229	0	90.07
90.08	09008	INTENSIVISTS CLINIC	10.871290	0	90.08
90.09	09009	NEUROLOGY CLINIC	7.615147	0	90.09
90.10	09010	RHEUMATOLOGY CLINIC	3.242881	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	393.389222	0	90.11
90.12	09012	VASCULAR CLINIC	0.000000	0	90.12
90.13	09013	ONCOLOGY CLINIC	3.813494	0	90.13
91.00	09100	EMERGENCY	0.182836	3,835,524	91.00
92.00	09200	OBSERVATION BEDS	0.589400	579,195	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		175,178,830	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)		175,178,830	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0209 Component CCN: 14-S209	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 3/29/2018 11:29 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		6,393,465	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.208862	0	50.00
51.00	05100	RECOVERY ROOM	0.118693	127,643	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.282818	0	52.00
53.00	05300	ANESTHESIOLOGY	0.054867	258,777	53.00
53.01	03950	PAIN CLINIC	279.953333	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.236065	55,973	54.00
54.01	05401	NORTHSIDE IMAGING	0.224285	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.223319	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.182343	0	54.03
54.04	05404	NORTHSIDE RADIO	0.000000	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.165241	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.146254	10,850	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.016957	147,013	57.00
57.01	05701	NORTHSIDE CT	0.051461	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.047023	55,794	58.00
58.01	05801	NORTHSIDE MRI	0.077308	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.034459	0	59.00
60.00	06000	LABORATORY	0.093047	631,588	60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.226492	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.201473	35,992	64.00
65.00	06500	RESPIRATORY THERAPY	0.108241	249,120	65.00
66.00	06600	PHYSICAL THERAPY	0.295351	15,157	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.258247	3,797	67.00
68.00	06800	SPEECH PATHOLOGY	0.313013	3,994	68.00
69.00	06900	ELECTROCARDIOLOGY	0.054849	40,120	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.130185	8,610	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.027520	37,238	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.319342	2,991	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.321292	237,127	73.00
74.00	07400	RENAL DIALYSIS	0.302038	3,975	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.225886	98,362	76.00
76.01	03340	GASTROINTESTINAL SERVICES	0.113794	0	76.01
76.02	03140	CARDIOLOGY	0.144886	20,468	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.067793	2,829	76.03
76.97	07697	CARDIAC REHABILITATION	6,965.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.147647	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.313359	17,821	90.00
90.01	09001	CHILD FAMILYPHYSICIANS	0.000000	0	90.01
90.03	09002	PHYSICIAN OFFICES	1.301141	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0.263271	0	90.06
90.07	09004	WOUND CARE CENTER	0.447229	0	90.07
90.08	09008	INTENSIVISTS CLINIC	10.871290	0	90.08
90.09	09009	NEUROLOGY CLINIC	7.615147	0	90.09
90.10	09010	RHEUMATOLOGY CLINIC	3.242881	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	393.389222	0	90.11
90.12	09012	VASCULAR CLINIC	0.000000	0	90.12
90.13	09013	ONCOLOGY CLINIC	3.813494	0	90.13
91.00	09100	EMERGENCY	0.182836	446,048	91.00
92.00	09200	OBSERVATION BEDS	0.589400	1,885	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,513,172	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)		2,513,172	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0209 Component CCN: 14-T209	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 3/29/2018 11:29 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - IRF		6,857,731	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.208862	1,298	271 50.00
51.00	05100	RECOVERY ROOM	0.118693	598	71 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.282818	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.054867	7,082	389 53.00
53.01	03950	PAIN CLINIC	279.953333	0	0 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.236065	175,956	41,537 54.00
54.01	05401	NORTHSIDE IMAGING	0.224285	0	0 54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.223319	0	0 54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.182343	0	0 54.03
54.04	05404	NORTHSIDE CARDIO	0.000000	0	0 54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	0 54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.165241	43,566	7,199 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.146254	18,084	2,645 56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.016957	204,324	3,465 57.00
57.01	05701	NORTHSIDE CT	0.051461	0	0 57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.047023	68,128	3,204 58.00
58.01	05801	NORTHSIDE MRI	0.077308	0	0 58.01
59.00	05900	CARDIAC CATHETERIZATION	0.034459	0	0 59.00
60.00	06000	LABORATORY	0.093047	1,222,495	113,749 60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	0 60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.226492	57,983	13,133 63.00
64.00	06400	INTRAVENOUS THERAPY	0.201473	229	46 64.00
65.00	06500	RESPIRATORY THERAPY	0.108241	703,705	76,170 65.00
66.00	06600	PHYSICAL THERAPY	0.295351	5,524,436	1,631,648 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.258247	309,354	79,890 67.00
68.00	06800	SPEECH PATHOLOGY	0.313013	234,433	73,381 68.00
69.00	06900	ELECTROCARDIOLOGY	0.054849	36,348	1,994 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.130185	8,610	1,121 70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.027520	610,255	16,794 71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.319342	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.321292	722,378	232,094 73.00
74.00	07400	RENAL DIALYSIS	0.302038	68,900	20,810 74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.225886	0	0 76.00
76.01	03340	GASTROINTESTINAL SERVICES	0.113794	20,365	2,317 76.01
76.02	03140	CARDIOLOGY	0.144886	44,933	6,510 76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.067793	30,491	2,067 76.03
76.97	07697	CARDIAC REHABILITATION	6,965.000000	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.147647	0	0 76.98
76.99	07699	LI THOTRI PSY	0.000000	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.313359	83,676	26,221 90.00
90.01	09001	CHILD FAMILYPHYSICIANS	0.000000	0	0 90.01
90.03	09002	PHYSICIAN OFFICES	1.301141	0	0 90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0.263271	0	0 90.06
90.07	09004	WOUND CARE CENTER	0.447229	0	0 90.07
90.08	09008	INTENSIVISTS CLINIC	10.871290	0	0 90.08
90.09	09009	NEUROLOGY CLINIC	7.615147	0	0 90.09
90.10	09010	RHEUMATOLOGY CLINIC	3.242881	0	0 90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	393.389222	0	0 90.11
90.12	09012	VASCULAR CLINIC	0.000000	0	0 90.12
90.13	09013	ONCOLOGY CLINIC	3.813494	0	0 90.13
91.00	09100	EMERGENCY	0.182836	0	0 91.00
92.00	09200	OBSERVATION BEDS	0.589400	2,990	1,762 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50 through 94 and 96 through 98)		10,200,617	2,358,488 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		10,200,617	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0209	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 3/29/2018 11:29 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		27,530,960	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		9,119,869	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		930,447	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		11,860,930	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		202.64	4.00
<b>Indirect Medical Education Adjustment</b>				
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)		19.48	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		19.48	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		31.17	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)		19.48	12.00
13.00	Total allowable FTE count for the prior year.		19.48	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.		19.48	14.00
15.00	Sum of lines 12 through 14 divided by 3.		19.48	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		19.48	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.096131	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.096369	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.096131	21.00
22.00	IME payment adjustment (see instructions)		1,873,920	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		606,437	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		8.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		11.69	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)		8.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.039479	26.00
27.00	IME payments adjustment factor. (see instructions)		0.010431	27.00
28.00	IME add-on adjustment amount (see instructions)		382,305	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		123,721	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		2,256,225	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		730,158	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.15	30.00
31.00	Percentage of Medicaid patient days (see instructions)		28.95	31.00
32.00	Sum of lines 30 and 31		33.10	32.00
33.00	Allowable disproportionate share percentage (see instructions)		16.52	33.00
34.00	Disproportionate share adjustment (see instructions)		1,513,680	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0209	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 3/29/2018 11:29 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)		0	0 35.00
35.01	Factor 3 (see instructions)	0.000000000		0.000000000 35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,553,354		2,452,679 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,909,768		618,210 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,527,978		
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
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	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		43,879,159	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	
				<b>Amount</b>
				<b>1.00</b>
49.00	Total payment for inpatient operating costs (see instructions)		44,609,317	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,378,228	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		1,305,401	52.00
53.00	Nursing and Allied Health Managed Care payment		1,642,410	53.00
54.00	Special add-on payments for new technologies		4,143	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).		2,242,544	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		76,150	58.00
59.00	Total (sum of amounts on lines 49 through 58)		53,258,193	59.00
60.00	Primary payer payments		62,996	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		53,195,197	61.00
62.00	Deductibles billed to program beneficiaries		3,748,416	62.00
63.00	Coinurance billed to program beneficiaries		50,008	63.00
64.00	Allowable bad debts (see instructions)		798,303	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		518,897	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		645,758	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		49,915,670	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)		17,002	70.93
70.94	HRR adjustment amount (see instructions)		-98,128	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0209	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 3/29/2018 11:29 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	1.00	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			49,834,544	71.00
71.01	Sequestration adjustment (see instructions)			996,691	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			47,719,521	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)			1,118,332	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			805,203	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (line 209 plus line 210) (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: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
3/29/2018 11:29 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	27,530,960	0	27,530,960		27,530,960	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,119,869	0		9,119,869	9,119,869	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	930,447	0	681,394	249,053	930,447	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	11,860,930	0	8,669,621	3,191,309	11,860,930	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.096131	0.096131	0.096131	0.096131		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,873,920	0	1,407,630	466,290	1,873,920	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	606,437	0	606,437	0	606,437	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.010431	0.010431	0.010431	0.010431		7.00
8.00	IME adjustment (see instructions)	28.00	382,305	0	287,176	95,129	382,305	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	123,721	0	90,432	33,289	123,721	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,256,225	0	1,694,806	561,419	2,256,225	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	730,158	0	696,869	33,289	730,158	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1652	0.1652	0.1652	0.1652		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,513,680	0	1,137,029	376,651	1,513,680	11.00
11.01	Uncompensated care payments	36.00	2,527,978	0	1,909,768	618,210	2,527,978	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	43,879,159	0	32,953,957	10,925,202	43,879,159	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	44,609,317	0	33,650,826	10,958,491	44,609,317	15.00
16.00	Payment for inpatient program capital (From Wkst. L, Pt. I, if applicable)	50.00	3,378,228	0	2,535,381	842,847	3,378,228	16.00
17.00	Special add-on payments for new technologies	54.00	4,143	0	4,143	0	4,143	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	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
3/29/2018 11:29 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	36,190,350	11,801,338	47,991,688	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,945,647	0	2,208,609	737,038	2,945,647	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	45,818	0	36,782	9,036	45,818	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0620	0.0620	0.0620	0.0620		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	182,630	0	136,934	45,696	182,630	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0693	0.0693	0.0693	0.0693		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	204,133	0	153,056	51,077	204,133	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,378,228	0	2,535,381	842,847	3,378,228	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.250000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				2,950,335	2,950,335	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
3/29/2018 11:29 am

