

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0029	Period: From 07/01/2017 To 06/30/2018	Worksheet S Parts I-III Date/Time Prepared: 11/19/2018 10:01 am
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**PART I - COST REPORT STATUS**

Provider use only  
 1.  Electronically filed cost report  
 2.  Manually submitted cost report  
 3.  If this is an amended report enter the number of times the provider resubmitted this cost report  
 4.  Medicare Utilization. Enter "F" for full or "L" for low.

Date: 11/19/2018 Time: 10:01 am

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

**PART II - CERTIFICATION**

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COPLEY MEMORIAL HOSPITAL ( 14-0029 ) for the cost reporting period beginning 07/01/2017 and ending 06/30/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) \_\_\_\_\_  
 Officer or Administrator of Provider(s)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-459,207	93,246	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	17,247	12		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	-441,960	93,258	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0029	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/19/2018 12:45 am
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1.00 Hospital and Hospital Health Care Complex Address:	2.00 Street: 2000 OGDEN AVENUE	PO Box:	3.00 State: IL	Zip Code: 60504	County: KANE	1.00
2.00 City: AURORA	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	COPLEY MEMORIAL HOSPITAL	140029	20994	1	07/01/1966	N	P	O	3.00	
4.00 Subprovider - IPF									4.00	
5.00 Subprovider - IRF	COPLEY MEMORIAL HOSPITAL REHAB	14T029	20994	5	01/01/1991	N	P	O	5.00	
6.00 Subprovider - (Other)									6.00	
7.00 Swing Beds - SNF									7.00	
8.00 Swing Beds - NF									8.00	
9.00 Hospital-Based SNF									9.00	
10.00 Hospital-Based NF									10.00	
11.00 Hospital-Based OLTC									11.00	
12.00 Hospital-Based HHA									12.00	
13.00 Separately Certified ASC									13.00	
14.00 Hospital-Based Hospice									14.00	
15.00 Hospital-Based Health Clinic - RHC									15.00	
16.00 Hospital-Based Health Clinic - FQHC									16.00	
17.00 Hospital-Based (CMHC) I									17.00	
17.10 Hospital-Based (CORF) I									17.10	
18.00 Renal Dialysis									18.00	
19.00 Other									19.00	

		From:		To:	
		1.00		2.00	
20.00 Cost Reporting Period (mm/dd/yyyy)		07/01/2017		06/30/2018	
21.00 Type of Control (see instructions)		2			

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.		1	N							23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	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.	4,130	607	0	0	0	6,140	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.	182	9	0	0	94			25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0029	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/19/2018 12:45 am			
		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.		0				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.						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		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		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.		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 Criteria Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)		N			60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N	0.00		61.00	
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01	
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02	
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03	

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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).						61.04	
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05	
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06	
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00		2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.						61.10	0.00 0.00
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.						61.20	0.00 0.00
							1.00	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						62.00	0.00
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) <u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>						62.01	0.00
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)						63.00	N
	Program Name		Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
	1.00		2.00	3.00	4.00	5.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						64.00	0.00 0.00 0.000000

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0029		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/19/2018 12:45 am		
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
	1.00	2.00	3.00	4.00	5.00			
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000			65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
			1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000			66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
	1.00	2.00	3.00	4.00	5.00			
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000			67.00
					1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00	
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			Y	N	0	76.00	

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				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 an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00	
			V	XIX		
			1.00	2.00		
<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.		Y	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.06	
<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)		N		106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.		N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00	
			Physical	Occupational	Speech	Respiratory
			1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	N	N
					1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N	110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0029	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/19/2018 12:45 am		
		1.00	2.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00
		1.00	2.00			
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	952,229	0			118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00
<b>Transplant Center Information</b>						
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
<b>All Providers</b>						
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)	N				140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0029	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/19/2018 12:45 am
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		1.00	2.00	3.00						
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.										
141.00	Name:	Contractor's Name:		Contractor's Number:				141.00		
142.00	Street:	PO Box:						142.00		
143.00	City:	State:		Zip Code:				143.00		
								1.00		
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00	
								1.00		
								2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.							Y	145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.							N	146.00	
								1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00	
		Part A	Part B	Title V	Title XIX					
		1.00	2.00	3.00	4.00					
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital	N	N	N	N			155.00		
156.00	Subprovider - IPF	N	N	N	N			156.00		
157.00	Subprovider - IRF	N	N	N	N			157.00		
158.00	SUBPROVIDER							158.00		
159.00	SNF	N	N	N	N			159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N			160.00		
161.00	CMHC		N	N	N			161.00		
161.10	CORF		N	N	N			161.10		
								1.00		
Multi campus										
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus			
		0	1.00	2.00	3.00	4.00	5.00			
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)							0.00	166.00	
								1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00	
							Beginni ng	Endi ng		
							1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							07/01/2017	06/30/2018	170.00
							1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0029		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part II Date/Time Prepared: 11/19/2018 12:45 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)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	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	11/06/2018	Y	11/06/2018		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: 14-0029	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/19/2018 12:45 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.			N	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.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
			Y/N	Date	
			1.00	2.00	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
				1.00	2.00
<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.	JONATHAN		SHEDDEN	41.00
42.00	Enter the employer/company name of the cost report preparer.	COPLEY MEMORIAL HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-692-5726		JONATHAN.SHEDDEN@RUSHCOPLEY.COM	43.00

		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.	DI RECTOR OF ACCT. & REIMBURSEMENT	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: 14-0029

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/19/2018 12:45 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	157	57,305	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)		157	57,305	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	22	8,030	0.00	0	8.00
8.01 NICU	31.01	13	4,745	0.00	0	8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY					0	13.00
14.00 Total (see instructions)		192	70,080	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,570		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	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						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		210				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0029

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/19/2018 12:45 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	11,458	2,577	27,600			1.00
2.00 HMO and other (see instructions)	2,075	6,140				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	94				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	11,458	2,577	27,600			7.00
8.00 INTENSIVE CARE UNIT	1,454	500	5,351			8.00
8.01 NICU	0	173	1,853			8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		692	7,411			13.00
14.00 Total (see instructions)	12,912	3,942	42,215	11.53	1,508.45	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	2,774	191	4,318	1.00	24.30	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	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	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				12.53	1,532.75	27.00
28.00 Observation Bed Days		2,587	12,903			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	796	2,060			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: 14-0029

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/19/2018 12:45 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	3,131	3,399	10,780	1.00
2.00 HMO and other (see instructions)				482	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
8.01 NICU							8.01
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	3,131	3,399		10,780	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	228	113		358	17.00
18.00 SUBPROVIDER	0.00	0		0		0	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							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0029

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/19/2018 12:45 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	115,435,295	0	115,435,295	3,196,920.00	36.11
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		624,244	0	624,244	6,224.00	100.30
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	629,089	0	629,089	24,385.00	25.80
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		2,661,870	64,918	2,726,788	72,874.00	37.42
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		79,970	0	79,970	1,075.00	74.39
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		390,625	0	390,625	2,604.00	150.01
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		33,492,613	0	33,492,613		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		790,266	0	790,266		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		69,374	0	69,374		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		260,912	0	260,912		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	1,027,189	2,472	1,029,661	24,552.00	41.94
27.00	Administrative & General	5.00	21,907,211	-67,390	21,839,821	483,156.00	45.20

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0029

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/19/2018 12:45 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.)		73,540	0	73,540	269.00	273.38	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,634,960	0	2,634,960	84,064.00	31.34	30.00
31.00	Laundry & Linen Service	8.00	109,049	0	109,049	5,665.00	19.25	31.00
32.00	Housekeeping	9.00	1,616,772	0	1,616,772	104,495.00	15.47	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,480,709	-950,319	530,390	31,359.00	16.91	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	950,319	950,319	56,188.00	16.91	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,408,161	0	3,408,161	65,157.00	52.31	38.00
39.00	Central Services and Supply	14.00	473,701	0	473,701	22,113.00	21.42	39.00
40.00	Pharmacy	15.00	2,595,458	0	2,595,458	60,342.00	43.01	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	178,169	0	178,169	4,171.00	42.72	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 14-0029	Period: From 07/01/2017 To 06/30/2018	Worksheet S-3 Part III Date/Time Prepared: 11/19/2018 12:45 am
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	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)	114,255,502	0	114,255,502	3,166,580.00	36.08	1.00
2.00	Excluded area salaries (see instructions)	2,661,870	64,918	2,726,788	72,874.00	37.42	2.00
3.00	Subtotal salaries (line 1 minus line 2)	111,593,632	-64,918	111,528,714	3,093,706.00	36.05	3.00
4.00	Subtotal other wages & related costs (see inst.)	470,595	0	470,595	3,679.00	127.91	4.00
5.00	Subtotal wage-related costs (see inst.)	33,492,613	0	33,492,613	0.00	30.03	5.00
6.00	Total (sum of lines 3 thru 5)	145,556,840	-64,918	145,491,922	3,097,385.00	46.97	6.00
7.00	Total overhead cost (see instructions)	35,504,919	-64,918	35,440,001	941,531.00	37.64	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0029	Period: From 07/01/2017 To 06/30/2018	Worksheet S-3 Part IV Date/Time Prepared: 11/19/2018 12:45 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			3,865,321 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees			489,427 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)			17,207,239 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			427,441 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			163,021 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)			941,850 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,320,478 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			9,709,282 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			40,622 19.00
20.00	State or Federal Unemployment Taxes			-255 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			0 22.00
23.00	Tuition Reimbursement			448,739 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			34,613,165 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: 14-0029	Period: From 07/01/2017 To 06/30/2018	Worksheet S-3 Part V Date/Time Prepared: 11/19/2018 12:45 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		79,970	34,613,165
2.00	Hospital		79,970	33,492,613
3.00	Subprovider - IPF		0	0
4.00	Subprovider - IRF		0	790,265
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA		0	0
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC		0	0
15.00	Hospital-Based Health Clinic FQHC		0	0
16.00	Hospital-Based-CMHC			
16.10	Hospital-Based-CMHC 10		0	0
17.00	Renal Dialysis		0	0
18.00	Other		0	330,287

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0029	Period: From 07/01/2017 To 06/30/2018	Worksheet S-10 Date/Time Prepared: 11/19/2018 12:45 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)		0.164109	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		27,825,023	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		13,549,812	5.00
6.00	Medicaid charges		293,668,344	6.00
7.00	Medicaid cost (line 1 times line 6)		48,193,618	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)		6,818,783	8.00
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
<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)		6,818,783	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)	17,228,554	3,500,567	20,729,121
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,827,361	3,500,567	6,327,928
22.00	Payments received from patients for amounts previously written off as charity care	82,200	85,316	167,516
23.00	Cost of charity care (line 21 minus line 22)	2,745,161	3,415,251	6,160,412
			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)		31,421,461	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		589,677	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		907,194	27.01
28.00	Non-Medicare bad debt expense (see instructions)		30,514,267	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		5,325,183	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		11,485,595	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		18,304,378	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0029

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

Worksheet A

Date/Time Prepared:  
11/19/2018 12:45 am

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		7,691,614	7,691,614	4,013,679	11,705,293	1.00
1.01	00101		0	0	0	0	1.01
2.00	00200		0	0	981,063	981,063	2.00
4.00	00400	1,027,189	5,054,212	6,081,401	29,186,971	35,268,372	4.00
5.05	00580	2,471,329	34,058,672	36,530,001	-568,406	35,961,595	5.05
5.06	00560	19,435,882	39,262,357	58,698,239	-6,406,583	52,291,656	5.06
7.00	00700	2,634,960	4,601,022	7,235,982	-606,041	6,629,941	7.00
8.00	00800	109,049	1,036,491	1,145,540	-25,081	1,120,459	8.00
9.00	00900	1,616,772	2,012,420	3,629,192	-371,858	3,257,334	9.00
10.00	01000	1,480,709	2,489,892	3,970,601	-2,670,321	1,300,280	10.00
11.00	01100	0	0	0	2,329,758	2,329,758	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	3,408,161	1,737,872	5,146,033	-783,771	4,362,262	13.00
14.00	01400	473,701	759,510	1,233,211	-108,951	1,124,260	14.00
15.00	01500	2,595,458	15,167,606	17,763,064	-596,955	17,166,109	15.00
16.00	01600	0	3,328,577	3,328,577	0	3,328,577	16.00
17.00	01700	178,169	103,053	281,222	-40,979	240,243	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	629,089	144,690	773,779	-144,690	629,089	21.00
22.00	02200	788,469	314,283	1,102,752	-178,691	924,061	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	21,139,872	6,479,730	27,619,602	-4,862,287	22,757,315	30.00
31.00	03100	3,156,654	1,645,165	4,801,819	-725,923	4,075,896	31.00
31.01	03101	3,119,186	1,027,675	4,146,861	-717,413	3,429,448	31.01
40.00	04000	0	0	0	0	0	40.00
41.00	04100	1,665,390	554,439	2,219,829	-383,040	1,836,789	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	3,630,734	19,194,175	22,824,909	-10,046,627	12,778,282	50.00
50.01	05001	1,434,224	538,416	1,972,640	-330,234	1,642,406	50.01
50.02	05002	1,465,630	2,404,985	3,870,615	-357,034	3,513,581	50.02
51.00	05100	710,890	195,773	906,663	-163,505	743,158	51.00
52.00	05200	5,723,248	2,966,082	8,689,330	-1,316,347	7,372,983	52.00
53.00	05300	162,533	675,350	837,883	-37,383	800,500	53.00
54.00	05400	5,383,930	4,778,209	10,162,139	-1,238,256	8,923,883	54.00
55.00	05500	2,534,244	2,137,597	4,671,841	-582,791	4,089,050	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	3,245,406	6,782,317	10,027,723	-746,114	9,281,609	60.00
60.01	06001	0	0	0	0	0	60.01
62.30	06250	0	0	0	0	0	62.30
65.00	06500	1,823,930	1,276,598	3,100,528	-419,504	2,681,024	65.00
69.00	06900	1,224,669	988,790	2,213,459	-559,385	1,654,074	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	782,698	782,698	71.00
72.00	07200	0	0	0	10,746,417	10,746,417	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	813,013	813,013	0	813,013	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	1,698,869	2,241,991	3,940,860	-410,592	3,530,268	75.01
75.02	07502	0	0	0	0	0	75.02
75.03	07503	3,366,592	1,261,927	4,628,519	-902,827	3,725,692	75.03
75.04	07504	0	0	0	0	0	75.04
75.05	07505	1,813,682	7,366,303	9,179,985	-1,932,116	7,247,869	75.05
75.06	07506	3,686,161	3,164,410	6,850,571	-848,147	6,002,424	75.06
75.07	07507	2,060,837	2,441,956	4,502,793	-475,216	4,027,577	75.07
76.00	03020	234,559	117,435	351,994	-54,272	297,722	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	1,717,414	1,188,770	2,906,184	-398,992	2,507,192	90.00
90.01	09001	0	1,037,093	1,037,093	0	1,037,093	90.01
91.00	09100	6,591,224	3,351,712	9,942,936	-1,515,982	8,426,954	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0029

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

Worksheet A

Date/Time Prepared:  
11/19/2018 12:45 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	
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE		4,994,742	4,994,742	-4,994,742	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	114,438,815	197,386,924	311,825,739	1,519,530	313,345,269
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	83,742	214,802	298,544	-18,814	279,730
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	498,276	2,357,571	2,855,847	-114,603	2,741,244
194.01	07950	ADVERTISING	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	414,462	1,567,360	1,981,822	-1,386,113	595,709
200.00		TOTAL (SUM OF LINES 118 through 199)	115,435,295	201,526,657	316,961,952	0	316,961,952