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	27,530,960	27,530,960		27,530,960	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,119,869		9,119,869	9,119,869	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	930,447	681,394	249,053	930,447	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	11,860,930	8,669,621	3,191,309	11,860,930	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.096131	0.096131	0.096131		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,873,920	1,407,630	466,290	1,873,920	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	606,437	443,269	163,168	606,437	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.010431	0.010431	0.010431		7.00
8.00	IME adjustment (see instructions)	28.00	382,305	287,176	95,129	382,305	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	123,721	90,432	33,289	123,721	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,256,225	1,694,806	561,419	2,256,225	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	730,158	533,701	196,457	730,158	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1652	0.1652	0.1652		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,513,680	1,137,029	376,651	1,513,680	11.00
11.01	Uncompensated care payments	36.00	2,527,978	1,909,768	618,210	2,527,978	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	43,879,159	32,953,957	10,925,202	43,879,159	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	44,609,317	33,487,658	11,121,659	44,609,317	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,378,228	2,535,381	842,847	3,378,228	16.00
17.00	Special add-on payments for new technologies	54.00	4,143	4,143	0	4,143	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			36,027,182	11,964,506	47,991,688	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
3/29/2018 11:29 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	2,945,647	2,208,609	737,038	2,945,647	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	45,818	36,782	9,036	45,818	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	0.0620	0.0620	0.0620		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	182,630	136,934	45,696	182,630	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0693	0.0693	0.0693		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	204,133	153,056	51,077	204,133	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	3,378,228	2,535,381	842,847	3,378,228	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	17,002	30,039	-13,037	17,002	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	-98,128	-85,360	-12,768	-98,128	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: 14-0209	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 3/29/2018 11:29 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		34,794	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		22,092,812	2.00
3.00	OPPS payments		20,320,899	3.00
4.00	Outlier payment (see instructions)		189,951	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		162,115	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		34,794	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		108,693	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)		108,693	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		108,693	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		73,899	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 (line 11 minus line 20) (see instructions)		34,794	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)		20,672,965	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,832,655	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)		16,875,104	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		512,754	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)		17,387,858	30.00
31.00	Primary payer payments		5,177	31.00
32.00	Subtotal (line 30 minus line 31)		17,382,681	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		515,016	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		334,760	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		422,200	36.00
37.00	Subtotal (see instructions)		17,717,441	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-8	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		17,717,449	40.00
40.01	Sequestration adjustment (see instructions)		354,349	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		17,259,358	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		103,742	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0209 Component CCN: 14-S209	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 3/29/2018 11:29 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		727	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		2,954	2.00
3.00	OPPS payments		3,081	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		727	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		2,264	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)		2,264	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		2,264	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,537	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 (line 11 minus line 20) (see instructions)		727	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)		3,081	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		884	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)		2,924	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		2,924	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		2,924	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		2,924	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		2,924	40.00
40.01	Sequestration adjustment (see instructions)		58	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		2,820	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		46	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0209 Component CCN: 14-T209	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 3/29/2018 11:29 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		673	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		954	2.00
3.00	OPPS payments		494	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		673	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		2,094	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)		2,094	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		2,094	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,421	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 (line 11 minus line 20) (see instructions)		673	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)		494	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		21	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)		1,146	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		1,146	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,146	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		1,146	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		1,146	40.00
40.01	Sequestration adjustment (see instructions)		23	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		1,114	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		9	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 14-0209		Period: From 01/01/2017 To 12/31/2017		Worksheet E-1 Part I Date/Time Prepared: 3/29/2018 11:29 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		47,455,382		17,262,906	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	12/21/2017	264,139		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	12/21/2017	3,548	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)		264,139		-3,548	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)		47,719,521		17,259,358	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		1,118,332		103,742	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		48,837,853		17,363,100	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: 14-0209  
Component CCN: 14-S209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet E-1  
Part I  
Date/Time Prepared:  
3/29/2018 11:29 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					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,988,199		2,820	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)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	12/21/2017	15,641		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)		15,641		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)		2,003,840		2,820	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		88,094		46	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,091,934		2,866	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: 14-0209  
Component CCN: 14-T209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet E-1  
Part I  
Date/Time Prepared:  
3/29/2018 11:29 am

Title XVIII

Subprovider -  
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		5,463,533		1,114	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	12/21/2017	43,622		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)		-43,622		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)		5,419,911		1,114	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		145,607		9	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		5,565,518		1,123	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: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet E-1  
Part II  
Date/Time Prepared:  
3/29/2018 11:29 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	12,732	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	17,290	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	5,767	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	45,119	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	1,275,313,418	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	9,473,708	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	0	8.00
9.00	Sequestration adjustment amount (see instructions)	0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	0	10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>			
30.00	Initial/interim HIT payment adjustment (see instructions)	0	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	0	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0209 Component CCN: 14-S209	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part II Date/Time Prepared: 3/29/2018 11:29 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			2,153,248 1.00
2.00	Net IPF PPS Outlier Payments			52,133 2.00
3.00	Net IPF PPS ECT Payments			20,936 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.75 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)			9.42 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.75 8.00
9.00	Average Daily Census (see instructions)			36.950685 9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$ .			0.010402 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			22,398 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			2,248,715 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)			2,248,715 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			2,248,715 18.00
19.00	Deductibles			278,964 19.00
20.00	Subtotal (line 18 minus line 19)			1,969,751 20.00
21.00	Coinsurance			59,465 21.00
22.00	Subtotal (line 20 minus line 21)			1,910,286 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			276,165 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			179,507 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			254,771 25.00
26.00	Subtotal (sum of lines 22 and 24)			2,089,793 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)			44,834 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)			2,134,627 31.00
31.01	Sequestration adjustment (see instructions)			42,693 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			2,003,840 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)			88,094 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			52,133 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: 14-0209 Component CCN: 14-T209	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part III Date/Time Prepared: 3/29/2018 11:29 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			5,226,284 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0339 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			146,336 3.00
4.00	Outlier Payments			202,040 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)			15.158904 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)			5,574,660 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)			5,574,660 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			5,574,660 19.00
20.00	Deductibles			42,112 20.00
21.00	Subtotal (line 19 minus line 20)			5,532,548 21.00
22.00	Coinsurance			12,831 22.00
23.00	Subtotal (line 21 minus line 22)			5,519,717 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			12,346 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			8,025 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			8,454 26.00
27.00	Subtotal (sum of lines 23 and 25)			5,527,742 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)			151,358 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)			5,679,100 32.00
32.01	Sequestration adjustment (see instructions)			113,582 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			5,419,911 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)			145,607 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			145,848 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			202,040 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: 14-0209	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 3/29/2018 11:29 am	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			27.33	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			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			27.33	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			40.59	6.00
7.00	Enter the lesser of line 5 or line 6			27.33	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.	28.37	12.22	40.59	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.	19.10	8.23	27.33	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	19.10	8.23		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	20.01	7.32		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	20.44	6.89		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	19.85	7.48		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	19.85	7.48		17.00
18.00	Per resident amount	127,397.72	120,634.40		18.00
19.00	Approved amount for resident costs	2,528,845	902,345	3,431,190	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)			5.66	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			13.26	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			5.66	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			98,626.51	23.00
24.00	Multiply line 22 time line 23			558,226	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			3,989,416	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	24,480	6,080		26.00
27.00	Total Inpatient Days (see instructions)	65,170	65,170		27.00
28.00	Ratio of inpatient days to total inpatient days	0.375633	0.093294		28.00
29.00	Program direct GME amount	1,498,556	372,189		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		52,590		30.00
31.00	Net Program direct GME amount			1,818,155	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0209	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 3/29/2018 11:29 am
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
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)		1,938,071	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
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		56,809,870	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)		62,996	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		56,746,874	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		22,295,029	42.00
43.00	Primary payer payments (see instructions)		5,177	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		22,289,852	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		79,036,726	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.717981	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.282019	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		1,818,155	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		1,305,401	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		512,754	50.00

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

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet G

Date/Time Prepared:  
3/29/2018 11:29 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	6,290,153	0	0	0	1.00
2.00	Temporary investments	89,936	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	63,666,515	0	0	0	4.00
5.00	Other receivable	7,537,551	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	6,520,378	0	0	0	7.00
8.00	Prepaid expenses	2,744,776	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	41,918,839	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	128,768,148	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	1,458,352	0	0	0	12.00
13.00	Land improvements	8,356,061	0	0	0	13.00
14.00	Accumulated depreciation	-3,491,217	0	0	0	14.00
15.00	Buildings	157,352,817	0	0	0	15.00
16.00	Accumulated depreciation	-44,012,872	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	20,365,573	0	0	0	19.00
20.00	Accumulated depreciation	-8,507,320	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	65,468,270	0	0	0	23.00
24.00	Accumulated depreciation	-41,390,912	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)	155,598,752	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	174,297,646	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	96,642,173	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	270,939,819	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	555,306,719	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	12,416,117	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,135,700	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	6,055,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	68,565,258	0	0	0	43.00
44.00	Other current liabilities	11,145,148	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	106,317,223	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	29,376,514	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	160,028,113	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	189,404,627	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	295,721,850	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	259,584,869				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	259,584,869	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	555,306,719	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet G-1

Date/Time Prepared:  
3/29/2018 11:29 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		228,399,499		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		28,174,724			2.00
3.00	Total (sum of line 1 and line 2)		256,574,223		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	CHANGE IN UNRESTRICTED	190,265		0		5.00
6.00	CHANGE IN TEMP & PERM REST	2,820,381		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		3,010,646		0	10.00
11.00	Subtotal (line 3 plus line 10)		259,584,869		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		259,584,869		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00	CHANGE IN UNRESTRICTED		0			5.00
6.00	CHANGE IN TEMP & PERM REST		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: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
3/29/2018 11:29 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	92,810,292		92,810,292	1.00
2.00	SUBPROVIDER - IPF	30,949,403		30,949,403	2.00
3.00	SUBPROVIDER - IRF	16,728,956		16,728,956	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	140,488,651		140,488,651	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	11,499,642		11,499,642	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	12,180,697		12,180,697	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	23,680,339		23,680,339	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	164,168,990		164,168,990	17.00
18.00	Ancillary services	438,870,774		438,870,774	18.00
19.00	Outpatient services	0	607,206,217	607,206,217	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		10,113,005	10,113,005	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	4,862,759	4,862,759	26.00
27.00	PHYSICIANS	0	86,481,188	86,481,188	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	603,039,764	708,663,169	1,311,702,933	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		325,731,719		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)		325,731,719		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0209

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet G-3

Date/Time Prepared:  
3/29/2018 11:29 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,311,702,933	1.00
2.00	Less contractual allowances and discounts on patients' accounts	936,555,285	2.00
3.00	Net patient revenues (line 1 minus line 2)	375,147,648	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	325,731,719	4.00
5.00	Net income from service to patients (line 3 minus line 4)	49,415,929	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	14,908	6.00
7.00	Income from investments	13,938,549	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	1,476,304	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	12,642,350	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS	29,208,432	24.00
25.00	Total other income (sum of lines 6-24)	57,280,543	25.00
26.00	Total (line 5 plus line 25)	106,696,472	26.00
27.00	PEORIA HOME OFFICE EXPENSES	78,521,748	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	78,521,748	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	28,174,724	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0209