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0029

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

Worksheet A  
Date/Time Prepared:  
11/19/2018 12:45 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	-4,013,679	7,691,614	1.00
1.01	00101	POB NEW CRC	0	0	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-981,063	0	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-20,000	35,248,372	4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-32,925,058	3,036,537	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-13,582,433	38,709,223	5.06
7.00	00700	OPERATION OF PLANT	-143,655	6,486,286	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,120,459	8.00
9.00	00900	HOUSEKEEPING	0	3,257,334	9.00
10.00	01000	DIETARY	0	1,300,280	10.00
11.00	01100	CAFETERIA	-370,143	1,959,615	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-7,545	4,354,717	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,124,260	14.00
15.00	01500	PHARMACY	-104,974	17,061,135	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-279	3,328,298	16.00
17.00	01700	SOCIAL SERVICE	0	240,243	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	629,089	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-659,324	264,737	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-1,154,954	21,602,361	30.00
31.00	03100	INTENSIVE CARE UNIT	-777,392	3,298,504	31.00
31.01	03101	NICU	-140,613	3,288,835	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	-82,598	1,754,191	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-275,863	12,502,419	50.00
50.01	05001	SAME DAY SURGERY	0	1,642,406	50.01
50.02	05002	G. I. LAB	-7,599	3,505,982	50.02
51.00	05100	RECOVERY ROOM	0	743,158	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,148,760	6,224,223	52.00
53.00	05300	ANESTHESIOLOGY	-10,471	790,029	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-8,085	8,915,798	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-45,852	4,043,198	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-70,675	9,210,934	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-8,410	2,672,614	65.00
69.00	06900	ELECTROCARDIOLOGY	0	1,654,074	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	782,698	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,746,417	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	813,013	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	CARDIAC REHAB	-1,608,802	1,921,466	75.01
75.02	07502	HEART SURGERY	0	0	75.02
75.03	07503	REHAB SERVICES	-40,874	3,684,818	75.03
75.04	07504	CV SURGERY	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	7,247,869	75.05
75.06	07506	YORKVILLE	-269,353	5,733,071	75.06
75.07	07507	MCAI	-6,677	4,020,900	75.07
76.00	03020	DIABETIC CENTER	-77	297,645	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-88,093	2,419,099	90.00
90.01	09001	WOUND CARE CENTER	-16,500	1,020,593	90.01
91.00	09100	EMERGENCY	-635,092	7,791,862	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0029

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

Worksheet A  
Date/Time Prepared:  
11/19/2018 12:45 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
110.00	11000	0	0	110.00
111.00	11100	0	0	111.00
113.00	11300	0	0	113.00
118.00		-59,204,893	254,140,376	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	0	279,730	190.00
192.00	19200	0	0	192.00
194.00	07954	0	2,741,244	194.00
194.01	07950	0	0	194.01
194.02	07951	0	0	194.02
194.03	07952	0	0	194.03
194.04	07953	0	595,709	194.04
200.00		-59,204,893	257,757,059	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - INTEREST</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,013,679	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	981,063	2.00
	0		0	4,994,742	
<b>B - MEDICAL SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	782,698	1.00
	0		0	782,698	
<b>C - WORKMENS COMP INSURANCE</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,472	1,320,478	1.00
	0		2,472	1,320,478	
<b>D - CAFETERIA</b>					
1.00	CAFETERIA	11.00	950,319	1,379,439	1.00
	0		950,319	1,379,439	
<b>E - EMPLOYEE BENEFITS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	27,864,021	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
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
	0		0	27,864,021	
<b>G - ADVERTISING</b>					
1.00	OTHER NONREIMBURSABLE COST CTRS	194.04	64,918	147,377	1.00
	0		64,918	147,377	
<b>I - IMPLANTABLE DEVICES</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	10,746,417	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	0		0	10,746,417	
500.00	Grand Total: Increases		1,017,709	47,235,172	500.00

RECLASSIFICATIONS

Provider CCN: 14-0029

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

Worksheet A-6  
Date/Time Prepared:  
11/19/2018 12:45 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>A - INTEREST</b>						
1.00	INTEREST EXPENSE	113.00	0	4,994,742	11	1.00
2.00		0.00	0	0	11	2.00
	O		0	4,994,742		
<b>B - MEDICAL SUPPLIES</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	782,698	0	1.00
	O		0	782,698		
<b>C - WORKMENS COMP INSURANCE</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	2,472	1,320,478	0	1.00
	O		2,472	1,320,478		
<b>D - CAFETERIA</b>						
1.00	DIETARY	10.00	950,319	1,379,439	0	1.00
	O		950,319	1,379,439		
<b>E - EMPLOYEE BENEFITS</b>						
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	568,406	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	4,088,640	0	2.00
3.00	OPERATION OF PLANT	7.00	0	606,041	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	25,081	0	4.00
5.00	HOUSEKEEPING	9.00	0	371,858	0	5.00
6.00	DIETARY	10.00	0	340,563	0	6.00
7.00	NURSING ADMINISTRATION	13.00	0	783,771	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	108,951	0	8.00
9.00	PHARMACY	15.00	0	596,955	0	9.00
10.00	SOCIAL SERVICE	17.00	0	40,979	0	10.00
11.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	144,690	0	11.00
12.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	178,691	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	0	4,862,287	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	0	725,923	0	14.00
15.00	NICU	31.01	0	717,413	0	15.00
16.00	SUBPROVIDER - IRF	41.00	0	383,040	0	16.00
17.00	OPERATING ROOM	50.00	0	835,069	0	17.00
18.00	SAME DAY SURGERY	50.01	0	330,234	0	18.00
19.00	G. I. LAB	50.02	0	337,144	0	19.00
20.00	RECOVERY ROOM	51.00	0	163,505	0	20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,316,347	0	21.00
22.00	ANESTHESIOLOGY	53.00	0	37,383	0	22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,238,256	0	23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	582,791	0	24.00
25.00	LABORATORY	60.00	0	746,114	0	25.00
26.00	RESPIRATORY THERAPY	65.00	0	419,504	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0	559,385	0	27.00
28.00	CARDIAC REHAB	75.01	0	410,592	0	28.00
29.00	REHAB SERVICES	75.03	0	902,827	0	29.00
30.00	VASCULAR SERVICES	75.05	0	417,147	0	30.00
31.00	YORKVILLE	75.06	0	848,147	0	31.00
32.00	MCAI	75.07	0	475,216	0	32.00
33.00	DIABETIC CENTER	76.00	0	54,272	0	33.00
34.00	CLINIC	90.00	0	398,992	0	34.00
35.00	EMERGENCY	91.00	0	1,515,982	0	35.00
36.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	18,814	0	36.00
37.00	PHYSICIAN SERVICES	194.00	0	114,603	0	37.00
38.00	OTHER NONREIMBURSABLE COST CTRS	194.04	0	1,598,408	0	38.00
	O		0	27,864,021		
<b>G - ADVERTISING</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	64,918	147,377	0	1.00
	O		64,918	147,377		
<b>I - IMPLANTABLE DEVICES</b>						
1.00	OPERATING ROOM	50.00	0	9,211,558	0	1.00
2.00	G. I. LAB	50.02	0	19,890	0	2.00
3.00	VASCULAR SERVICES	75.05	0	1,514,969	0	3.00
	O		0	10,746,417		
500.00	Grand Total: Decreases		1,017,709	47,235,172		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0029

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
11/19/2018 12:45 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	2,441,298	0	0	0	1.00
2.00	Land Improvements	16,354,607	461,807	0	461,807	2.00
3.00	Buildings and Fixtures	130,483,681	1,269,924	0	1,269,924	3.00
4.00	Building Improvements	3,743,627	0	0	0	4.00
5.00	Fixed Equipment	95,760,660	6,970,291	0	6,970,291	5.00
6.00	Movable Equipment	134,186,529	10,727,385	0	10,727,385	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	382,970,402	19,429,407	0	19,429,407	8.00
9.00	Reconciling Items	0	5,033,684	0	5,033,684	9.00
10.00	Total (line 8 minus line 9)	382,970,402	14,395,723	0	14,395,723	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	2,441,298	0			1.00
2.00	Land Improvements	16,816,414	0			2.00
3.00	Buildings and Fixtures	131,753,605	0			3.00
4.00	Building Improvements	3,743,627	0			4.00
5.00	Fixed Equipment	102,730,951	0			5.00
6.00	Movable Equipment	144,913,914	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	402,399,809	0			8.00
9.00	Reconciling Items	5,033,684	0			9.00
10.00	Total (line 8 minus line 9)	397,366,125	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0029

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
11/19/2018 12:45 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	7,691,614	0	0	0	0	1.00
1.01	POB NEW CRC	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	7,691,614	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	7,691,614		1.00		
1.01	POB NEW CRC	0	0		1.01		
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		2.00		
3.00	Total (sum of lines 1-2)	0	7,691,614		3.00		

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0029

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
11/19/2018 12:45 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	257,485,895	0	257,485,895	0.639876	0	1.00
1.01	POB NEW CRC	0	0	0	0.000000	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	144,913,914	0	144,913,914	0.360124	0	2.00
3.00	Total (sum of lines 1-2)	402,399,809	0	402,399,809	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	7,691,614	0	1.00
1.01	POB NEW CRC	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,691,614	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	7,691,614	1.00
1.01	POB NEW CRC	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	7,691,614	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0029

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

Worksheet A-8

Date/Time Prepared:  
11/19/2018 12:45 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		
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-4,013,679	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
1.01 Investment income - POB NEW CRC (chapter 2)			OPOB NEW CRC	1.01	0	1.01
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-981,063	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		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	-245,724	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	7.00
8.00 Television and radio service (chapter 21)	A	-36,283	OPERATION OF PLANT	7.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-5,625,105			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-357,152	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		0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-279	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines	B	-12,991	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	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	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
26.01 Depreciation - POB NEW CRC		0	OPOB NEW CRC	1.01	0	26.01
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
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	*** Cost Center Deleted ***	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00

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	
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0 32.00
33.00 IDPA PROVIDER TAX	A	-13,082,016	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.00
33.03 BAD DEBTS	A	-32,282,013	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0 33.03
33.04 MISC REV	B	-20,000	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.04
33.05 MISC REV	B	-643,045	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0 33.05
33.06 MISC REV	B	-202,077	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.06
33.07 MISC REV	B	-107,372	OPERATION OF PLANT	7.00	0 33.07
33.08 MISC REV	B	-7,545	NURSING ADMINISTRATION	13.00	0 33.08
33.09 MISC REV	B	-104,974	PHARMACY	15.00	0 33.09
33.11 MISC REV	B	-10,000	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 33.11
33.12 MISC REV	B	-626,329	ADULTS & PEDIATRICS	30.00	0 33.12
33.13 MISC REV	B	-1,500	INTENSIVE CARE UNIT	31.00	0 33.13
33.14 MISC REV	B	-972	SUBPROVIDER - IRF	41.00	0 33.14
33.15 MISC REV	B	-24,763	OPERATING ROOM	50.00	0 33.15
33.16 MISC REV	B	-7,599	G. I. LAB	50.02	0 33.16
33.17 MISC REV	B	-1,800	DELIVERY ROOM & LABOR ROOM	52.00	0 33.17
33.18 MISC REV	B	-8,085	RADIOLOGY-DIAGNOSTIC	54.00	0 33.18
33.19 MISC REV	B	-41,611	RADIOLOGY-THERAPEUTIC	55.00	0 33.19
33.21 MISC REV	B	-60	RESPIRATORY THERAPY	65.00	0 33.21
33.22 MISC REV	B	-505,598	CARDIAC REHAB	75.01	0 33.22
33.23 MISC REV	B	-40,874	REHAB SERVICES	75.03	0 33.23
33.26 MISC REV	B	-77	DIABETIC CENTER	76.00	0 33.26
33.27 MISC REV	B	-2,563	CLINIC	90.00	0 33.27
33.28 MISC REV	B	-62,811	EMERGENCY	91.00	0 33.28
33.29 AHA/IHA LOBBYING FEES	A	-52,616	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.29
33.30 PATIENT TV & RADIO	A	-4,110	YORKVILLE	75.06	0 33.30
33.31 PATIENT TV & RADIO	A	-6,677	MCAI	75.07	0 33.31
33.32 BAD DEBTS	A	-85,530	CLINIC	90.00	0 33.32
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-59,204,893			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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0029

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

Worksheet A-8-2

Date/Time Prepared:  
11/19/2018 12:45 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	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	692,697	617,097	75,600	179,000	504	1.00
2.00	30.00	ADULTS & PEDIATRICS	543,083	517,883	25,200	179,000	168	2.00
3.00	31.00	INTENSIVE CARE UNIT	775,892	775,892	0	179,000	0	3.00
4.00	31.01	NICU	162,300	124,500	37,800	179,000	252	4.00
5.00	41.00	SUBPROVIDER - IRF	81,626	81,626	0	179,000	0	5.00
6.00	50.00	OPERATING ROOM	285,217	241,992	43,225	246,400	288	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	1,154,963	1,141,013	13,950	179,000	93	7.00
8.00	53.00	ANESTHESIOLOGY	45,000	0	45,000	239,400	300	8.00
9.00	55.00	RADIOLOGY-THERAPEUTIC	33,000	0	33,000	271,900	220	9.00
10.00	60.00	LABORATORY	70,675	70,675	0	271,900	0	10.00
11.00	65.00	RESPIRATORY THERAPY	8,350	8,350	0	179,000	0	11.00
12.00	75.01	CARDIAC REHAB	1,108,540	1,099,240	9,300	179,000	62	12.00
13.00	75.06	YORKVILLE	265,243	265,243	0	179,000	0	13.00
14.00	90.01	WOUND CARE CENTER	16,500	16,500	0	179,000	0	14.00
15.00	91.00	EMERGENCY	633,984	526,434	107,550	179,000	717	15.00
200.00			5,877,070	5,486,445	390,625		2,604	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	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	43,373	2,169	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	14,458	723	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	31.01	NICU	21,687	1,084	0	0	0	4.00
5.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	34,117	1,706	0	0	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	8,003	400	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	34,529	1,726	0	0	0	8.00
9.00	55.00	RADIOLOGY-THERAPEUTIC	28,759	1,438	0	0	0	9.00
10.00	60.00	LABORATORY	0	0	0	0	0	10.00
11.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	11.00
12.00	75.01	CARDIAC REHAB	5,336	267	0	0	0	12.00
13.00	75.06	YORKVILLE	0	0	0	0	0	13.00
14.00	90.01	WOUND CARE CENTER	0	0	0	0	0	14.00
15.00	91.00	EMERGENCY	61,703	3,085	0	0	0	15.00
200.00			251,965	12,598	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	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	43,373	32,227	649,324	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	14,458	10,742	528,625	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	775,892	3.00
4.00	31.01	NICU	0	21,687	16,113	140,613	4.00
5.00	41.00	SUBPROVIDER - IRF	0	0	0	81,626	5.00
6.00	50.00	OPERATING ROOM	0	34,117	9,108	251,100	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	8,003	5,947	1,146,960	7.00
8.00	53.00	ANESTHESIOLOGY	0	34,529	10,471	10,471	8.00
9.00	55.00	RADIOLOGY-THERAPEUTIC	0	28,759	4,241	4,241	9.00
10.00	60.00	LABORATORY	0	0	0	70,675	10.00
11.00	65.00	RESPIRATORY THERAPY	0	0	0	8,350	11.00
12.00	75.01	CARDIAC REHAB	0	5,336	3,964	1,103,204	12.00
13.00	75.06	YORKVILLE	0	0	0	265,243	13.00
14.00	90.01	WOUND CARE CENTER	0	0	0	16,500	14.00
15.00	91.00	EMERGENCY	0	61,703	45,847	572,281	15.00
200.00			0	251,965	138,660	5,625,105	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/19/2018 12:45 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	POB NEW CRC	MVBLE EQUIP		
		0	1.00	1.01	2.00	4.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT	7,691,614	7,691,614			1.00
1.01	00101	POB NEW CRC	0	0	0		1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	35,248,372	0	0	35,248,372	4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	3,036,537	0	0	761,416	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	38,709,223	1,394,810	0	5,967,432	5.06
7.00	00700	OPERATION OF PLANT	6,486,286	1,212,373	0	811,831	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,120,459	0	0	33,598	8.00
9.00	00900	HOUSEKEEPING	3,257,334	70,054	0	498,127	9.00
10.00	01000	DIETARY	1,300,280	91,108	0	163,413	10.00
11.00	01100	CAFETERIA	1,959,615	163,268	0	292,793	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,354,717	0	0	1,050,054	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,124,260	125,370	0	145,947	14.00
15.00	01500	PHARMACY	17,061,135	38,252	0	799,661	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,328,298	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	240,243	0	0	54,894	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 SERVICES-SALARY & FRINGES APPRV	629,089	0	0	193,822	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	264,737	0	0	242,927	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	21,602,361	1,737,480	0	6,513,192	30.00
31.00	03100	INTENSIVE CARE UNIT	3,298,504	170,869	0	972,565	31.00
31.01	03101	NICU	3,288,835	35,282	0	961,021	31.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	1,754,191	87,540	0	513,107	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	12,502,419	260,448	0	1,118,629	50.00
50.01	05001	SAME DAY SURGERY	1,642,406	240,258	0	441,884	50.01
50.02	05002	G. I. LAB	3,505,982	155,710	0	451,561	50.02
51.00	05100	RECOVERY ROOM	743,158	43,504	0	219,025	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,224,223	161,871	0	1,763,333	52.00
53.00	05300	ANESTHESIOLOGY	790,029	11,502	0	50,076	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,915,798	490,844	0	1,658,789	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,043,198	460,061	0	780,801	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	9,210,934	148,264	0	999,910	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,672,614	29,653	0	561,953	65.00
69.00	06900	ELECTROCARDIOLOGY	1,654,074	84,659	0	377,321	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	782,698	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,746,417	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	813,013	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	1,921,466	54,807	0	523,422	75.01
75.02	07502	HEART SURGERY	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	3,684,818	56,026	0	1,037,247	75.03
75.04	07504	CV SURGERY	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	7,247,869	0	0	558,795	75.05
75.06	07506	YORKVILLE	5,733,071	0	0	1,135,706	75.06
75.07	07507	MCAI	4,020,900	0	0	634,944	75.07
76.00	03020	DIABETIC CENTER	297,645	0	0	72,268	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	2,419,099	0	0	529,135	90.00
90.01	09001	WOUND CARE CENTER	1,020,593	0	0	0	90.01
91.00	09100	EMERGENCY	7,791,862	336,818	0	2,030,756	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/19/2018 12:45 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	POB NEW CRC	MVBLE EQUIP		
		0	1.00	1.01		
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	254,140,376	7,660,831	0	0	34,921,355	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	279,730	30,783	0	0	25,801	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07954 PHYSICIAN SERVICES	2,741,244	0	0	0	153,519	194.00
194.01 07950 ADVERTISING	0	0	0	0	0	194.01
194.02 07951 HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03 07952 HHA HME	0	0	0	0	0	194.03
194.04 07953 OTHER NONREIMBURSABLE COST CTRS	595,709	0	0	0	147,697	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 TOTAL (sum lines 118 through 201)	257,757,059	7,691,614	0	0	35,248,372	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/19/2018 12:45 am

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5A.05	5.06	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	3,797,953					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	46,071,465	46,071,465			5.06
7.00	00700	OPERATION OF PLANT	0	8,510,490	1,852,232	10,362,722		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,154,057	251,170	0	1,405,227	8.00
9.00	00900	HOUSEKEEPING	0	3,825,515	832,589	142,779	0	9.00
10.00	01000	DIETARY	0	1,554,801	338,388	185,690	0	10.00
11.00	01100	CAFETERIA	0	2,415,676	525,750	332,760	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	5,404,771	1,176,300	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,395,577	303,735	255,521	0	14.00
15.00	01500	PHARMACY	0	17,899,048	3,895,567	77,962	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,328,298	724,374	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	295,137	64,234	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	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	822,911	179,099	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	507,664	110,489	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	195,411	30,048,444	6,539,772	3,541,205	620,618	30.00
31.00	03100	INTENSIVE CARE UNIT	33,952	4,475,890	974,137	348,253	38,996	31.00
31.01	03101	NI CU	39,585	4,324,723	941,237	71,909	0	31.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	16,870	2,371,708	516,181	178,418	89,852	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	335,443	14,216,939	3,094,189	530,826	169,149	50.00
50.01	05001	SAME DAY SURGERY	44,903	2,369,451	515,690	489,677	66,907	50.01
50.02	05002	G. I. LAB	41,625	4,154,878	904,272	317,358	0	50.02
51.00	05100	RECOVERY ROOM	45,621	1,051,308	228,808	88,667	48,618	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	90,401	8,239,828	1,793,324	329,915	0	52.00
53.00	05300	ANESTHESIOLOGY	47,631	899,238	195,711	23,443	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	546,003	11,611,434	2,527,124	1,000,403	50,231	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	79,118	5,363,178	1,167,247	937,664	53,542	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	333,710	10,692,818	2,327,196	302,181	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	69,872	3,334,092	725,635	60,436	0	65.00
69.00	06900	ELECTROCARDIOLOGY	106,942	2,222,996	483,815	172,546	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	247,483	1,030,181	224,210	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	118,586	10,865,003	2,364,670	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	481,346	481,346	104,761	0	0	73.00
74.00	07400	RENAL DIALYSIS	13,189	826,202	179,815	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	8,132	2,507,827	545,806	111,703	0	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	106,874	4,884,965	1,063,169	114,187	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	115,095	7,921,759	1,724,100	0	0	75.05
75.06	07506	YORKVILLE	162,981	7,031,758	1,530,399	0	0	75.06
75.07	07507	MCAI	66,719	4,722,563	1,027,823	0	0	75.07
76.00	03020	DIABETIC CENTER	825	370,738	80,688	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	33,008	2,981,242	648,840	0	0	90.00
90.01	09001	WOUND CARE CENTER	13,164	1,033,757	224,988	0	0	90.01
91.00	09100	EMERGENCY	403,464	10,562,900	2,298,920	686,479	267,314	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

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

Worksheet B  
Part I  
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11/19/2018 12:45 am

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE 5.05	Subtotal 5A.05	OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,797,953	253,782,576	45,206,454	10,299,982	1,405,227
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	336,314	73,196	62,740	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07954	PHYSICIAN SERVICES	0	2,894,763	630,019	0	0
194.01	07950	ADVERTISING	0	0	0	0	0
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0
194.03	07952	HHA HME	0	0	0	0	0
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	743,406	161,796	0	0
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	3,797,953	257,757,059	46,071,465	10,362,722	1,405,227

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0029		Period: From 07/01/2017 To 06/30/2018		Worksheet B Part I Date/Time Prepared: 11/19/2018 12:45 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
1.01	00101	POB NEW CRC						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	4,800,883					9.00
10.00	01000	DIETARY	87,229	2,166,108				10.00
11.00	01100	CAFETERIA	156,316	0	3,430,502			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	92,847	0	6,673,918	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	120,033	0	31,510	0	0	14.00
15.00	01500	PHARMACY	36,623	0	85,985	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	5,944	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	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	34,748	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	15,053	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,663,506	1,684,996	908,605	0	1,916,288	30.00
31.00	03100	INTENSIVE CARE UNIT	163,594	187,873	119,328	0	251,669	31.00
31.01	03101	NICU	33,780	0	112,706	0	237,704	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	83,813	198,958	72,217	0	152,310	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	249,359	0	138,380	0	291,851	50.00
50.01	05001	SAME DAY SURGERY	230,029	0	54,786	0	115,546	50.01
50.02	05002	G. I. LAB	149,081	0	56,588	0	119,348	50.02
51.00	05100	RECOVERY ROOM	41,652	0	22,735	0	47,950	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	154,979	94,281	220,994	0	466,088	52.00
53.00	05300	ANESTHESIOLOGY	11,012	0	10,146	0	21,398	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	469,946	0	198,891	0	419,472	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	440,473	0	83,275	0	175,632	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	141,951	0	141,542	0	298,520	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	28,390	0	75,170	0	158,537	65.00
69.00	06900	ELECTROCARDIOLOGY	81,054	0	128,301	0	270,594	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	52,473	0	39,055	0	82,370	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	53,640	0	108,145	0	228,084	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	0	62,000	0	130,762	75.05
75.06	07506	YORKVILLE	0	0	150,229	0	316,840	75.06
75.07	07507	MCAI	0	0	94,850	0	200,044	75.07
76.00	03020	DIABETIC CENTER	0	0	7,113	0	15,003	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	71,495	0	150,786	90.00
90.01	09001	WOUND CARE CENTER	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	322,478	0	258,473	0	545,134	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

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

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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	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,771,411	2,166,108	3,401,111	0	6,611,930	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	29,472	0	3,346	0	7,057	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	0	23,835	0	50,270	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	2,210	0	4,661	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,800,883	2,166,108	3,430,502	0	6,673,918	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

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

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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>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	2,106,376					14.00
15.00	01500	PHARMACY	10,063	22,005,248				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	4,052,672			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	365,315		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	4,220	0	208,475	365,315	0	30.00
31.00	03100	INTENSIVE CARE UNIT	926	0	36,222	0	0	31.00
31.01	03101	NI CU	34	0	42,232	0	0	31.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	158	0	17,998	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	768,041	0	357,869	0	0	50.00
50.01	05001	SAME DAY SURGERY	11,284	0	47,904	0	0	50.01
50.02	05002	G. I. LAB	113,026	0	44,407	0	0	50.02
51.00	05100	RECOVERY ROOM	2,535	0	48,671	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	37,189	0	96,445	0	0	52.00
53.00	05300	ANESTHESIOLOGY	41,991	0	50,815	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	139,653	0	583,314	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,856	0	84,408	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	356,020	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	5,840	0	74,543	0	0	65.00
69.00	06900	ELECTROCARDIOLOGY	7,436	0	114,092	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	264,028	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	126,515	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	22,005,248	513,526	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	14,071	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	342	0	8,675	0	0	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	546	0	114,019	0	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	844,855	0	122,789	0	0	75.05
75.06	07506	YORKVILLE	9,130	0	173,877	0	0	75.06
75.07	07507	MCAI	48,120	0	71,179	0	0	75.07
76.00	03020	DIABETIC CENTER	119	0	881	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	9,451	0	35,215	0	0	90.00
90.01	09001	WOUND CARE CENTER	10,424	0	14,044	0	0	90.01
91.00	09100	EMERGENCY	38,875	0	430,438	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

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

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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>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	11300	INTEREST EXPENSE					0 113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,106,114	22,005,248	4,052,672	365,315	0 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00	07954	PHYSICIAN SERVICES	262	0	0	0	0 194.00
194.01	07950	ADVERTISING	0	0	0	0	0 194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0 194.02
194.03	07952	HHA HME	0	0	0	0	0 194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0 194.04
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)	2,106,376	22,005,248	4,052,672	365,315	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

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

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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PRGM	Subtotal
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
		20.00	21.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101 POB NEW CRC					1.01
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL					5.06
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	0				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV		1,036,758			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV			633,206		22.00
23.00 02300 PARAMEDICAL EDUCATION PRGM				0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	0	668,437	408,253	0	48,578,134 30.00
31.00 03100 INTENSIVE CARE UNIT	0	27,283	16,663	0	6,640,834 31.00
31.01 03101 NICU	0	0	0	0	5,764,325 31.01
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100 SUBPROVIDER - IRF	0	122,774	74,985	0	3,879,372 41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300 NURSERY	0	0	0	0	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0	34,104	20,829	0	19,871,536 50.00
50.01 05001 SAME DAY SURGERY	0	0	0	0	3,901,274 50.01
50.02 05002 G. I. LAB	0	0	0	0	5,858,958 50.02
51.00 05100 RECOVERY ROOM	0	0	0	0	1,580,944 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	20,462	12,497	0	11,466,002 52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	1,253,754 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	27,283	16,663	0	17,044,414 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	8,307,275 55.00
57.00 05700 CT SCAN	0	0	0	0	0 57.00
58.00 05800 MRI	0	0	0	0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000 LABORATORY	0	0	0	0	14,260,228 60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0 60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0 62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	4,462,643 65.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	3,480,834 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,518,419 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	13,356,188 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	23,104,881 73.00
74.00 07400 RENAL DIALYSIS	0	20,462	12,497	0	1,053,047 74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01 07501 CARDIAC REHAB	0	61,387	37,492	0	3,447,130 75.01
75.02 07502 HEART SURGERY	0	0	0	0	0 75.02
75.03 07503 REHAB SERVICES	0	0	0	0	6,566,755 75.03
75.04 07504 CV SURGERY	0	0	0	0	0 75.04
75.05 07505 VASCULAR SERVICES	0	0	0	0	10,806,265 75.05
75.06 07506 YORKVILLE	0	0	0	0	9,212,233 75.06
75.07 07507 MCAI	0	0	0	0	6,164,579 75.07
76.00 03020 DIABETIC CENTER	0	0	0	0	474,542 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000 CLINIC	0	0	0	0	3,897,029 90.00
90.01 09001 WOUND CARE CENTER	0	0	0	0	1,283,213 90.01
91.00 09100 EMERGENCY	0	54,566	33,327	0	15,498,904 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10 09910 CORF	0	0	0	0	0 99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

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

Worksheet B  
Part I  
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11/19/2018 12:45 am

Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PRGM	Subtotal			
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
		20.00	21.00				22.00	23.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,036,758	633,206	0	252,733,712	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	512,125	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	0	0	0	3,599,149	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	912,073	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	1,036,758	633,206	0	257,757,059	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/19/2018 12:45 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100			1.00
1.01	00101			1.01
2.00	00200			2.00
4.00	00400			4.00
5.05	00580			5.05
5.06	00560			5.06
7.00	00700			7.00
8.00	00800			8.00
9.00	00900			9.00
10.00	01000			10.00
11.00	01100			11.00
12.00	01200			12.00
13.00	01300			13.00
14.00	01400			14.00
15.00	01500			15.00
16.00	01600			16.00
17.00	01700			17.00
19.00	01900			19.00
20.00	02000			20.00
21.00	02100			21.00
22.00	02200			22.00
23.00	02300			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	-1,076,690	47,501,444	30.00
31.00	03100	-43,946	6,596,888	31.00
31.01	03101	0	5,764,325	31.01
40.00	04000	0	0	40.00
41.00	04100	-197,759	3,681,613	41.00
42.00	04200	0	0	42.00
43.00	04300	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	-54,933	19,816,603	50.00
50.01	05001	0	3,901,274	50.01
50.02	05002	0	5,858,958	50.02
51.00	05100	0	1,580,944	51.00
52.00	05200	-32,959	11,433,043	52.00
53.00	05300	0	1,253,754	53.00
54.00	05400	-43,946	17,000,468	54.00
55.00	05500	0	8,307,275	55.00
57.00	05700	0	0	57.00
58.00	05800	0	0	58.00
59.00	05900	0	0	59.00
60.00	06000	0	14,260,228	60.00
60.01	06001	0	0	60.01
62.30	06250	0	0	62.30
65.00	06500	0	4,462,643	65.00
69.00	06900	0	3,480,834	69.00
70.00	07000	0	0	70.00
71.00	07100	0	1,518,419	71.00
72.00	07200	0	13,356,188	72.00
73.00	07300	0	23,104,881	73.00
74.00	07400	-32,959	1,020,088	74.00
75.00	07500	0	0	75.00
75.01	07501	-98,879	3,348,251	75.01
75.02	07502	0	0	75.02
75.03	07503	0	6,566,755	75.03
75.04	07504	0	0	75.04
75.05	07505	0	10,806,265	75.05
75.06	07506	0	9,212,233	75.06
75.07	07507	0	6,164,579	75.07
76.00	03020	0	474,542	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	0	0	88.00
89.00	08900	0	0	89.00
90.00	09000	0	3,897,029	90.00
90.01	09001	0	1,283,213	90.01
91.00	09100	0	0	91.00
92.00	09200	-87,893	15,411,011	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/19/2018 12:45 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
101.00	10100	HOME HEALTH AGENCY	25.00	26.00	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-1,669,964	251,063,748	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	512,125	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	3,599,149	194.00
194.01	07950	ADVERTISING	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	194.02
194.03	07952	HHA HME	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	912,073	194.04
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	-1,669,964	256,087,095	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0029	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/19/2018 12:45 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		BLDG & FIXT	POB NEW CRC	MVBLE EQUIP		
		0	1.00	1.01		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	POB NEW CRC					1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	0	1,394,810	0	0	5.06
7.00 00700	OPERATION OF PLANT	0	1,212,373	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	70,054	0	0	9.00
10.00 01000	DIETARY	0	91,108	0	0	10.00
11.00 01100	CAFETERIA	0	163,268	0	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	125,370	0	0	14.00
15.00 01500	PHARMACY	0	38,252	0	0	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	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	1,737,480	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	170,869	0	0	31.00
31.01 03101	NI CU	0	35,282	0	0	31.01
40.00 04000	SUBPROVIDER - 1PF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - 1RF	0	87,540	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	260,448	0	0	50.00
50.01 05001	SAME DAY SURGERY	0	240,258	0	0	50.01
50.02 05002	G. I. LAB	0	155,710	0	0	50.02
51.00 05100	RECOVERY ROOM	0	43,504	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	161,871	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	11,502	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	490,844	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	460,061	0	0	55.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	148,264	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	0	29,653	0	0	65.00
69.00 06900	ELECTROCARDIOLOGY	0	84,659	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 07501	CARDIAC REHAB	0	54,807	0	0	75.01
75.02 07502	HEART SURGERY	0	0	0	0	75.02
75.03 07503	REHAB SERVICES	0	56,026	0	0	75.03
75.04 07504	CV SURGERY	0	0	0	0	75.04
75.05 07505	VASCULAR SERVICES	0	0	0	0	75.05
75.06 07506	YORKVILLE	0	0	0	0	75.06
75.07 07507	MCAI	0	0	0	0	75.07
76.00 03020	DIABETIC CENTER	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	WOUND CARE CENTER	0	0	0	0	90.01
91.00 09100	EMERGENCY	0	336,818	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/19/2018 12:45 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		BLDG & FIXT	POB NEW CRC	MVBLE EQUIP		
	0	1.00	1.01	2.00	2A	
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00		7,660,831	0	0	7,660,831	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	30,783	0	0	30,783	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07954 PHYSICIAN SERVICES	0	0	0	0	0	194.00
194.01 07950 ADVERTISING	0	0	0	0	0	194.01
194.02 07951 HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03 07952 HHA HME	0	0	0	0	0	194.03
194.04 07953 OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.04
200.00						200.00
201.00						201.00
202.00						202.00
200.00						200.00
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ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0029	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/19/2018 12:45 am		
Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT 4.00	CASHIERING/ACCOUNTS RECEIVABLE 5.05	OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	POB NEW CRC					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0				4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	1,394,810		5.06
7.00	00700	OPERATION OF PLANT	0	0	56,076	1,268,449	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	7,604	0	7,604
9.00	00900	HOUSEKEEPING	0	0	25,206	17,477	0
10.00	01000	DIETARY	0	0	10,245	22,729	0
11.00	01100	CAFETERIA	0	0	15,917	40,732	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	35,612	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	9,195	31,277	0
15.00	01500	PHARMACY	0	0	117,937	9,543	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	21,930	0	0
17.00	01700	SOCIAL SERVICE	0	0	1,945	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	5,422	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	3,345	0	0
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	0	198,004	433,462	3,359
31.00	03100	INTENSIVE CARE UNIT	0	0	29,492	42,628	211
31.01	03101	NICU	0	0	28,496	8,802	0
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	0	15,627	21,839	486
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	93,675	64,976	915
50.01	05001	SAME DAY SURGERY	0	0	15,612	59,939	362
50.02	05002	G. I. LAB	0	0	27,376	38,846	0
51.00	05100	RECOVERY ROOM	0	0	6,927	10,853	263
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	54,292	40,383	0
53.00	05300	ANESTHESIOLOGY	0	0	5,925	2,870	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	76,508	122,454	272
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	35,338	114,775	290
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	0	70,455	36,988	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	21,968	7,398	0
69.00	06900	ELECTROCARDIOLOGY	0	0	14,647	21,120	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	6,788	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	71,590	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	3,172	0	0
74.00	07400	RENAL DIALYSIS	0	0	5,444	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC REHAB	0	0	16,524	13,673	0
75.02	07502	HEART SURGERY	0	0	0	0	0
75.03	07503	REHAB SERVICES	0	0	32,187	13,977	0
75.04	07504	CV SURGERY	0	0	0	0	0
75.05	07505	VASCULAR SERVICES	0	0	52,196	0	0
75.06	07506	YORKVILLE	0	0	46,332	0	0
75.07	07507	MCAI	0	0	31,117	0	0
76.00	03020	DIABETIC CENTER	0	0	2,443	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	19,643	0	0
90.01	09001	WOUND CARE CENTER	0	0	6,811	0	0
91.00	09100	EMERGENCY	0	0	69,599	84,028	1,446
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/19/2018 12:45 am

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT 4.00	CASHIERING/ACCOUNTS RECEIVABLE 5.05	OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0 113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	1,368,622	1,260,769	7,604 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2,216	7,680	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00	07954	PHYSICIAN SERVICES	0	0	19,074	0	0 194.00
194.01	07950	ADVERTISING	0	0	0	0	0 194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0 194.02
194.03	07952	HHA HME	0	0	0	0	0 194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	4,898	0	0 194.04
200.00		Cross Foot Adjustments	0	0	0	0	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	1,394,810	1,268,449	7,604 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0029		Period: From 07/01/2017 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 11/19/2018 12:45 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
1.01	00101	POB NEW CRC						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	112,737					9.00
10.00	01000	DIETARY	2,048	126,130				10.00
11.00	01100	CAFETERIA	3,671	0	223,588			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	6,051	0	41,663	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,819	0	2,054	0	0	14.00
15.00	01500	PHARMACY	860	0	5,604	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	387	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	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	2,265	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	981	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	39,062	98,115	59,221	0	11,962	30.00
31.00	03100	INTENSIVE CARE UNIT	3,842	10,940	7,777	0	1,571	31.00
31.01	03101	NICU	793	0	7,346	0	1,484	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,968	11,585	4,707	0	951	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	5,856	0	9,019	0	1,822	50.00
50.01	05001	SAME DAY SURGERY	5,402	0	3,571	0	721	50.01
50.02	05002	G. I. LAB	3,501	0	3,688	0	745	50.02
51.00	05100	RECOVERY ROOM	978	0	1,482	0	299	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,639	5,490	14,404	0	2,910	52.00
53.00	05300	ANESTHESIOLOGY	259	0	661	0	134	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,036	0	12,963	0	2,619	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,343	0	5,428	0	1,096	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	3,333	0	9,225	0	1,864	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	667	0	4,899	0	990	65.00
69.00	06900	ELECTROCARDIOLOGY	1,903	0	8,362	0	1,689	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	1,232	0	2,545	0	514	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	1,260	0	7,048	0	1,424	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	0	4,041	0	816	75.05
75.06	07506	YORKVILLE	0	0	9,791	0	1,978	75.06
75.07	07507	MCAI	0	0	6,182	0	1,249	75.07
76.00	03020	DIABETIC CENTER	0	0	464	0	94	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	4,660	0	941	90.00
90.01	09001	WOUND CARE CENTER	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	7,573	0	16,846	0	3,403	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

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

Worksheet B  
Part II  
Date/Time Prepared:  
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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	
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
118.00		112,045	126,130	221,672	0	41,276	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	692	0	218	0	44	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07954	0	0	1,554	0	314	194.00
194.01	07950	0	0	0	0	0	194.01
194.02	07951	0	0	0	0	0	194.02
194.03	07952	0	0	0	0	0	194.03
194.04	07953	0	0	144	0	29	194.04
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		112,737	126,130	223,588	0	41,663	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0029	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/19/2018 12:45 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
1.01	00101	POB NEW CRC					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
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	170,715				14.00
15.00	01500	PHARMACY	816	173,012			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	21,930		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	2,332	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 SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	342	0	1,102	2,332	30.00
31.00	03100	INTENSIVE CARE UNIT	75	0	191	0	31.00
31.01	03101	NI CU	3	0	223	0	31.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	13	0	95	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	62,249	0	1,891	0	50.00
50.01	05001	SAME DAY SURGERY	915	0	253	0	50.01
50.02	05002	G. I. LAB	9,161	0	235	0	50.02
51.00	05100	RECOVERY ROOM	205	0	257	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,014	0	510	0	52.00
53.00	05300	ANESTHESIOLOGY	3,403	0	269	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,319	0	3,594	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	150	0	446	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	1,882	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	473	0	394	0	65.00
69.00	06900	ELECTROCARDIOLOGY	603	0	603	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,395	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	669	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	173,012	2,714	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	28	0	46	0	75.01
75.02	07502	HEART SURGERY	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	44	0	603	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	68,469	0	649	0	75.05
75.06	07506	YORKVILLE	740	0	919	0	75.06
75.07	07507	MCAI	3,900	0	376	0	75.07
76.00	03020	DIABETIC CENTER	10	0	5	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	766	0	186	0	90.00
90.01	09001	WOUND CARE CENTER	845	0	74	0	90.01
91.00	09100	EMERGENCY	3,151	0	2,275	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0029		Period: From 07/01/2017 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 11/19/2018 12:45 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	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	170,694	173,012	21,930	2,332	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
194.00	07954	PHYSICIAN SERVICES	21	0	0	0		194.00
194.01	07950	ADVERTISING	0	0	0	0		194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0		194.02
194.03	07952	HHA HME	0	0	0	0		194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0		194.04
200.00		Cross Foot Adjustments						0200.00
201.00		Negative Cost Centers	0	0	0	0		0201.00
202.00		TOTAL (sum lines 118 through 201)	170,715	173,012	21,930	2,332		0202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0029	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/19/2018 12:45 am
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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PRGM	Subtotal
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
		20.00	21.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01 00101	POB NEW CRC				1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
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	0			20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		7,687		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			4,326	22.00
23.00 02300	PARAMEDICAL EDUCATION PRGM			0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS				2,584,441
31.00 03100	INTENSIVE CARE UNIT				267,596
31.01 03101	NICU				82,429
40.00 04000	SUBPROVIDER - IPF				0
41.00 04100	SUBPROVIDER - IRF				144,811
42.00 04200	SUBPROVIDER				0
43.00 04300	NURSERY				0
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM				500,851
50.01 05001	SAME DAY SURGERY				327,033
50.02 05002	G. I. LAB				239,262
51.00 05100	RECOVERY ROOM				64,768
52.00 05200	DELIVERY ROOM & LABOR ROOM				286,513
53.00 05300	ANESTHESIOLOGY				25,023
54.00 05400	RADIOLOGY-DIAGNOSTIC				731,609
55.00 05500	RADIOLOGY-THERAPEUTIC				627,927
57.00 05700	CT SCAN				0
58.00 05800	MRI				0
59.00 05900	CARDIAC CATHETERIZATION				0
60.00 06000	LABORATORY				272,011
60.01 06001	BLOOD LABORATORY				0
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.				0
65.00 06500	RESPIRATORY THERAPY				66,442
69.00 06900	ELECTROCARDIOLOGY				133,586
70.00 07000	ELECTROENCEPHALOGRAPHY				0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT				8,183
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				72,259
73.00 07300	DRUGS CHARGED TO PATIENTS				178,898
74.00 07400	RENAL DIALYSIS				5,518
75.00 07500	ASC (NON-DISTINCT PART)				0
75.01 07501	CARDIAC REHAB				89,369
75.02 07502	HEART SURGERY				0
75.03 07503	REHAB SERVICES				112,569
75.04 07504	CV SURGERY				0
75.05 07505	VASCULAR SERVICES				126,171
75.06 07506	YORKVILLE				59,760
75.07 07507	MCAI				42,824
76.00 03020	DIABETIC CENTER				3,016
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800	RURAL HEALTH CLINIC				0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER				0
90.00 09000	CLINIC				26,196
90.01 09001	WOUND CARE CENTER				7,730
91.00 09100	EMERGENCY				525,139
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10 09910	CORF				0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/19/2018 12:45 am

Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PRGM	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		20.00	21.00			
101.00 10100 HOME HEALTH AGENCY					0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION					0	109.00
110.00 11000 INTESTINAL ACQUISITION					0	110.00
111.00 11100 ISLET ACQUISITION					0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	7,611,934	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN					41,633	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES					0	192.00
194.00 07954 PHYSICIAN SERVICES					20,963	194.00
194.01 07950 ADVERTISING					0	194.01
194.02 07951 HOME HEALTH SERVICES PRIVATE					0	194.02
194.03 07952 HHA HME					5,071	194.03
194.04 07953 OTHER NONREIMBURSABLE COST CTRS						194.04
200.00 Cross Foot Adjustments	0	7,687	4,326	0	12,013	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	7,687	4,326	0	7,691,614	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0029	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/19/2018 12:45 am
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	POB NEW CRC		1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
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 SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	2,584,441	30.00
31.00	03100	INTENSIVE CARE UNIT	267,596	31.00
31.01	03101	NICU	82,429	31.01
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	144,811	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	500,851	50.00
50.01	05001	SAME DAY SURGERY	327,033	50.01
50.02	05002	G. I. LAB	239,262	50.02
51.00	05100	RECOVERY ROOM	64,768	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	286,513	52.00
53.00	05300	ANESTHESIOLOGY	25,023	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	731,609	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	627,927	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	272,011	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	62.30
65.00	06500	RESPIRATORY THERAPY	66,442	65.00
69.00	06900	ELECTROCARDIOLOGY	133,586	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,183	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72,259	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	178,898	73.00
74.00	07400	RENAL DIALYSIS	5,518	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
75.01	07501	CARDIAC REHAB	89,369	75.01
75.02	07502	HEART SURGERY	0	75.02
75.03	07503	REHAB SERVICES	112,569	75.03
75.04	07504	CV SURGERY	0	75.04
75.05	07505	VASCULAR SERVICES	126,171	75.05
75.06	07506	YORKVILLE	59,760	75.06
75.07	07507	MCAI	42,824	75.07
76.00	03020	DIABETIC CENTER	3,016	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	26,196	90.00
90.01	09001	WOUND CARE CENTER	7,730	90.01
91.00	09100	EMERGENCY	525,139	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910	CORF	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/19/2018 12:45 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
101.00	10100	HOME HEALTH AGENCY	25.00	26.00	
		SPECIAL PURPOSE COST CENTERS	0	0	101.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	7,611,934	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	41,633	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	20,963	194.00
194.01	07950	ADVERTISING	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	194.02
194.03	07952	HHA HME	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	5,071	194.04
200.00		Cross Foot Adjustments	0	12,013	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	7,691,614	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0029