Period: From 01/01/2017

Worksheet H

HHA CCN: 14-7259

To 12/31/2017

Date/Time Prepared: 3/29/2018 11:29 am

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	1,610,045	354,845	2,513	211,065	214,677	2,393,145	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	3,034,461	626,016	0	6,877	223,827	3,891,181	6.00
7.00	0	0	0	1,603,875	0	1,603,875	7.00
8.00	0	0	0	332,387	0	332,387	8.00
9.00	0	0	0	76,249	0	76,249	9.00
10.00	63,019	13,363	0	135	5,144	81,661	10.00
11.00	171,290	56,564	0	0	55,934	283,788	11.00
12.00	0	0	0	0	202,247	202,247	12.00
13.00	0	0	0	0	7,458	7,458	13.00
14.00	0	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	25,741	5,350	0	0	731	31,822	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
23.50	0	0	0	0	0	0	23.50
24.00	4,904,556	1,056,138	2,513	2,230,588	710,018	8,903,813	24.00
	Reclassified	Reclassified	Adjustments	Net Expenses			
	7.00	8.00	9.00	10.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	-87,670	2,305,475	-2,135	2,303,340			5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	0	3,891,181	0	3,891,181			6.00
7.00	0	1,603,875	0	1,603,875			7.00
8.00	0	332,387	0	332,387			8.00
9.00	0	76,249	0	76,249			9.00
10.00	0	81,661	0	81,661			10.00
11.00	0	283,788	0	283,788			11.00
12.00	0	202,247	0	202,247			12.00
13.00	0	7,458	0	7,458			13.00
14.00	0	0	0	0			14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	31,822	0	31,822			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
23.50	0	0	0	0			23.50
24.00	-87,670	8,816,143	-2,135	8,814,008			24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 14-0209 HHA CCN: 14-7259		Period: From 01/01/2017 To 12/31/2017		Worksheet H-1 Part I Date/Time Prepared: 3/29/2018 11:29 am	
				Home Health Agency I		PPS	
	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	2,303,340	0	0	0	2,303,340	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	3,891,181	0	0	0	3,891,181	6.00
7.00	Physical Therapy	1,603,875	0	0	0	1,603,875	7.00
8.00	Occupational Therapy	332,387	0	0	0	332,387	8.00
9.00	Speech Pathology	76,249	0	0	0	76,249	9.00
10.00	Medical Social Services	81,661	0	0	0	81,661	10.00
11.00	Home Health Aide	283,788	0	0	0	283,788	11.00
12.00	Supplies (see instructions)	202,247	0	0	0	202,247	12.00
13.00	Drugs	7,458	0	0	0	7,458	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	31,822	0	0	0	31,822	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	8,814,008	0	0	0	8,814,008	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	2,303,340					5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	1,376,621	5,267,802				6.00
7.00	Physical Therapy	567,417	2,171,292				7.00
8.00	Occupational Therapy	117,592	449,979				8.00
9.00	Speech Pathology	26,975	103,224				9.00
10.00	Medical Social Services	28,890	110,551				10.00
11.00	Home Health Aide	100,398	384,186				11.00
12.00	Supplies (see instructions)	71,551	273,798				12.00
13.00	Drugs	2,638	10,096				13.00
14.00	DME	0	0				14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	11,258	43,080				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
23.50	Tel emedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		8,814,008				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0209

Period: From 01/01/2017

Worksheet H-1

HHA CCN: 14-7259

To 12/31/2017

Part II  
Date/Time Prepared:  
3/29/2018 11:29 am

Home Health  
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	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-2,303,340	6,510,668
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	0	3,891,181
7.00	Physical Therapy	0	0	0	0	0	1,603,875
8.00	Occupational Therapy	0	0	0	0	0	332,387
9.00	Speech Pathology	0	0	0	0	0	76,249
10.00	Medical Social Services	0	0	0	0	0	81,661
11.00	Home Health Aide	0	0	0	0	0	283,788
12.00	Supplies (see instructions)	0	0	0	0	0	202,247
13.00	Drugs	0	0	0	0	0	7,458
14.00	DME	0	0	0	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	31,822
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-2,303,340	6,510,668
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	2,303,340
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.353779

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0209

Period: From 01/01/2017

Worksheet H-2

HHA CCN: 14-7259

To 12/31/2017

Part I  
Date/Time Prepared:  
3/29/2018 11:29 am

Home Health  
Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	PARKING	Subtotal	
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00	4.00				
1.00 Administrative and General	0	0	9,862	248,431	0	258,293	1.00	
2.00 Skilled Nursing Care	5,267,802	0	0	0	0	5,267,802	2.00	
3.00 Physical Therapy	2,171,292	0	0	0	0	2,171,292	3.00	
4.00 Occupational Therapy	449,979	0	0	0	0	449,979	4.00	
5.00 Speech Pathology	103,224	0	0	0	0	103,224	5.00	
6.00 Medical Social Services	110,551	0	0	0	0	110,551	6.00	
7.00 Home Health Aide	384,186	0	0	0	0	384,186	7.00	
8.00 Supplies (see instructions)	273,798	0	0	0	0	273,798	8.00	
9.00 Drugs	10,096	0	0	0	0	10,096	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	43,080	0	0	0	0	43,080	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19) (2)	8,814,008	0	9,862	248,431	0	9,072,301	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						0.000000	21.00	
Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
	5.00	6.00	7.00	8.00	9.00	10.00		
1.00 Administrative and General	56,356	0	0	0	0	0	1.00	
2.00 Skilled Nursing Care	1,149,360	0	0	0	0	0	2.00	
3.00 Physical Therapy	473,746	0	0	0	0	0	3.00	
4.00 Occupational Therapy	98,179	0	0	0	0	0	4.00	
5.00 Speech Pathology	22,522	0	0	0	0	0	5.00	
6.00 Medical Social Services	24,121	0	0	0	0	0	6.00	
7.00 Home Health Aide	83,824	0	0	0	0	0	7.00	
8.00 Supplies (see instructions)	59,739	0	0	0	0	0	8.00	
9.00 Drugs	2,203	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	9,399	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19) (2)	1,979,449	0	0	0	0	0	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 14-0209	Period: From 01/01/2017	Worksheet H-2
		HHA CCN: 14-7259	To 12/31/2017	Part I
				Date/Time Prepared: 3/29/2018 11:29 am
			Home Health Agency I	PPS

Cost Center Description	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	12.00	13.00	14.00	15.00	16.00	
1.00 Administrative and General	75,382	0	529,462	0	3,712	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	75,382	0	529,462	0	3,712	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description	INTERNS & RESIDENTS						
	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS	Subtotal	
	17.00	19.00	20.00	21.00	22.00	24.00	
1.00 Administrative and General	0	0	4,270	0	0	927,475	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	6,417,162	2.00
3.00 Physical Therapy	0	0	0	0	0	2,645,038	3.00
4.00 Occupational Therapy	0	0	0	0	0	548,158	4.00
5.00 Speech Pathology	0	0	0	0	0	125,746	5.00
6.00 Medical Social Services	0	0	0	0	0	134,672	6.00
7.00 Home Health Aide	0	0	0	0	0	468,010	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	333,537	8.00
9.00 Drugs	0	0	0	0	0	12,299	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	52,479	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	0	0	4,270	0	0	11,664,576	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 14-0209	Period: From 01/01/2017	Worksheet H-2 Part I
		HHA CCN: 14-7259	To 12/31/2017	Date/Time Prepared: 3/29/2018 11:29 am
			Home Health Agency I	PPS

Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	25.00	26.00	27.00	28.00		
1.00 Administrative and General	0	927,475				1.00
2.00 Skilled Nursing Care	0	6,417,162	554,319	6,971,481		2.00
3.00 Physical Therapy	0	2,645,038	228,478	2,873,516		3.00
4.00 Occupational Therapy	0	548,158	47,350	595,508		4.00
5.00 Speech Pathology	0	125,746	10,862	136,608		5.00
6.00 Medical Social Services	0	134,672	11,633	146,305		6.00
7.00 Home Health Aide	0	468,010	40,427	508,437		7.00
8.00 Supplies (see instructions)	0	333,537	28,811	362,348		8.00
9.00 Drugs	0	12,299	1,062	13,361		9.00
10.00 DME	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0		12.00
13.00 Private Duty Nursing	0	52,479	4,533	57,012		13.00
14.00 Clinic	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0		19.00
19.50 Telemedicine	0	0	0	0		19.50
20.00 Total (sum of lines 1-19) (2)	0	11,664,576	927,475	11,664,576		20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.086380			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0209

Period: From 01/01/2017

Worksheet H-2

HHA CCN: 14-7259

To 12/31/2017

Part II  
Date/Time Prepared: 3/29/2018 11:29 am

Home Health Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PARKING (SQUARE FEET)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	0	47,734	4,846,208	0	0	258,293	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	5,267,802	2.00
3.00 Physical Therapy	0	0	0	0	0	2,171,292	3.00
4.00 Occupational Therapy	0	0	0	0	0	449,979	4.00
5.00 Speech Pathology	0	0	0	0	0	103,224	5.00
6.00 Medical Social Services	0	0	0	0	0	110,551	6.00
7.00 Home Health Aide	0	0	0	0	0	384,186	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	273,798	8.00
9.00 Drugs	0	0	0	0	0	10,096	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	43,080	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	47,734	4,846,208	0	0	9,072,301	20.00
21.00 Total cost to be allocated	0	9,862	248,431	0	0	1,979,449	21.00
22.00 Unit cost multiplier	0.000000	0.206603	0.051263	0.000000	0.000000	0.218186	22.00
Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
	6.00	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	0	0	0	0	0	8,062	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	0	0	0	0	8,062	20.00
21.00 Total cost to be allocated	0	0	0	0	0	75,382	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	9.350285	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 14-0209 HHA CCN: 14-7259	Period: From 01/01/2017 To 12/31/2017	Worksheet H-2 Part II Date/Time Prepared: 3/29/2018 11:29 am PPS
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Cost Center Description	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
	12.00	13.00	14.00	15.00	16.00	17.00	
1.00 Administrative and General	0	8,062	202,247	7,256	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	8,062	202,247	7,256	0	0	20.00
21.00 Total cost to be allocated	0	529,462	0	3,712	0	0	21.00
22.00 Unit cost multiplier	0.000000	65.673778	0.000000	0.511577	0.000000	0.000000	22.00

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS			
			SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)		
			19.00	20.00		
1.00 Administrative and General	0	36	0	0		1.00
2.00 Skilled Nursing Care	0	0	0	0		2.00
3.00 Physical Therapy	0	0	0	0		3.00
4.00 Occupational Therapy	0	0	0	0		4.00
5.00 Speech Pathology	0	0	0	0		5.00
6.00 Medical Social Services	0	0	0	0		6.00
7.00 Home Health Aide	0	0	0	0		7.00
8.00 Supplies (see instructions)	0	0	0	0		8.00
9.00 Drugs	0	0	0	0		9.00
10.00 DME	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0		13.00
14.00 Clinic	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0		19.00
19.50 Telemedicine	0	0	0	0		19.50
20.00 Total (sum of lines 1-19)	0	36	0	0		20.00
21.00 Total cost to be allocated	0	4,270	0	0		21.00
22.00 Unit cost multiplier	0.000000	118.611111	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 14-0209	Period: From 01/01/2017 To 12/31/2017	Worksheet H-3 Part I Date/Time Prepared: 3/29/2018 11:29 am
		HHA CCN: 14-7259	Title XVIII Home Health Agency I PPS	

Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	6,971,481		6,971,481	28,856	241.60	1.00
2.00	Physical Therapy	3.00	2,873,516	0	2,873,516	18,216	157.75	2.00
3.00	Occupational Therapy	4.00	595,508	0	595,508	5,396	110.36	3.00
4.00	Speech Pathology	5.00	136,608	0	136,608	958	142.60	4.00
5.00	Medical Social Services	6.00	146,305		146,305	567	258.03	5.00
6.00	Home Health Aide	7.00	508,437		508,437	6,159	82.55	6.00
7.00	Total (sum of lines 1-6)		11,231,855	0	11,231,855	60,152		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		Ratio (col. 3 ÷ col. 4)
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
	0	1.00	2.00	3.00	4.00	5.00

Limitation Cost Computation							
8.00	Skilled Nursing Care		37900	0	15,778		8.00
8.01	Skilled Nursing Care		99914	0	599		8.01
9.00	Physical Therapy		37900	0	10,233		9.00
9.01	Physical Therapy		99914	0	437		9.01
10.00	Occupational Therapy		37900	0	3,142		10.00
10.01	Occupational Therapy		99914	0	98		10.01
11.00	Speech Pathology		37900	0	518		11.00
11.01	Speech Pathology		99914	0	6		11.01
12.00	Medical Social Services		37900	0	334		12.00
12.01	Medical Social Services		99914	0	10		12.01
13.00	Home Health Aide		37900	0	3,529		13.00
13.01	Home Health Aide		99914	0	280		13.01
14.00	Total (sum of lines 8-13)			0	34,964		14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	362,348	0	362,348	0	0.000000	15.00
16.00	Cost of Drugs	9.00	13,361	0	13,361	0	0.000000	16.00
Cost Center Description	Part A	Program Visits		Part A	Cost of Services	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00			8.00	9.00	10.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	16,377		0	3,956,683	1.00
2.00	Physical Therapy	0	10,670		0	1,683,193	2.00
3.00	Occupational Therapy	0	3,240		0	357,566	3.00
4.00	Speech Pathology	0	524		0	74,722	4.00
5.00	Medical Social Services	0	344		0	88,762	5.00
6.00	Home Health Aide	0	3,809		0	314,433	6.00
7.00	Total (sum of lines 1-6)	0	34,964		0	6,475,359	7.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 14-0209	Period: From 01/01/2017	Worksheet H-3
				HHA CCN: 14-7259	To 12/31/2017	Part I Date/Time Prepared: 3/29/2018 11:29 am
				Title XVIII	Home Health Agency I	PPS

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00

Cost Center Description		Program Covered Charges			Cost of Services		
		Part A	Part B		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		6.00	7.00	8.00	9.00	10.00	11.00

Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	16.00

Cost Center Description		Total Program Cost (sum of col.s. 9-10)	
		12.00	

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION

Cost Per Visit Computation			
1.00	Skilled Nursing Care	3,956,683	1.00
2.00	Physical Therapy	1,683,193	2.00
3.00	Occupational Therapy	357,566	3.00
4.00	Speech Pathology	74,722	4.00
5.00	Medical Social Services	88,762	5.00
6.00	Home Health Aide	314,433	6.00
7.00	Total (sum of lines 1-6)	6,475,359	7.00

Cost Center Description		
		12.00

Limitation Cost Computation			
8.00	Skilled Nursing Care		8.00
8.01	Skilled Nursing Care		8.01
9.00	Physical Therapy		9.00
9.01	Physical Therapy		9.01
10.00	Occupational Therapy		10.00
10.01	Occupational Therapy		10.01
11.00	Speech Pathology		11.00
11.01	Speech Pathology		11.01
12.00	Medical Social Services		12.00
12.01	Medical Social Services		12.01
13.00	Home Health Aide		13.00
13.01	Home Health Aide		13.01
14.00	Total (sum of lines 8-13)		14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 14-0209 HHA CCN: 14-7259	Period: From 01/01/2017 To 12/31/2017	Worksheet H-3 Part II Date/Time Prepared: 3/29/2018 11:29 am
Title XVIII			Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>						
1.00	Physical Therapy	66.00	0.295351	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.258247	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.313013	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.027520	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.321292	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0209 HHA CCN: 14-7259	Period: From 01/01/2017 To 12/31/2017	Worksheet H-4 Part I-II Date/Time Prepared: 3/29/2018 11:29 am
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)	0	0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	5,027,193	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	277,261	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	67,384	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	49,968	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	70,581	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	1,942	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)	0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	5,494,329	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	5,494,329	24.00
25.00	Coinsurance billed to program patients (from your records)	0	0	25.00
26.00	Net cost (line 24 minus line 25)	0	5,494,329	26.00
27.00	Reimbursable bad debts (from your records)	0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	5,494,329	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	0	30.99
31.00	Subtotal (see instructions)	0	5,494,329	31.00
31.01	Sequestration adjustment (see instructions)	0	109,890	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	0	31.02
32.00	Interim payments (see instructions)	0	5,384,553	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	-114	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 14-0209  
HHA CCN: 14-7259

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet H-5  
Date/Time Prepared:  
3/29/2018 11:29 am  
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		5,384,553	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			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			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. H-4, Part II, column as appropriate, line 32)		0		5,384,553	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			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		0		114	6.02
7.00	Total Medicare program liability (see instructions)		0		5,384,439	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0209

Period: From 01/01/2017

Worksheet 0

Hospice CCN: 14-1537

To 12/31/2017

Date/Time Prepared: 3/29/2018 11:29 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFICATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0
2.00	CAP REL COSTS-MVBLE EQUIP*		890	890	0	890
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	0
4.00	ADMINISTRATIVE & GENERAL*	339,231	756,442	1,095,673	0	1,095,673
5.00	PLANT OPERATION & MAINTENANCE*	0	596	596	0	596
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0
7.00	HOUSEKEEPING*	0	0	0	0	0
8.00	DIETARY*	0	2,218	2,218	0	2,218
9.00	NURSING ADMINISTRATION*	0	0	0	0	0
10.00	ROUTINE MEDICAL SUPPLIES*	0	68,801	68,801	0	68,801
11.00	MEDICAL RECORDS*	0	0	0	0	0
12.00	STAFF TRANSPORTATION*	0	95,325	95,325	0	95,325
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0
14.00	PHARMACY*	0	304,744	304,744	0	304,744
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	12,826	12,826	0	12,826
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES					
<b>DIRECT PATIENT CARE SERVICE COST CENTERS</b>						
25.00	INPATIENT CARE-CONTRACTED**	0	0	0	0	0
26.00	PHYSICIAN SERVICES**	19,625	4,099	23,724	0	23,724
27.00	NURSE PRACTITIONER**	0	0	0	0	0
28.00	REGISTERED NURSE**	682,799	142,601	825,400	0	825,400
29.00	LPN/LVN**	0	0	0	0	0
30.00	PHYSICAL THERAPY**	0	0	0	0	0
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0
33.00	MEDICAL SOCIAL SERVICES**	103,447	21,604	125,051	0	125,051
34.00	SPIRITUAL COUNSELING**	0	0	0	0	0
35.00	DIETARY COUNSELING**	0	0	0	0	0
36.00	COUNSELING - OTHER**	0	0	0	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	141,761	29,607	171,368	0	171,368
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	246,188	246,188	0	246,188
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0
40.00	IMAGING SERVICES**	0	0	0	0	0
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	0
43.00	OUTPATIENT SERVICES**	0	0	0	0	0
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	0
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	BEREAVEMENT PROGRAM *	116,170	24,262	140,432	0	140,432
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0
62.00	FUNDRAISING*	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0
66.00	RESIDENTIAL CARE*	0	0	0	0	0
67.00	ADVERTISING*	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0
69.00	THRIFT STORE*	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0
100.00	TOTAL	1,403,033	1,710,203	3,113,236	0	3,113,236

\* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

\*\* See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0209

Period: From 01/01/2017

Worksheet 0

Hospice CCN: 14-1537

To 12/31/2017

Date/Time Prepared: 3/29/2018 11:29 am

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	890	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	42,298	1,137,971	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	596	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	2,218	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	68,801	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	95,325	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	13.00
14.00	PHARMACY*	0	304,744	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	12,826	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
<b>DIRECT PATIENT CARE SERVICE COST CENTERS</b>				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	23,724	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	825,400	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	125,051	33.00
34.00	SPIRITUAL COUNSELING**	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	171,368	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	246,188	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	46.00
<b>NONREIMBURSABLE COST CENTERS</b>				
60.00	BEREAVEMENT PROGRAM *	0	140,432	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	42,298	3,155,534	100.00

\* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

\*\* See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE

Provider CCN: 14-0209

Period: From 01/01/2017

Worksheet 0-2

Hospice CCN: 14-1537

To 12/31/2017

Date/Time Prepared: 3/29/2018 11:29 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col . 1 + col . 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>						
25.00	INPATIENT CARE-CONTRACTED					25.00
26.00	PHYSICIAN SERVICES	18,965	3,961	22,926	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	659,842	137,806	797,648	0	28.00
29.00	LPN/LVN	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	99,969	20,878	120,847	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	136,995	28,611	165,606	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	246,188	246,188	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	46.00
100.00	TOTAL *	915,771	437,444	1,353,215	0	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

		ADJUSTMENTS	TOTAL (col . 5 ± col . 6)	
		6.00	7.00	
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	22,926	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	797,648	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	120,847	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	165,606	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	246,188	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	1,353,215	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE INPATIENT RESPIRE CARE

Provider CCN: 14-0209

Period: From 01/01/2017

Worksheet 0-3

Hospice CCN: 14-1537

To 12/31/2017

Date/Time Prepared: 3/29/2018 11:29 am

		Hospice I				
		SALARIES	OTHER	RECLASSIFI -	SUBTOTAL	
		1.00	2.00	CATIONS	5.00	
		SUBTOTAL (col .				
		1 + col . 2)				
		3.00				
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	34	7	41	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	1,167	244	1,411	0	28.00
29.00	LPN/LVN	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	177	37	214	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	242	51	293	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN					38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	46.00
100.00	TOTAL *	1,620	339	1,959	0	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

		ADJUSTMENTS	TOTAL (col . 5		
		6.00	± col . 6)		
		7.00			
DIRECT PATIENT CARE SERVICE COST CENTERS					
25.00	INPATIENT CARE-CONTRACTED	0	0		25.00
26.00	PHYSICIAN SERVICES	0	41		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	1,411		28.00
29.00	LPN/LVN	0	0		29.00
30.00	PHYSICAL THERAPY	0	0		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	214		33.00
34.00	SPIRITUAL COUNSELING	0	0		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	293		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0		46.00
100.00	TOTAL *	0	1,959		100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL  
INPATIENT CARE

Provider CCN: 14-0209  
Hospice CCN: 14-1537

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet 0-4  
Date/Time Prepared:  
3/29/2018 11:29 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col . 1 + col . 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>						
25.00	INPATIENT CARE-CONTRACTED	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	626	131	757	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	21,790	4,551	26,341	0	28.00
29.00	LPN/LVN	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	3,301	689	3,990	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	4,524	945	5,469	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	46.00
100.00	TOTAL *	30,241	6,316	36,557	0	100.00