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

Worksheet B-1

Date/Time Prepared:  
11/19/2018 12:45 am

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	
		BLDG & FIXT (SQUARE FEET)	POB NEW CRC (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
		1.00	1.01	2.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT	347,063				1.00
1.01	00101	POB NEW CRC	0	0			1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			0		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	114,405,634		4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	2,471,329	1,529,860,620	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	62,937	0	0	19,368,492	5.06
7.00	00700	OPERATION OF PLANT	54,705	0	0	2,634,960	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	109,049	8.00
9.00	00900	HOUSEKEEPING	3,161	0	0	1,616,772	9.00
10.00	01000	DIETARY	4,111	0	0	530,390	10.00
11.00	01100	CAFETERIA	7,367	0	0	950,319	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	3,408,161	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,657	0	0	473,701	14.00
15.00	01500	PHARMACY	1,726	0	0	2,595,458	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	178,169	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 SERVICES-SALARY & FRINGES APPRV	0	0	0	629,089	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	788,469	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	78,399	0	0	21,139,872	30.00
31.00	03100	INTENSIVE CARE UNIT	7,710	0	0	3,156,654	31.00
31.01	03101	NICU	1,592	0	0	3,119,186	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,950	0	0	1,665,390	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	11,752	0	0	3,630,734	50.00
50.01	05001	SAME DAY SURGERY	10,841	0	0	1,434,224	50.01
50.02	05002	G. I. LAB	7,026	0	0	1,465,630	50.02
51.00	05100	RECOVERY ROOM	1,963	0	0	710,890	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,304	0	0	5,723,248	52.00
53.00	05300	ANESTHESIOLOGY	519	0	0	162,533	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,148	0	0	5,383,930	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	20,759	0	0	2,534,244	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	6,690	0	0	3,245,406	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,338	0	0	1,823,930	65.00
69.00	06900	ELECTROCARDIOLOGY	3,820	0	0	1,224,669	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	99,670,795
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	47,759,356
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	193,856,664
74.00	07400	RENAL DIALYSIS	0	0	0	0	5,311,865
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC REHAB	2,473	0	0	1,698,869	3,274,975
75.02	07502	HEART SURGERY	0	0	0	0	0
75.03	07503	REHAB SERVICES	2,528	0	0	3,366,592	43,042,152
75.04	07504	CV SURGERY	0	0	0	0	0
75.05	07505	VASCULAR SERVICES	0	0	0	1,813,682	46,353,051
75.06	07506	YORKVILLE	0	0	0	3,686,161	65,638,891
75.07	07507	MCAI	0	0	0	2,060,837	26,870,233
76.00	03020	DIABETIC CENTER	0	0	0	234,559	332,449
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	1,717,414	13,293,626
90.01	09001	WOUND CARE CENTER	0	0	0	0	5,301,807
91.00	09100	EMERGENCY	15,198	0	0	6,591,224	162,490,709
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0029

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	
	BLDG & FIXT (SQUARE FEET)	POB NEW CRC (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	345,674	0	0	113,344,236	1,529,860,620	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,389	0	0	83,742	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07954 PHYSICIAN SERVICES	0	0	0	498,276	0	194.00
194.01 07950 ADVERTISING	0	0	0	0	0	194.01
194.02 07951 HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03 07952 HHA HME	0	0	0	0	0	194.03
194.04 07953 OTHER NONREIMBURSABLE COST CTRS	0	0	0	479,380	0	194.04
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)	7,691,614	0	0	35,248,372	3,797,953	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	22.162011	0.000000	0.000000	0.308100	0.002483	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)				0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)				0.000000	0.000000	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0029

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5A.06	5.06	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	POB NEW CRC					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-46,071,465	211,685,594			5.06
7.00	00700	OPERATION OF PLANT	0	8,510,490	229,421		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,154,057	0	1,532,434	8.00
9.00	00900	HOUSEKEEPING	0	3,825,515	3,161	0	226,260 9.00
10.00	01000	DIETARY	0	1,554,801	4,111	0	4,111 10.00
11.00	01100	CAFETERIA	0	2,415,676	7,367	0	7,367 11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	01300	NURSING ADMINISTRATION	0	5,404,771	0	0	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,395,577	5,657	0	5,657 14.00
15.00	01500	PHARMACY	0	17,899,048	1,726	0	1,726 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,328,298	0	0	0 16.00
17.00	01700	SOCIAL SERVICE	0	295,137	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	0 20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	822,911	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	507,664	0	0	0 22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	30,048,444	78,399	676,799	78,399 30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,475,890	7,710	42,526	7,710 31.00
31.01	03101	NICU	0	4,324,723	1,592	0	1,592 31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00	04100	SUBPROVIDER - IRF	0	2,371,708	3,950	97,986	3,950 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	0	0	0	0	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	14,216,939	11,752	184,461	11,752 50.00
50.01	05001	SAME DAY SURGERY	0	2,369,451	10,841	72,964	10,841 50.01
50.02	05002	G. I. LAB	0	4,154,878	7,026	0	7,026 50.02
51.00	05100	RECOVERY ROOM	0	1,051,308	1,963	53,019	1,963 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,239,828	7,304	0	7,304 52.00
53.00	05300	ANESTHESIOLOGY	0	899,238	519	0	519 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,611,434	22,148	54,778	22,148 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,363,178	20,759	58,389	20,759 55.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MRI	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	0	10,692,818	6,690	0	6,690 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0	3,334,092	1,338	0	1,338 65.00
69.00	06900	ELECTROCARDIOLOGY	0	2,222,996	3,820	0	3,820 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,030,181	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,865,003	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	481,346	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	826,202	0	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01	07501	CARDIAC REHAB	0	2,507,827	2,473	0	2,473 75.01
75.02	07502	HEART SURGERY	0	0	0	0	0 75.02
75.03	07503	REHAB SERVICES	0	4,884,965	2,528	0	2,528 75.03
75.04	07504	CV SURGERY	0	0	0	0	0 75.04
75.05	07505	VASCULAR SERVICES	0	7,921,759	0	0	0 75.05
75.06	07506	YORKVILLE	0	7,031,758	0	0	0 75.06
75.07	07507	MCAI	0	4,722,563	0	0	0 75.07
76.00	03020	DIABETIC CENTER	0	370,738	0	0	0 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	0	2,981,242	0	0	0 90.00
90.01	09001	WOUND CARE CENTER	0	1,033,757	0	0	0 90.01
91.00	09100	EMERGENCY	0	10,562,900	15,198	291,512	15,198 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0 99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0029

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5A.06	5.06	7.00	8.00	9.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-46,071,465	207,711,111	228,032	1,532,434	224,871
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	336,314	1,389	0	1,389
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07954	PHYSICIAN SERVICES	0	2,894,763	0	0	0
194.01	07950	ADVERTISING	0	0	0	0	0
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0
194.03	07952	HHA HME	0	0	0	0	0
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	743,406	0	0	0
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)		46,071,465	10,362,722	1,405,227	4,800,883
203.00		Unit cost multiplier (Wkst. B, Part I)		0.217641	45.169021	0.916990	21.218435
204.00		Cost to be allocated (per Wkst. B, Part II)		1,394,810	1,268,449	7,604	112,737
205.00		Unit cost multiplier (Wkst. B, Part II)		0.006589	5.528914	0.004962	0.498263
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0029

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To 06/30/2018

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (NUMBER FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HR)	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
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.05	00580						5.05
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	141,480					10.00
11.00	01100	0	2,407,425				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	65,157	0	2,220,693		13.00
14.00	01400	0	22,113	0	0	10,864,884	14.00
15.00	01500	0	60,342	0	0	51,908	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	4,171	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	24,385	0	0	0	21.00
22.00	02200	0	10,564	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	110,056	637,630	0	637,630	21,769	30.00
31.00	03100	12,271	83,741	0	83,741	4,777	31.00
31.01	03101	0	79,094	0	79,094	174	31.01
40.00	04000	0	0	0	0	0	40.00
41.00	04100	12,995	50,680	0	50,680	815	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	97,111	0	97,111	3,961,629	50.00
50.01	05001	0	38,447	0	38,447	58,203	50.01
50.02	05002	0	39,712	0	39,712	582,999	50.02
51.00	05100	0	15,955	0	15,955	13,075	51.00
52.00	05200	6,158	155,087	0	155,087	191,825	52.00
53.00	05300	0	7,120	0	7,120	216,595	53.00
54.00	05400	0	139,576	0	139,576	720,345	54.00
55.00	05500	0	58,440	0	58,440	9,571	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	99,330	0	99,330	0	60.00
60.01	06001	0	0	0	0	0	60.01
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	52,752	0	52,752	30,121	65.00
69.00	06900	0	90,038	0	90,038	38,356	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	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	27,408	0	27,408	1,765	75.01
75.02	07502	0	0	0	0	0	75.02
75.03	07503	0	75,893	0	75,893	2,815	75.03
75.04	07504	0	0	0	0	0	75.04
75.05	07505	0	43,510	0	43,510	4,357,837	75.05
75.06	07506	0	105,426	0	105,426	47,094	75.06
75.07	07507	0	66,563	0	66,563	248,205	75.07
76.00	03020	0	4,992	0	4,992	615	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	50,173	0	50,173	48,748	90.00
90.01	09001	0	0	0	0	53,769	90.01
91.00	09100	0	181,389	0	181,389	200,522	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0029

Period:  
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To 06/30/2018

Worksheet B-1

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Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (NUMBER FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSG HR)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
		10.00	11.00	12.00	13.00	14.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	141,480	2,386,799	0	2,200,067	10,863,532	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,348	0	2,348	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954 PHYSICIAN SERVICES	0	16,727	0	16,727	1,352	194.00
194.01	07950 ADVERTISING	0	0	0	0	0	194.01
194.02	07951 HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952 HHA HME	0	0	0	0	0	194.03
194.04	07953 OTHER NONREIMBURSABLE COST CTRS	0	1,551	0	1,551	0	194.04
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)	2,166,108	3,430,502	0	6,673,918	2,106,376	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	15.310348	1.424967	0.000000	3.005331	0.193870	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	126,130	223,588	0	41,663	170,715	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.891504	0.092874	0.000000	0.018761	0.015713	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

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To 06/30/2018

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Cost Center Description		PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	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
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.05	00580						5.05
5.06	00560						5.06
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	10,000					15.00
16.00	01600	0	1,529,860,620				16.00
17.00	01700	0	0	100			17.00
19.00	01900	0	0	0	0		19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0		21.00
22.00	02200	0	0	0	0		22.00
23.00	02300	0	0	0	0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	78,699,553	100	0	0	30.00
31.00	03100	0	13,673,778	0	0	0	31.00
31.01	03101	0	15,942,557	0	0	0	31.01
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	6,794,340	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	135,095,824	0	0	0	50.00
50.01	05001	0	18,083,988	0	0	0	50.01
50.02	05002	0	16,763,802	0	0	0	50.02
51.00	05100	0	18,373,486	0	0	0	51.00
52.00	05200	0	36,407,894	0	0	0	52.00
53.00	05300	0	19,182,850	0	0	0	53.00
54.00	05400	0	220,174,097	0	0	0	54.00
55.00	05500	0	31,864,021	0	0	0	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	134,398,047	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
65.00	06500	0	28,140,142	0	0	0	65.00
69.00	06900	0	43,069,668	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	99,670,795	0	0	0	71.00
72.00	07200	0	47,759,356	0	0	0	72.00
73.00	07300	10,000	193,856,664	0	0	0	73.00
74.00	07400	0	5,311,865	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	3,274,975	0	0	0	75.01
75.02	07502	0	0	0	0	0	75.02
75.03	07503	0	43,042,152	0	0	0	75.03
75.04	07504	0	0	0	0	0	75.04
75.05	07505	0	46,353,051	0	0	0	75.05
75.06	07506	0	65,638,891	0	0	0	75.06
75.07	07507	0	26,870,233	0	0	0	75.07
76.00	03020	0	332,449	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	13,293,626	0	0	0	90.00
90.01	09001	0	5,301,807	0	0	0	90.01
91.00	09100	0	162,490,709	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0029

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

Worksheet B-1

Date/Time Prepared:  
11/19/2018 12:45 am

Cost Center Description			PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			15.00	16.00	17.00	19.00	20.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,000	1,529,860,620	100	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	0	0	0	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.04
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)	22,005,248	4,052,672	365,315	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2,200.524800	0.002649	3,653.150000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	173,012	21,930	2,332	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	17.301200	0.000014	23.320000	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0029

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

Worksheet B-1  
Date/Time Prepared:  
11/19/2018 12:45 am

Cost Center Description	INTERNS & RESIDENTS			PARAMEDICAL EDUCATION PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	21.00	22.00	23.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01 00101	POB NEW CRC				1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
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 SERVICES-SALARY & FRINGES APPRV	15,200			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		15,200		22.00
23.00 02300	PARAMEDICAL EDUCATION PRGM			0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	9,800	9,800	0	30.00
31.00 03100	INTENSIVE CARE UNIT	400	400	0	31.00
31.01 03101	NI CU	0	0	0	31.01
40.00 04000	SUBPROVIDER - I PF	0	0	0	40.00
41.00 04100	SUBPROVIDER - I RF	1,800	1,800	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	500	500	0	50.00
50.01 05001	SAME DAY SURGERY	0	0	0	50.01
50.02 05002	G. I. LAB	0	0	0	50.02
51.00 05100	RECOVERY ROOM	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	300	300	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	400	400	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00 05700	CT SCAN	0	0	0	57.00
58.00 05800	MRI	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000	LABORATORY	0	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	60.01
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	0	0	0	65.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	300	300	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01 07501	CARDIAC REHAB	900	900	0	75.01
75.02 07502	HEART SURGERY	0	0	0	75.02
75.03 07503	REHAB SERVICES	0	0	0	75.03
75.04 07504	CV SURGERY	0	0	0	75.04
75.05 07505	VASCULAR SERVICES	0	0	0	75.05
75.06 07506	YORKVILLE	0	0	0	75.06
75.07 07507	MCAI	0	0	0	75.07
76.00 03020	DIABETIC CENTER	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	90.00
90.01 09001	WOUND CARE CENTER	0	0	0	90.01
91.00 09100	EMERGENCY	800	800	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0029