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

		ADJUSTMENTS	TOTAL (col . 5 ± col . 6)
		6.00	7.00
<b>DI RECT PATIENT CARE SERVICE COST CENTERS</b>			
25.00	INPATIENT CARE-CONTRACTED	0	0
26.00	PHYSICIAN SERVICES	0	757
27.00	NURSE PRACTITIONER	0	0
28.00	REGISTERED NURSE	0	26,341
29.00	LPN/LVN	0	0
30.00	PHYSICAL THERAPY	0	0
31.00	OCCUPATIONAL THERAPY	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0
33.00	MEDICAL SOCIAL SERVICES	0	3,990
34.00	SPIRITUAL COUNSELING	0	0
35.00	DIETARY COUNSELING	0	0
36.00	COUNSELING - OTHER	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	5,469
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0
39.00	PATIENT TRANSPORTATION	0	0
40.00	IMAGING SERVICES	0	0
41.00	LABS & DIAGNOSTICS	0	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0
43.00	OUTPATIENT SERVICES	0	0
44.00	PALLIATIVE RADIATION THERAPY	0	0
45.00	PALLIATIVE CHEMOTHERAPY	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0
100.00	TOTAL *	0	36,557

\* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET EXPENSES FOR ALLOCATION

Provider CCN: 14-0209

Period: From 01/01/2017

Worksheet 0-5

Hospice CCN: 14-1537

To 12/31/2017

Date/Time Prepared: 3/29/2018 11:29 am

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	890	184	1,074	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	71,924	71,924	3.00
4.00	ADMINISTRATIVE & GENERAL	1,137,971	724,741	1,862,712	4.00
5.00	PLANT OPERATION & MAINTENANCE	596	0	596	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	2,218	0	2,218	8.00
9.00	NURSING ADMINISTRATION	0	144,088	144,088	9.00
10.00	ROUTINE MEDICAL SUPPLIES	68,801	0	68,801	10.00
11.00	MEDICAL RECORDS	0	0	0	11.00
12.00	STAFF TRANSPORTATION	95,325	0	95,325	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	13.00
14.00	PHARMACY	304,744	155,895	460,639	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	12,826	0	12,826	15.00
16.00	OTHER GENERAL SERVICE	0	4,270	4,270	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
<b>LEVEL OF CARE</b>					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,353,215	0	1,353,215	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	1,959	0	1,959	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	36,557	0	36,557	53.00
<b>NONREIMBURSABLE COST CENTERS</b>					
60.00	BEREAVEMENT PROGRAM	140,432	0	140,432	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	3,155,534	1,101,102	4,256,636	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period: From 01/01/2017

Worksheet 0-6

Hospice CCN: 14-1537

To 12/31/2017

Part I  
Date/Time Prepared:  
3/29/2018 11:29 am

Descriptions	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
	0	1.00	2.00	3.00	3A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT	0	0			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,074		1,074		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	71,924	0	0	71,924	3.00
4.00	ADMINISTRATIVE & GENERAL	1,862,712	0	1,074	15,160	1,878,946
5.00	PLANT OPERATION & MAINTENANCE	596	0	0	0	596
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0
7.00	HOUSEKEEPING	0	0	0	0	0
8.00	DIETARY	2,218	0	0	0	2,218
9.00	NURSING ADMINISTRATION	144,088	0	0	0	144,088
10.00	ROUTINE MEDICAL SUPPLIES	68,801	0	0	0	68,801
11.00	MEDICAL RECORDS	0	0	0	0	0
12.00	STAFF TRANSPORTATION	95,325	0	0	0	95,325
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0
14.00	PHARMACY	460,639	0	0	0	460,639
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	12,826	0	0	0	12,826
16.00	OTHER GENERAL SERVICE	4,270	0	0	0	4,270
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		0
<b>LEVEL OF CARE</b>						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0
51.00	HOSPICE ROUTINE HOME CARE	1,353,215			48,777	1,401,992
52.00	HOSPICE INPATIENT RESPIRE CARE	1,959	0	0	86	2,045
53.00	HOSPICE GENERAL INPATIENT CARE	36,557	0	0	1,611	38,168
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	BEREAVEMENT PROGRAM	140,432	0	0	6,290	146,722
61.00	VOLUNTEER PROGRAM	0	0	0	0	0
62.00	FUNDRAISING	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0
66.00	RESIDENTIAL CARE	0	0	0	0	0
67.00	ADVERTISING	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0
69.00	THRIFT STORE	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD	0				0
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0
99.00	NEGATIVE COST CENTER	0	0	0	0	0
100.00	TOTAL	4,256,636	0	1,074	71,924	4,256,636

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period: From 01/01/2017

Worksheet 0-6

Hospice CCN: 14-1537

To 12/31/2017

Part I  
Date/Time Prepared:  
3/29/2018 11:29 am

Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00 ADMINISTRATIVE & GENERAL	1,878,946					4.00
5.00 PLANT OPERATION & MAINTENANCE	471	1,067				5.00
6.00 LAUNDRY & LINEN SERVICE	0	0	0			6.00
7.00 HOUSEKEEPING	0	0		0		7.00
8.00 DIETARY	1,753	0		0	3,971	8.00
9.00 NURSING ADMINISTRATION	113,864	0		0		9.00
10.00 ROUTINE MEDICAL SUPPLIES	54,369	0		0		10.00
11.00 MEDICAL RECORDS	0	0		0		11.00
12.00 STAFF TRANSPORTATION	75,330	0		0		12.00
13.00 VOLUNTEER SERVICE COORDINATION	0	0		0		13.00
14.00 PHARMACY	364,015	0		0		14.00
15.00 PHYSICIAN ADMINISTRATIVE SERVICES	10,136	0		0		15.00
16.00 OTHER GENERAL SERVICE	3,374	0		0		16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES	0	0		0		17.00
<b>LEVEL OF CARE</b>						
50.00 HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00 HOSPICE ROUTINE HOME CARE	1,107,910					51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	1,616	53	0	0	542	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	30,162	1,014	0	0	3,429	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00 BEREAVEMENT PROGRAM	115,946	0		0		60.00
61.00 VOLUNTEER PROGRAM	0	0		0		61.00
62.00 FUNDRAISING	0	0		0		62.00
63.00 HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00 PALLIATIVE CARE PROGRAM	0	0		0		64.00
65.00 OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00 RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00 ADVERTISING	0	0		0		67.00
68.00 TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00 THIRFT STORE	0	0		0		69.00
70.00 NURSING FACILITY ROOM & BOARD						70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00 NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00 TOTAL	1,878,946	1,067	0	0	3,971	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period: From 01/01/2017

Worksheet 0-6

Hospice CCN: 14-1537

To 12/31/2017

Part I  
Date/Time Prepared:  
3/29/2018 11:29 am

Descriptions	Hospice I					
	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00	257,952					9.00
10.00	0	123,170				10.00
11.00	0		0			11.00
12.00	0			170,655		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
<b>LEVEL OF CARE</b>						
50.00	0	0	0	0	0	50.00
51.00	253,954	121,273	0	168,027	0	51.00
52.00	588	259	0	358	0	52.00
53.00	3,410	1,638	0	2,270	0	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	0			0	0	60.00
61.00	0			0	0	61.00
62.00	0			0	0	62.00
63.00	0			0	0	63.00
64.00	0			0	0	64.00
65.00	0			0	0	65.00
66.00	0			0	0	66.00
67.00	0			0	0	67.00
68.00	0			0	0	68.00
69.00	0			0	0	69.00
70.00						70.00
71.00	0			0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	257,952	123,170	0	170,655	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0209