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

Worksheet B-1  
Date/Time Prepared:  
11/19/2018 12:45 am

Cost Center Description	INTERNS & RESIDENTS			PARAMEDICAL EDUCATION PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	21.00	22.00	23.00		
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10 09910 CORF	0	0	0		99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00 10900 PANCREAS ACQUISITION	0	0	0		109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0		110.00
111.00 11100 ISLET ACQUISITION	0	0	0		111.00
113.00 11300 INTEREST EXPENSE					113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	15,200	15,200	0		118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
194.00 07954 PHYSICIAN SERVICES	0	0	0		194.00
194.01 07950 ADVERTISING	0	0	0		194.01
194.02 07951 HOME HEALTH SERVICES PRIVATE	0	0	0		194.02
194.03 07952 HHA HME	0	0	0		194.03
194.04 07953 OTHER NONREIMBURSABLE COST CTRS	0	0	0		194.04
200.00 Cross Foot Adjustments					200.00
201.00 Negative Cost Centers					201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,036,758	633,206	0		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	68.207763	41.658289	0.000000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	7,687	4,326	0		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.505724	0.284605	0.000000		205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)			0		206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0029

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/19/2018 12:45 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		47,501,444	10,742	47,512,186	30.00
31.00	03100	INTENSIVE CARE UNIT		6,596,888	0	6,596,888	31.00
31.01	03101	NICU		5,764,325	16,113	5,780,438	31.01
40.00	04000	SUBPROVIDER - I PF		0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF		3,681,613	0	3,681,613	41.00
42.00	04200	SUBPROVIDER		0	0	0	42.00
43.00	04300	NURSERY		0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM		19,816,603	9,108	19,825,711	50.00
50.01	05001	SAME DAY SURGERY		3,901,274	0	3,901,274	50.01
50.02	05002	G. I. LAB		5,858,958	0	5,858,958	50.02
51.00	05100	RECOVERY ROOM		1,580,944	0	1,580,944	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		11,433,043	5,947	11,438,990	52.00
53.00	05300	ANESTHESIOLOGY		1,253,754	10,471	1,264,225	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		17,000,468	0	17,000,468	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		8,307,275	4,241	8,311,516	55.00
57.00	05700	CT SCAN		0	0	0	57.00
58.00	05800	MRI		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000	LABORATORY		14,260,228	0	14,260,228	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	4,462,643	0	4,462,643	65.00
69.00	06900	ELECTROCARDIOLOGY		3,480,834	0	3,480,834	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		1,518,419	0	1,518,419	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		13,356,188	0	13,356,188	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		23,104,881	0	23,104,881	73.00
74.00	07400	RENAL DIALYSIS		1,020,088	0	1,020,088	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	07501	CARDIAC REHAB		3,348,251	3,964	3,352,215	75.01
75.02	07502	HEART SURGERY		0	0	0	75.02
75.03	07503	REHAB SERVICES		6,566,755	0	6,566,755	75.03
75.04	07504	CV SURGERY		0	0	0	75.04
75.05	07505	VASCULAR SERVICES		10,806,265	0	10,806,265	75.05
75.06	07506	YORKVILLE		9,212,233	0	9,212,233	75.06
75.07	07507	MCAI		6,164,579	0	6,164,579	75.07
76.00	03020	DIABETIC CENTER		474,542	0	474,542	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000	CLINIC		3,897,029	0	3,897,029	90.00
90.01	09001	WOUND CARE CENTER		1,283,213	0	1,283,213	90.01
91.00	09100	EMERGENCY		15,411,011	45,847	15,456,858	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		15,135,864	0	15,135,864	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF		0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100	ISLET ACQUISITION		0	0	0	111.00
113.00	11300	INTEREST EXPENSE		0	0	0	113.00
200.00		Subtotal (see instructions)		266,199,612	106,433	266,306,045	200.00
201.00		Less Observation Beds		15,135,864	0	15,135,864	201.00
202.00		Total (see instructions)		251,063,748	106,433	251,170,181	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0029

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/19/2018 12:45 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	62,967,642		62,967,642		30.00
31.00	03100	INTENSIVE CARE UNIT	13,673,778		13,673,778		31.00
31.01	03101	NICU	15,942,557		15,942,557		31.01
40.00	04000	SUBPROVIDER - I/PF	0		0		40.00
41.00	04100	SUBPROVIDER - I/RF	6,794,340		6,794,340		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	0		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	58,655,784	76,440,040	135,095,824	0.146686	50.00
50.01	05001	SAME DAY SURGERY	2,077,608	16,006,380	18,083,988	0.215731	50.01
50.02	05002	G. I. LAB	1,724,455	15,039,347	16,763,802	0.349501	50.02
51.00	05100	RECOVERY ROOM	6,253,547	12,119,939	18,373,486	0.086045	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	33,823,228	2,584,666	36,407,894	0.314026	52.00
53.00	05300	ANESTHESIOLOGY	9,065,247	10,117,603	19,182,850	0.065358	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,672,818	180,501,279	220,174,097	0.077214	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	613,191	31,250,830	31,864,021	0.260710	55.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	54,089,784	80,308,263	134,398,047	0.106104	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	21,982,755	6,157,387	28,140,142	0.158586	65.00
69.00	06900	ELECTROCARDIOLOGY	9,852,593	33,217,075	43,069,668	0.080819	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	45,412,289	54,258,506	99,670,795	0.015234	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,569,283	20,190,073	47,759,356	0.279656	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	72,350,164	121,506,500	193,856,664	0.119185	73.00
74.00	07400	RENAL DIALYSIS	4,225,736	1,086,129	5,311,865	0.192040	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	CARDIAC REHAB	2,309	3,272,666	3,274,975	1.022375	75.01
75.02	07502	HEART SURGERY	0	0	0	0.000000	75.02
75.03	07503	REHAB SERVICES	23,740,388	19,301,764	43,042,152	0.152566	75.03
75.04	07504	CV SURGERY	0	0	0	0.000000	75.04
75.05	07505	VASCULAR SERVICES	14,751,060	31,601,991	46,353,051	0.233130	75.05
75.06	07506	YORKVILLE	1,508,943	64,129,948	65,638,891	0.140347	75.06
75.07	07507	MCAI	6,734	26,863,499	26,870,233	0.229420	75.07
76.00	03020	DIABETIC CENTER	168	332,281	332,449	1.427413	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	484,552	12,809,074	13,293,626	0.293150	90.00
90.01	09001	WOUND CARE CENTER	55,819	5,245,988	5,301,807	0.242033	90.01
91.00	09100	EMERGENCY	22,744,125	139,746,584	162,490,709	0.094842	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,185,029	14,546,882	15,731,911	0.962112	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	551,225,926	978,634,694	1,529,860,620		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	551,225,926	978,634,694	1,529,860,620		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0029	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/19/2018 12:45 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
31.01	03101	NICU			31.01
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.146753		50.00
50.01	05001	SAME DAY SURGERY	0.215731		50.01
50.02	05002	G. I. LAB	0.349501		50.02
51.00	05100	RECOVERY ROOM	0.086045		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.314190		52.00
53.00	05300	ANESTHESIOLOGY	0.065904		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.077214		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.260843		55.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.106104		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.158586		65.00
69.00	06900	ELECTROCARDIOLOGY	0.080819		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.015234		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.279656		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.119185		73.00
74.00	07400	RENAL DIALYSIS	0.192040		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501	CARDIAC REHAB	1.023585		75.01
75.02	07502	HEART SURGERY	0.000000		75.02
75.03	07503	REHAB SERVICES	0.152566		75.03
75.04	07504	CV SURGERY	0.000000		75.04
75.05	07505	VASCULAR SERVICES	0.233130		75.05
75.06	07506	YORKVILLE	0.140347		75.06
75.07	07507	MCAI	0.229420		75.07
76.00	03020	DIABETIC CENTER	1.427413		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.293150		90.00
90.01	09001	WOUND CARE CENTER	0.242033		90.01
91.00	09100	EMERGENCY	0.095125		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.962112		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
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: 14-0029

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/19/2018 12:45 am

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		47,501,444	10,742	47,512,186	30.00
31.00	03100 INTENSIVE CARE UNIT		6,596,888	0	6,596,888	31.00
31.01	03101 NICU		5,764,325	16,113	5,780,438	31.01
40.00	04000 SUBPROVIDER - I PF		0	0	0	40.00
41.00	04100 SUBPROVIDER - I RF		3,681,613	0	3,681,613	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		19,816,603	9,108	19,825,711	50.00
50.01	05001 SAME DAY SURGERY		3,901,274	0	3,901,274	50.01
50.02	05002 G. I. LAB		5,858,958	0	5,858,958	50.02
51.00	05100 RECOVERY ROOM		1,580,944	0	1,580,944	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		11,433,043	5,947	11,438,990	52.00
53.00	05300 ANESTHESIOLOGY		1,253,754	10,471	1,264,225	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		17,000,468	0	17,000,468	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		8,307,275	4,241	8,311,516	55.00
57.00	05700 CT SCAN		0	0	0	57.00
58.00	05800 MRI		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000 LABORATORY		14,260,228	0	14,260,228	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	4,462,643	0	4,462,643	65.00
69.00	06900 ELECTROCARDIOLOGY		3,480,834	0	3,480,834	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		1,518,419	0	1,518,419	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		13,356,188	0	13,356,188	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		23,104,881	0	23,104,881	73.00
74.00	07400 RENAL DIALYSIS		1,020,088	0	1,020,088	74.00
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	07501 CARDIAC REHAB		3,348,251	3,964	3,352,215	75.01
75.02	07502 HEART SURGERY		0	0	0	75.02
75.03	07503 REHAB SERVICES		6,566,755	0	6,566,755	75.03
75.04	07504 CV SURGERY		0	0	0	75.04
75.05	07505 VASCULAR SERVICES		10,806,265	0	10,806,265	75.05
75.06	07506 YORKVILLE		9,212,233	0	9,212,233	75.06
75.07	07507 MCAI		6,164,579	0	6,164,579	75.07
76.00	03020 DIABETIC CENTER		474,542	0	474,542	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000 CLINIC		3,897,029	0	3,897,029	90.00
90.01	09001 WOUND CARE CENTER		1,283,213	0	1,283,213	90.01
91.00	09100 EMERGENCY		15,411,011	45,847	15,456,858	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		15,135,864	0	15,135,864	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910 CORF		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		266,199,612	106,433	266,306,045	200.00
201.00	Less Observation Beds		15,135,864		15,135,864	201.00
202.00	Total (see instructions)		251,063,748	106,433	251,170,181	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0029	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/19/2018 12:45 am
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Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	Cost
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	62,967,642		62,967,642			30.00
31.00 03100 INTENSIVE CARE UNIT	13,673,778		13,673,778			31.00
31.01 03101 NICU	15,942,557		15,942,557			31.01
40.00 04000 SUBPROVIDER - I/PF	0		0			40.00
41.00 04100 SUBPROVIDER - I/RF	6,794,340		6,794,340			41.00
42.00 04200 SUBPROVIDER	0		0			42.00
43.00 04300 NURSERY	0		0			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	58,655,784	76,440,040	135,095,824	0.146686	0.000000	50.00
50.01 05001 SAME DAY SURGERY	2,077,608	16,006,380	18,083,988	0.215731	0.000000	50.01
50.02 05002 G. I. LAB	1,724,455	15,039,347	16,763,802	0.349501	0.000000	50.02
51.00 05100 RECOVERY ROOM	6,253,547	12,119,939	18,373,486	0.086045	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	33,823,228	2,584,666	36,407,894	0.314026	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	9,065,247	10,117,603	19,182,850	0.065358	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	39,672,818	180,501,279	220,174,097	0.077214	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	613,191	31,250,830	31,864,021	0.260710	0.000000	55.00
57.00 05700 CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00 05800 MRI	0	0	0	0.000000	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00 06000 LABORATORY	54,089,784	80,308,263	134,398,047	0.106104	0.000000	60.00
60.01 06001 BLOOD LABORATORY	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
65.00 06500 RESPIRATORY THERAPY	21,982,755	6,157,387	28,140,142	0.158586	0.000000	65.00
69.00 06900 ELECTROCARDIOLOGY	9,852,593	33,217,075	43,069,668	0.080819	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	45,412,289	54,258,506	99,670,795	0.015234	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	27,569,283	20,190,073	47,759,356	0.279656	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	72,350,164	121,506,500	193,856,664	0.119185	0.000000	73.00
74.00 07400 RENAL DIALYSIS	4,225,736	1,086,129	5,311,865	0.192040	0.000000	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01 07501 CARDIAC REHAB	2,309	3,272,666	3,274,975	1.022375	0.000000	75.01
75.02 07502 HEART SURGERY	0	0	0	0.000000	0.000000	75.02
75.03 07503 REHAB SERVICES	23,740,388	19,301,764	43,042,152	0.152566	0.000000	75.03
75.04 07504 CV SURGERY	0	0	0	0.000000	0.000000	75.04
75.05 07505 VASCULAR SERVICES	14,751,060	31,601,991	46,353,051	0.233130	0.000000	75.05
75.06 07506 YORKVILLE	1,508,943	64,129,948	65,638,891	0.140347	0.000000	75.06
75.07 07507 MCAI	6,734	26,863,499	26,870,233	0.229420	0.000000	75.07
76.00 03020 DIABETIC CENTER	168	332,281	332,449	1.427413	0.000000	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00 09000 CLINIC	484,552	12,809,074	13,293,626	0.293150	0.000000	90.00
90.01 09001 WOUND CARE CENTER	55,819	5,245,988	5,301,807	0.242033	0.000000	90.01
91.00 09100 EMERGENCY	22,744,125	139,746,584	162,490,709	0.094842	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,185,029	14,546,882	15,731,911	0.962112	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0			99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0			109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0			110.00
111.00 11100 ISLET ACQUISITION	0	0	0			111.00
113.00 11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	551,225,926	978,634,694	1,529,860,620		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	551,225,926	978,634,694	1,529,860,620		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0029	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/19/2018 12:45 am
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Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	03101 NICU				31.01
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.000000			50.00
50.01	05001 SAME DAY SURGERY	0.000000			50.01
50.02	05002 G. I. LAB	0.000000			50.02
51.00	05100 RECOVERY ROOM	0.000000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MRI	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
60.01	06001 BLOOD LABORATORY	0.000000			60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000			62.30
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400 RENAL DIALYSIS	0.000000			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
75.01	07501 CARDIAC REHAB	0.000000			75.01
75.02	07502 HEART SURGERY	0.000000			75.02
75.03	07503 REHAB SERVICES	0.000000			75.03
75.04	07504 CV SURGERY	0.000000			75.04
75.05	07505 VASCULAR SERVICES	0.000000			75.05
75.06	07506 YORKVILLE	0.000000			75.06
75.07	07507 MCAI	0.000000			75.07
76.00	03020 DIABETIC CENTER	0.000000			76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 WOUND CARE CENTER	0.000000			90.01
91.00	09100 EMERGENCY	0.000000			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910 CORF				99.10
101.00	10100 HOME HEALTH AGENCY				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900 PANCREAS ACQUISITION				109.00
110.00	11000 INTESTINAL ACQUISITION				110.00
111.00	11100 ISLET ACQUISITION				111.00
113.00	11300 INTEREST EXPENSE				113.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 14-0029	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part I Date/Time Prepared: 11/19/2018 12:45 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,584,441	0	2,584,441	40,503	63.81	30.00
31.00	INTENSIVE CARE UNIT	267,596		267,596	5,351	50.01	31.00
31.01	NICU	82,429		82,429	1,853	44.48	31.01
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	144,811	0	144,811	4,318	33.54	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	0		0	7,411	0.00	43.00
200.00	Total (lines 30 through 199)	3,079,277		3,079,277	59,436		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	11,458	731,135				
31.00	INTENSIVE CARE UNIT	1,454	72,715				
31.01	NICU	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	2,774	93,040				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	15,686	896,890				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0029	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part II Date/Time Prepared: 11/19/2018 12:45 am
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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		
Title XVIII Hospital PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	500,851	135,095,824	0.003707	25,157,486	93,259	50.00
50.01	05001	SAME DAY SURGERY	327,033	18,083,988	0.018084	892,196	16,134	50.01
50.02	05002	G. I. LAB	239,262	16,763,802	0.014273	916,013	13,074	50.02
51.00	05100	RECOVERY ROOM	64,768	18,373,486	0.003525	2,711,159	9,557	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	286,513	36,407,894	0.007870	62,535	492	52.00
53.00	05300	ANESTHESIOLOGY	25,023	19,182,850	0.001304	2,942,086	3,836	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	731,609	220,174,097	0.003323	20,829,439	69,216	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	627,927	31,864,021	0.019706	267,079	5,263	55.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	272,011	134,398,047	0.002024	21,870,805	44,267	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	66,442	28,140,142	0.002361	10,237,241	24,170	65.00
69.00	06900	ELECTROCARDIOLOGY	133,586	43,069,668	0.003102	5,372,885	16,667	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,183	99,670,795	0.000082	16,823,099	1,379	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72,259	47,759,356	0.001513	12,957,735	19,605	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	178,898	193,856,664	0.000923	27,126,765	25,038	73.00
74.00	07400	RENAL DIALYSIS	5,518	5,311,865	0.001039	2,465,252	2,561	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	CARDIAC REHAB	89,369	3,274,975	0.027288	2,128	58	75.01
75.02	07502	HEART SURGERY	0	0	0.000000	0	0	75.02
75.03	07503	REHAB SERVICES	112,569	43,042,152	0.002615	6,175,122	16,148	75.03
75.04	07504	CV SURGERY	0	0	0.000000	0	0	75.04
75.05	07505	VASCULAR SERVICES	126,171	46,353,051	0.002722	7,578,367	20,628	75.05
75.06	07506	YORKVILLE	59,760	65,638,891	0.000910	1,452,504	1,322	75.06
75.07	07507	MCAI	42,824	26,870,233	0.001594	6,497	10	75.07
76.00	03020	DIABETIC CENTER	3,016	332,449	0.009072	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	26,196	13,293,626	0.001971	153,621	303	90.00
90.01	09001	WOUND CARE CENTER	7,730	5,301,807	0.001458	46,567	68	90.01
91.00	09100	EMERGENCY	525,139	162,490,709	0.003232	12,350,949	39,918	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	823,315	15,731,911	0.052334	367,095	19,212	92.00
200.00		Total (lines 50 through 199)	5,355,972	1,430,482,303		178,764,625	442,185	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0029	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part III Date/Time Prepared: 11/19/2018 12:45 am
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Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
31.01	03101	NI CU	0	0	0	0	31.01	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	200.00	
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	40,503	0.00	11,458	30.00
31.00	03100	INTENSIVE CARE UNIT		0	5,351	0.00	1,454	31.00
31.01	03101	NI CU		0	1,853	0.00	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	4,318	0.00	2,774	41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00
43.00	04300	NURSERY		0	7,411	0.00	0	43.00
200.00		Total (lines 30 through 199)		0	59,436		15,686	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	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
31.01	03101	NI CU	0					31.01
40.00	04000	SUBPROVIDER - IPF	0					40.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
42.00	04200	SUBPROVIDER	0					42.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0029	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/19/2018 12:45 am
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Cost Center Description	Title XVIII				Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
50.01 05001 SAME DAY SURGERY	0	0	0	0	0	0	50.01
50.02 05002 G. I. LAB	0	0	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	0	60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01 07501 CARDIAC REHAB	0	0	0	0	0	0	75.01
75.02 07502 HEART SURGERY	0	0	0	0	0	0	75.02
75.03 07503 REHAB SERVICES	0	0	0	0	0	0	75.03
75.04 07504 CV SURGERY	0	0	0	0	0	0	75.04
75.05 07505 VASCULAR SERVICES	0	0	0	0	0	0	75.05
75.06 07506 YORKVILLE	0	0	0	0	0	0	75.06
75.07 07507 MCAI	0	0	0	0	0	0	75.07
76.00 03020 DIABETIC CENTER	0	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 WOUND CARE CENTER	0	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0029	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/19/2018 12:45 am
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Cost Center Description		Title XVIII				Hospital	PPS	
		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	135,095,824	0.000000	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	18,083,988	0.000000	50.01
50.02	05002	G. I. LAB	0	0	0	16,763,802	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	0	18,373,486	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	36,407,894	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	19,182,850	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	220,174,097	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	31,864,021	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	134,398,047	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	28,140,142	0.000000	65.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	43,069,668	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	99,670,795	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	47,759,356	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	193,856,664	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	5,311,865	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	07501	CARDIAC REHAB	0	0	0	3,274,975	0.000000	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0.000000	75.02
75.03	07503	REHAB SERVICES	0	0	0	43,042,152	0.000000	75.03
75.04	07504	CV SURGERY	0	0	0	0	0.000000	75.04
75.05	07505	VASCULAR SERVICES	0	0	0	46,353,051	0.000000	75.05
75.06	07506	YORKVILLE	0	0	0	65,638,891	0.000000	75.06
75.07	07507	MCAI	0	0	0	26,870,233	0.000000	75.07
76.00	03020	DIABETIC CENTER	0	0	0	332,449	0.000000	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	13,293,626	0.000000	90.00
90.01	09001	WOUND CARE CENTER	0	0	0	5,301,807	0.000000	90.01
91.00	09100	EMERGENCY	0	0	0	162,490,709	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	15,731,911	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	1,430,482,303		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0029	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/19/2018 12:45 am
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Cost Center Description		Title XVIII			Hospital		
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	25,157,486	0	12,041,361	0	50.00
50.01	05001 SAME DAY SURGERY	0.000000	892,196	0	3,061,830	0	50.01
50.02	05002 G. I. LAB	0.000000	916,013	0	2,761,380	0	50.02
51.00	05100 RECOVERY ROOM	0.000000	2,711,159	0	1,804,035	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	62,535	0	63,325	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	2,942,086	0	1,515,514	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	20,829,439	0	33,988,360	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	267,079	0	12,366,868	0	55.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	21,870,805	0	13,010,285	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.000000	10,237,241	0	1,254,440	0	65.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	5,372,885	0	10,707,635	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	16,823,099	0	12,649,238	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	12,957,735	0	6,379,258	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	27,126,765	0	37,386,538	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	2,465,252	0	553,119	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 CARDIAC REHAB	0.000000	2,128	0	1,172,516	0	75.01
75.02	07502 HEART SURGERY	0.000000	0	0	0	0	75.02
75.03	07503 REHAB SERVICES	0.000000	6,175,122	0	566,708	0	75.03
75.04	07504 CV SURGERY	0.000000	0	0	0	0	75.04
75.05	07505 VASCULAR SERVICES	0.000000	7,578,367	0	11,384,639	0	75.05
75.06	07506 YORKVILLE	0.000000	1,452,504	0	10,644,345	0	75.06
75.07	07507 MCAI	0.000000	6,497	0	2,388,085	0	75.07
76.00	03020 DIABETIC CENTER	0.000000	0	0	28,465	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	153,621	0	1,590,874	0	90.00
90.01	09001 WOUND CARE CENTER	0.000000	46,567	0	2,504,231	0	90.01
91.00	09100 EMERGENCY	0.000000	12,350,949	0	19,301,946	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	367,095	0	4,255,925	0	92.00
200.00	Total (lines 50 through 199)		178,764,625	0	203,380,920	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0029	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/19/2018 12:45 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	0.146686	12,041,361	0	0	1,766,299	50.00
50.01	05001	SAME DAY SURGERY	0.215731	3,061,830	0	0	660,532	50.01
50.02	05002	G. I. LAB	0.349501	2,761,380	0	0	965,105	50.02
51.00	05100	RECOVERY ROOM	0.086045	1,804,035	0	0	155,228	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.314026	63,325	0	0	19,886	52.00
53.00	05300	ANESTHESIOLOGY	0.065358	1,515,514	0	0	99,051	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.077214	33,988,360	0	0	2,624,377	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.260710	12,366,868	0	0	3,224,166	55.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.106104	13,010,285	1,863	0	1,380,443	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.158586	1,254,440	0	0	198,937	65.00
69.00	06900	ELECTROCARDIOLOGY	0.080819	10,707,635	0	0	865,380	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.015234	12,649,238	0	0	192,698	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.279656	6,379,258	0	0	1,783,998	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.119185	37,386,538	0	190,957	4,455,915	73.00
74.00	07400	RENAL DIALYSIS	0.192040	553,119	0	0	106,221	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	1.022375	1,172,516	0	0	1,198,751	75.01
75.02	07502	HEART SURGERY	0.000000	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	0.152566	566,708	0	0	86,460	75.03
75.04	07504	CV SURGERY	0.000000	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0.233130	11,384,639	0	0	2,654,101	75.05
75.06	07506	YORKVILLE	0.140347	10,644,345	0	0	1,493,902	75.06
75.07	07507	MCAI	0.229420	2,388,085	0	0	547,874	75.07
76.00	03020	DIABETIC CENTER	1.427413	28,465	0	0	40,631	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.293150	1,590,874	0	0	466,365	90.00
90.01	09001	WOUND CARE CENTER	0.242033	2,504,231	0	0	606,107	90.01
91.00	09100	EMERGENCY	0.094842	19,301,946	0	0	1,830,635	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.962112	4,255,925	0	0	4,094,677	92.00
200.00		Subtotal (see instructions)		203,380,920	1,863	190,957	31,517,739	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		203,380,920	1,863	190,957	31,517,739	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0029	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/19/2018 12:45 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
50.01	05001 SAME DAY SURGERY	0	0	50.01
50.02	05002 G. I. LAB	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	198	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	22,759	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501 CARDIAC REHAB	0	0	75.01
75.02	07502 HEART SURGERY	0	0	75.02
75.03	07503 REHAB SERVICES	0	0	75.03
75.04	07504 CV SURGERY	0	0	75.04
75.05	07505 VASCULAR SERVICES	0	0	75.05
75.06	07506 YORKVILLE	0	0	75.06
75.07	07507 MCAI	0	0	75.07
76.00	03020 DIABETIC CENTER	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 WOUND CARE CENTER	0	0	90.01
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Subtotal (see instructions)	198	22,759	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	198	22,759	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 14-0029 Component CCN: 14-T029		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part II Date/Time Prepared: 11/19/2018 12:45 am	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	500,851	135,095,824	0.003707	37,303	138	50.00
50.01	05001	SAME DAY SURGERY	327,033	18,083,988	0.018084	0	0	50.01
50.02	05002	G. I. LAB	239,262	16,763,802	0.014273	0	0	50.02
51.00	05100	RECOVERY ROOM	64,768	18,373,486	0.003525	7,822	28	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	286,513	36,407,894	0.007870	194	2	52.00
53.00	05300	ANESTHESIOLOGY	25,023	19,182,850	0.001304	6,211	8	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	731,609	220,174,097	0.003323	232,020	771	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	627,927	31,864,021	0.019706	0	0	55.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	272,011	134,398,047	0.002024	1,022,231	2,069	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	66,442	28,140,142	0.002361	380,914	899	65.00
69.00	06900	ELECTROCARDIOLOGY	133,586	43,069,668	0.003102	22,209	69	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,183	99,670,795	0.000082	81,529	7	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72,259	47,759,356	0.001513	9,465	14	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	178,898	193,856,664	0.000923	1,944,221	1,795	73.00
74.00	07400	RENAL DIALYSIS	5,518	5,311,865	0.001039	246,780	256	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	CARDIAC REHAB	89,369	3,274,975	0.027288	0	0	75.01
75.02	07502	HEART SURGERY	0	0	0.000000	0	0	75.02
75.03	07503	REHAB SERVICES	112,569	43,042,152	0.002615	7,766,371	20,309	75.03
75.04	07504	CV SURGERY	0	0	0.000000	0	0	75.04
75.05	07505	VASCULAR SERVICES	126,171	46,353,051	0.002722	29,442	80	75.05
75.06	07506	YORKVILLE	59,760	65,638,891	0.000910	0	0	75.06
75.07	07507	MCAI	42,824	26,870,233	0.001594	0	0	75.07
76.00	03020	DIABETIC CENTER	3,016	332,449	0.009072	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	26,196	13,293,626	0.001971	2,740	5	90.00
90.01	09001	WOUND CARE CENTER	7,730	5,301,807	0.001458	0	0	90.01
91.00	09100	EMERGENCY	525,139	162,490,709	0.003232	8,784	28	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	15,731,911	0.000000	31,270	0	92.00
200.00		Total (lines 50 through 199)	4,532,657	1,430,482,303		11,829,506	26,478	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0029 Component CCN: 14-T029	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/19/2018 12:45 am
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	Title XVIII	Subprovider - IRF	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
50.01 05001 SAME DAY SURGERY	0	0	0	0	0	50.01
50.02 05002 G. I. LAB	0	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 07501 CARDIAC REHAB	0	0	0	0	0	75.01
75.02 07502 HEART SURGERY	0	0	0	0	0	75.02
75.03 07503 REHAB SERVICES	0	0	0	0	0	75.03
75.04 07504 CV SURGERY	0	0	0	0	0	75.04
75.05 07505 VASCULAR SERVICES	0	0	0	0	0	75.05
75.06 07506 YORKVILLE	0	0	0	0	0	75.06
75.07 07507 MCAI	0	0	0	0	0	75.07
76.00 03020 DIABETIC CENTER	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 WOUND CARE CENTER	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0029 Component CCN: 14-T029	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/19/2018 12:45 am
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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	135,095,824	0.000000	50.00
50.01	05001 SAME DAY SURGERY	0	0	0	18,083,988	0.000000	50.01
50.02	05002 G. I. LAB	0	0	0	16,763,802	0.000000	50.02
51.00	05100 RECOVERY ROOM	0	0	0	18,373,486	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	36,407,894	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	19,182,850	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	220,174,097	0.000000	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	31,864,021	0.000000	55.00
57.00	05700 CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800 MRI	0	0	0	0	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	134,398,047	0.000000	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	28,140,142	0.000000	65.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	43,069,668	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	99,670,795	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	47,759,356	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	193,856,664	0.000000	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	5,311,865	0.000000	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01	07501 CARDIAC REHAB	0	0	0	3,274,975	0.000000	75.01
75.02	07502 HEART SURGERY	0	0	0	0	0.000000	75.02
75.03	07503 REHAB SERVICES	0	0	0	43,042,152	0.000000	75.03
75.04	07504 CV SURGERY	0	0	0	0	0.000000	75.04
75.05	07505 VASCULAR SERVICES	0	0	0	46,353,051	0.000000	75.05
75.06	07506 YORKVILLE	0	0	0	65,638,891	0.000000	75.06
75.07	07507 MCAI	0	0	0	26,870,233	0.000000	75.07
76.00	03020 DIABETIC CENTER	0	0	0	332,449	0.000000	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000 CLINIC	0	0	0	13,293,626	0.000000	90.00
90.01	09001 WOUND CARE CENTER	0	0	0	5,301,807	0.000000	90.01
91.00	09100 EMERGENCY	0	0	0	162,490,709	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	15,731,911	0.000000	92.00
200.00	Total (lines 50 through 199)	0	0	0	1,430,482,303		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0029 Component CCN: 14-T029		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 11/19/2018 12:45 am	
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	37,303	0	0	0	50.00
50.01	05001 SAME DAY SURGERY	0.000000	0	0	0	0	50.01
50.02	05002 G. I. LAB	0.000000	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0.000000	7,822	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	194	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	6,211	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	232,020	0	2,833	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	1,022,231	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.000000	380,914	0	0	0	65.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	22,209	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	81,529	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	9,465	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	1,944,221	0	560	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	246,780	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 CARDIAC REHAB	0.000000	0	0	0	0	75.01
75.02	07502 HEART SURGERY	0.000000	0	0	0	0	75.02
75.03	07503 REHAB SERVICES	0.000000	7,766,371	0	0	0	75.03
75.04	07504 CV SURGERY	0.000000	0	0	0	0	75.04
75.05	07505 VASCULAR SERVICES	0.000000	29,442	0	0	0	75.05
75.06	07506 YORKVILLE	0.000000	0	0	0	0	75.06
75.07	07507 MCAI	0.000000	0	0	0	0	75.07
76.00	03020 DIABETIC CENTER	0.000000	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	2,740	0	180	0	90.00
90.01	09001 WOUND CARE CENTER	0.000000	0	0	0	0	90.01
91.00	09100 EMERGENCY	0.000000	8,784	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	31,270	0	0	0	92.00
200.00	Total (lines 50 through 199)		11,829,506	0	3,573	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0029 Component CCN: 14-T029	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/19/2018 12:45 am
Title XVIII			Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0.146686	0	0	0	50.00
50.01	05001	SAME DAY SURGERY	0.215731	0	0	0	50.01
50.02	05002	G. I. LAB	0.349501	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.086045	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.314026	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.065358	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.077214	2,833	0	219	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.260710	0	0	0	55.00
57.00	05700	CT SCAN	0.000000	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.106104	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.158586	0	0	0	65.00
69.00	06900	ELECTROCARDIOLOGY	0.080819	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.015234	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.279656	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.119185	560	0	602	73.00
74.00	07400	RENAL DIALYSIS	0.192040	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
75.01	07501	CARDIAC REHAB	1.022375	0	0	0	75.01
75.02	07502	HEART SURGERY	0.000000	0	0	0	75.02
75.03	07503	REHAB SERVICES	0.152566	0	0	0	75.03
75.04	07504	CV SURGERY	0.000000	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0.233130	0	0	0	75.05
75.06	07506	YORKVILLE	0.140347	0	0	0	75.06
75.07	07507	MCAI	0.229420	0	0	0	75.07
76.00	03020	DIABETIC CENTER	1.427413	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0.000000			0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			0	89.00
90.00	09000	CLINIC	0.293150	180	0	53	90.00
90.01	09001	WOUND CARE CENTER	0.242033	0	0	0	90.01
91.00	09100	EMERGENCY	0.094842	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.962112	0	0	0	92.00
200.00		Subtotal (see instructions)		3,573	0	602	339
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 - line 201)		3,573	0	602	339