Period: From 01/01/2017

Worksheet 0-6

Hospice CCN: 14-1537

To 12/31/2017

Part I  
Date/Time Prepared:  
3/29/2018 11:29 am

Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	824,654					14.00
15.00	0	22,962				15.00
16.00	0		7,644			16.00
17.00				0		17.00
<b>LEVEL OF CARE</b>						
50.00	0	0	0		0	50.00
51.00	811,955	22,609	7,526		3,895,246	51.00
52.00	1,732	48	16	0	7,257	52.00
53.00	10,967	305	102	0	91,465	53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	0		0		262,668	60.00
61.00	0		0		0	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		0		0	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		0	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00	0		0		0	70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	824,654	22,962	7,644	0	4,256,636	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS  
STATISTICAL BASIS

Provider CCN: 14-0209

Period: From 01/01/2017

Worksheet 0-6

Hospice CCN: 14-1537

To 12/31/2017

Part II  
Date/Time Prepared:  
3/29/2018 11:29 am

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	HOSPICE I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIX	0					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		890				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	1,035,822			3.00
4.00	ADMINISTRATIVE & GENERAL	0	890	218,330	-1,878,946	2,377,690	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	596	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	2,218	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	144,088	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	68,801	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	95,325	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	460,639	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	12,826	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	4,270	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			702,460	0	1,401,992	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	1,243	0	2,045	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	23,197	0	38,168	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
60.00	BEREAVEMENT PROGRAM	0	0	90,592	0	146,722	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	1,074	71,924		1,878,946	100.00
101.00	UNIT COST MULTIPLIER	0.000000	1.206742	0.069437		0.790240	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS  
STATISTICAL BASIS

Provider CCN: 14-0209

Period: From 01/01/2017

Worksheet 0-6

Hospice CCN: 14-1537

To 12/31/2017

Part II  
Date/Time Prepared:  
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Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	100					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	264		8.00
9.00	NURSING ADMINISTRATION	0		0		2,194	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					2,160	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	5	0	0	36	5	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	95	0	0	228	29	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	1,067	0	0	3,971	257,952	100.00
101.00	UNIT COST MULTIPLIER	10.670000	0.000000	0.000000	15.041667	117.571559	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS  
STATISTICAL BASIS

Provider CCN: 14-0209

Period: From 01/01/2017

Worksheet 0-6

Hospice CCN: 14-1537

To 12/31/2017

Part II  
Date/Time Prepared:  
3/29/2018 11:29 am

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	17,144					10.00
11.00	MEDICAL RECORDS		0				11.00
12.00	STAFF TRANSPORTATION			95,325			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	0		13.00
14.00	PHARMACY			0	0	4,862,759	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
<b>LEVEL OF CARE</b>							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	16,880	0	93,857	0	4,787,878	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	36	0	200	0	10,211	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	228	0	1,268	0	64,670	53.00
<b>NONREIMBURSABLE COST CENTERS</b>							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	123,170	0	170,655	0	824,654	100.00
101.00	UNIT COST MULTIPLIER	7.184438	0.000000	1.790244	0.000000	0.169586	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS  
STATISTICAL BASIS

Provider CCN: 14-0209

Hospice CCN: 14-1537

Period:  
From 01/01/2017  
To 12/31/2017

Worksheet 0-6  
Part II  
Date/Time Prepared:  
3/29/2018 11:29 am

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	17,144				15.00
16.00	OTHER GENERAL SERVICE		17,144			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
<b>LEVEL OF CARE</b>						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	16,880	16,880			51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	36	36	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	228	228	0		53.00
<b>NONREIMBURSABLE COST CENTERS</b>						
60.00	BEREAVEMENT PROGRAM			0		60.00
61.00	VOLUNTEER PROGRAM			0		61.00
62.00	FUNDRAISING			0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0		63.00
64.00	PALLIATIVE CARE PROGRAM			0		64.00
65.00	OTHER PHYSICIAN SERVICES			0		65.00
66.00	RESIDENTIAL CARE	0		0	0	66.00
67.00	ADVERTISING			0		67.00
68.00	TELEHEALTH/TELEMONITORING			0		68.00
69.00	THRIFT STORE			0		69.00
70.00	NURSING FACILITY ROOM & BOARD			0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	22,962	7,644	0		100.00
101.00	UNIT COST MULTIPLIER	1.339361	0.445870	0.000000		101.00

APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY LEVEL OF CARE

Provider CCN: 14-0209

Period: From 01/01/2017

Worksheet 0-7

Hospice CCN: 14-1537

To 12/31/2017

Date/Time Prepared: 3/29/2018 11:29 am

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 Line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS		0	1.00	2.00	3.00	4.00	
1.00	PHYSICAL THERAPY	66.00	0.295351	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.258247	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.313013	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.321292	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.093047	0	0	0	6.00
6.01	NORTHSIDE LAB	60.01	0.000000	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0.027520	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.165241	0	0	0	9.00
10.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0.225886	0	0	0	10.00
10.01	GASTRO INTESTINAL SERVICES	76.01	0.113794	0	0	0	10.01
10.02	CARDIOLOGY	76.02	0.144886	0	0	0	10.02
10.03	PULMONARY FUNCTION TESTING	76.03	0.067793	0	0	0	10.03
10.97	CARDIAC REHABILITATION	76.97	6,965.000000	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.147647	0	0	0	10.98
10.99	LITHOTRIPSY	76.99	0.000000	0	0	0	10.99
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)		Shared Service Costs by LOC			
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
6.01	NORTHSIDE LAB	0	0	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	10.00
10.01	GASTRO INTESTINAL SERVICES	0	0	0	0	0	10.01
10.02	CARDIOLOGY	0	0	0	0	0	10.02
10.03	PULMONARY FUNCTION TESTING	0	0	0	0	0	10.03
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	10.98
10.99	LITHOTRIPSY	0	0	0	0	0	10.99
11.00	Totals (sum of lines 1-11)						11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0209

Period: From 01/01/2017

Worksheet 0-8

Hospice CCN: 14-1537

To 12/31/2017

Date/Time Prepared: 3/29/2018 11:29 am

		Hospice I			
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	TOTAL	
		1.00	2.00	3.00	
<b>HOSPICE CONTINUOUS HOME CARE</b>					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
<b>HOSPICE ROUTINE HOME CARE</b>					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			3,895,246	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			16,880	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			230.76	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	16,880	0		9.00
10.00	Program cost (line 8 times line 9)	3,895,229	0		10.00
<b>HOSPICE INPATIENT RESPITE CARE</b>					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			7,257	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			36	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			201.58	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	36	0		14.00
15.00	Program cost (line 13 times line 14)	7,257	0		15.00
<b>HOSPICE GENERAL INPATIENT CARE</b>					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			91,465	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			228	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			401.16	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	228	0		19.00
20.00	Program cost (line 18 times line 19)	91,464	0		20.00
<b>TOTAL HOSPICE CARE</b>					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			3,993,968	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			17,144	22.00
23.00	Average cost per diem (line 21 divided by line 22)			232.97	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0209	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 3/29/2018 11:29 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		2,945,647	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		45,818	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)		128.91	3.00
4.00	Number of interns & residents (see instructions)		27.48	4.00
5.00	Indirect medical education percentage (see instructions)		6.20	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)		182,630	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.15	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		28.95	8.00
9.00	Sum of lines 7 and 8		33.10	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.93	10.00
11.00	Disproportionate share adjustment (see instructions)		204,133	11.00
12.00	Total prospective capital payments (see instructions)		3,378,228	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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