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0029 Component CCN: 14-T029	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/19/2018 12:45 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
50.01 05001 SAME DAY SURGERY	0	0	50.01
50.02 05002 G. I. LAB	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	72	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01 07501 CARDIAC REHAB	0	0	75.01
75.02 07502 HEART SURGERY	0	0	75.02
75.03 07503 REHAB SERVICES	0	0	75.03
75.04 07504 CV SURGERY	0	0	75.04
75.05 07505 VASCULAR SERVICES	0	0	75.05
75.06 07506 YORKVILLE	0	0	75.06
75.07 07507 MCAI	0	0	75.07
76.00 03020 DIABETIC CENTER	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000 CLINIC	0	0	90.00
90.01 09001 WOUND CARE CENTER	0	0	90.01
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Subtotal (see instructions)	0	72	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 - line 201)	0	72	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0029	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/19/2018 12:45 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)		40,503	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		40,503	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)		27,600	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)		11,458	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)		47,512,186	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)		47,512,186	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)		47,512,186	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)		1,173.05	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		13,440,807	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)		13,440,807	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0029		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,596,888	5,351	1,232.83	1,454	1,792,535	43.00
43.01	NICU	5,780,438	1,853	3,119.50	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					22,794,947	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					38,028,289	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)					803,850	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					442,185	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,246,035	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					36,782,254	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)					12,903	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,173.05	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					15,135,864	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0029		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/19/2018 12:45 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	2,584,441	47,512,186	0.054395	15,135,864	823,315	90.00
91.00	Nursing School cost	0	47,512,186	0.000000	15,135,864	0	91.00
92.00	Allied health cost	0	47,512,186	0.000000	15,135,864	0	92.00
93.00	All other Medical Education	0	47,512,186	0.000000	15,135,864	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0029 Component CCN: 14-T029	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/19/2018 12:45 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)		4,318	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,318	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)		4,318	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)		2,774	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)		3,681,613	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)		3,681,613	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)		3,681,613	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)		852.62	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,365,168	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)		2,365,168	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0029	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1	
				Component CCN: 14-T029		Date/Time Prepared: 11/19/2018 12:45 am	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 NICU	0	0	0.00	0	0		43.01
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,701,673		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,066,841		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)					93,040		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					26,478		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					119,518		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,947,323		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)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		86.00
<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: 14-0029 Component CCN: 14-T029		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/19/2018 12:45 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	144,811	3,681,613	0.039334	0	0	90.00
91.00	Nursing School cost	0	3,681,613	0.000000	0	0	91.00
92.00	Allied health cost	0	3,681,613	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,681,613	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0029	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/19/2018 12:45 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		23,964,426	30.00
31.00	03100	INTENSIVE CARE UNIT		5,432,581	31.00
31.01	03101	NICU		0	31.01
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.146753	25,157,486	50.00
50.01	05001	SAME DAY SURGERY	0.215731	892,196	50.01
50.02	05002	G. I. LAB	0.349501	916,013	50.02
51.00	05100	RECOVERY ROOM	0.086045	2,711,159	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.314190	62,535	52.00
53.00	05300	ANESTHESIOLOGY	0.065904	2,942,086	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.077214	20,829,439	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.260843	267,079	55.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.106104	21,870,805	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.158586	10,237,241	65.00
69.00	06900	ELECTROCARDIOLOGY	0.080819	5,372,885	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.015234	16,823,099	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.279656	12,957,735	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.119185	27,126,765	73.00
74.00	07400	RENAL DIALYSIS	0.192040	2,465,252	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	CARDIAC REHAB	1.023585	2,128	75.01
75.02	07502	HEART SURGERY	0.000000	0	75.02
75.03	07503	REHAB SERVICES	0.152566	6,175,122	75.03
75.04	07504	CV SURGERY	0.000000	0	75.04
75.05	07505	VASCULAR SERVICES	0.233130	7,578,367	75.05
75.06	07506	YORKVILLE	0.140347	1,452,504	75.06
75.07	07507	MCAI	0.229420	6,497	75.07
76.00	03020	DIABETIC CENTER	1.427413	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.293150	153,621	90.00
90.01	09001	WOUND CARE CENTER	0.242033	46,567	90.01
91.00	09100	EMERGENCY	0.095125	12,350,949	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.962112	367,095	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		178,764,625	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)		178,764,625	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0029 Component CCN: 14-T029	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/19/2018 12:45 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
31.01	03101 NICU		0	31.01
40.00	04000 SUBPROVIDER - I/PF		0	40.00
41.00	04100 SUBPROVIDER - IRF		4,271,960	41.00
42.00	04200 SUBPROVIDER		0	42.00
43.00	04300 NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.146753	37,303	5,474 50.00
50.01	05001 SAME DAY SURGERY	0.215731	0	0 50.01
50.02	05002 G. I. LAB	0.349501	0	0 50.02
51.00	05100 RECOVERY ROOM	0.086045	7,822	673 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.314190	194	61 52.00
53.00	05300 ANESTHESIOLOGY	0.065904	6,211	409 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.077214	232,020	17,915 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.260843	0	0 55.00
57.00	05700 CT SCAN	0.000000	0	0 57.00
58.00	05800 MRI	0.000000	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000 LABORATORY	0.106104	1,022,231	108,463 60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0 60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0 62.30
65.00	06500 RESPIRATORY THERAPY	0.158586	380,914	60,408 65.00
69.00	06900 ELECTROCARDIOLOGY	0.080819	22,209	1,795 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.015234	81,529	1,242 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.279656	9,465	2,647 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.119185	1,944,221	231,722 73.00
74.00	07400 RENAL DIALYSIS	0.192040	246,780	47,392 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
75.01	07501 CARDIAC REHAB	1.023585	0	0 75.01
75.02	07502 HEART SURGERY	0.000000	0	0 75.02
75.03	07503 REHAB SERVICES	0.152566	7,766,371	1,184,884 75.03
75.04	07504 CV SURGERY	0.000000	0	0 75.04
75.05	07505 VASCULAR SERVICES	0.233130	29,442	6,864 75.05
75.06	07506 YORKVILLE	0.140347	0	0 75.06
75.07	07507 MCAI	0.229420	0	0 75.07
76.00	03020 DIABETIC CENTER	1.427413	0	0 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000 CLINIC	0.293150	2,740	803 90.00
90.01	09001 WOUND CARE CENTER	0.242033	0	0 90.01
91.00	09100 EMERGENCY	0.095125	8,784	836 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.962112	31,270	30,085 92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		11,829,506	1,701,673 200.00
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)		11,829,506	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0029	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/19/2018 12:45 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)		6,389,333	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		21,834,797	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)		301,436	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		4,438,136	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		156.65	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)		12.00	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)		0.27	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)		11.73	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		11.53	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)		11.53	12.00
13.00	Total allowable FTE count for the prior year.		11.73	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		11.73	14.00
15.00	Sum of lines 12 through 14 divided by 3.		11.66	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		11.66	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.074433	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.074363	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.074363	21.00
22.00	IME payment adjustment (see instructions)		1,123,123	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		176,607	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).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-0.20	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		1,123,123	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		176,607	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.44	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.57	31.00
32.00	Sum of lines 30 and 31		28.01	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.32	33.00
34.00	Disproportionate share adjustment (see instructions)		869,304	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0029	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/19/2018 12:45 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)	5,977,483,147	6,766,695,164	35.00
35.01	Factor 3 (see instructions)	0.000352420	0.000339465	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,106,586	2,297,053	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	530,976	1,718,069	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,249,045		36.00
<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		40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	32,767,038		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		32,943,645	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,505,735	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).		274,655	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		35,724,035	59.00
60.00	Primary payer payments		39,130	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		35,684,905	61.00
62.00	Deductibles billed to program beneficiaries		3,029,132	62.00
63.00	Coinurance billed to program beneficiaries		21,912	63.00
64.00	Allowable bad debts (see instructions)		441,287	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		286,837	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		440,949	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		32,920,698	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)		-54,475	70.93
70.94	HRR adjustment amount (see instructions)		0	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0029	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/19/2018 12:45 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			32,866,223	71.00
71.01	Sequestration adjustment (see instructions)			657,324	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			32,668,106	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)			-459,207	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,097,918	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	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	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	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0029

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
11/19/2018 12:45 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	6,389,333	0	6,389,333		6,389,333	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	21,834,797	0		21,834,797	21,834,797	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	301,436	0	42,308	259,128	301,436	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	4,438,136	0	1,198,112	3,240,024	4,438,136	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.074363	0.074363	0.074363	0.074363		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,123,123	0	254,251	868,872	1,123,123	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	176,607	0	0	176,607	176,607	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	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,123,123	0	254,251	868,872	1,123,123	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	176,607	0	0	176,607	176,607	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1232	0.1232	0.1232	0.1232		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	869,304	0	196,792	672,512	869,304	11.00
11.01	Uncompensated care payments	36.00	2,249,045	0	530,976	1,718,069	2,249,045	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	32,767,038	0	7,413,660	25,353,378	32,767,038	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	32,943,645	0	7,413,660	25,529,985	32,943,645	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,505,735	0	564,515	1,941,220	2,505,735	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0029

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
11/19/2018 12:45 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	7,978,175	27,471,205	35,449,380	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	2,295,891	0	517,239	1,778,652	2,295,891	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	0	0	0	0	0	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	0.0331	0.0331	0.0331	0.0331		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	75,994	0	17,121	58,873	75,994	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0583	0.0583	0.0583	0.0583		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	133,850	0	30,155	103,695	133,850	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,505,735	0	564,515	1,941,220	2,505,735	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 14-0029		Period: From 07/01/2017 To 06/30/2018		Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/19/2018 12:45 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	6,389,333	6,389,333		6,389,333	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	21,834,797		21,834,797	21,834,797	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	301,436	42,308	259,128	301,436	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	4,438,136	1,198,112	3,240,024	4,438,136	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.074363	0.074363	0.074363		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,123,123	254,251	868,872	1,123,123	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	176,607	47,676	128,931	176,607	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	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,123,123	254,251	868,872	1,123,123	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	176,607	47,676	128,931	176,607	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1232	0.1232	0.1232		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	869,304	196,792	672,512	869,304	11.00
11.01	Uncompensated care payments	36.00	2,249,045	530,976	1,718,069	2,249,045	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	32,767,038	7,413,660	25,353,378	32,767,038	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	32,943,645	7,461,336	25,482,309	32,943,645	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,505,735	564,515	1,941,220	2,505,735	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	<b>SUBTOTAL</b>			8,025,851	27,423,529	35,449,380	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0029

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

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
11/19/2018 12:45 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	2,295,891	517,239	1,778,652	2,295,891	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	0	0	0	0	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	0.0331	0.0331	0.0331		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	75,994	17,121	58,873	75,994	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0583	0.0583	0.0583		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	133,850	30,155	103,695	133,850	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	2,505,735	564,515	1,941,220	2,505,735	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	-54,475	-26,719	-27,756	-54,475	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	0	0	0	0	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: 14-0029	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/19/2018 12:45 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		22,957	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		31,517,739	2.00
3.00	OPPS payments		25,606,257	3.00
4.00	Outlier payment (see instructions)		98,894	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)		22,957	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		192,820	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)		192,820	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)		192,820	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		169,863	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		22,957	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)		25,705,151	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)		4,731,402	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)		20,996,706	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		205,969	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)		21,202,675	30.00
31.00	Primary payer payments		2,427	31.00
32.00	Subtotal (line 30 minus line 31)		21,200,248	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)		465,907	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		302,840	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		465,857	36.00
37.00	Subtotal (see instructions)		21,503,088	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		21,503,088	40.00
40.01	Sequestration adjustment (see instructions)		430,062	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		20,979,780	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		93,246	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		469,426	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: 14-0029 Component CCN: 14-T029	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/19/2018 12:45 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)		72	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		339	2.00
3.00	OPPS payments		310	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)		72	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		602	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)		602	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)		602	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		530	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		72	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)		310	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)		47	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)		335	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)		335	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		335	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)		335	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 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)		335	40.00
40.01	Sequestration adjustment (see instructions)		7	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		316	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		12	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: 14-0029

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/19/2018 12:45 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		32,469,980		20,951,393	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	01/25/2018	168,432	01/25/2018	27,942	3.01	
3.02		06/18/2018	29,694	06/18/2018	445	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)		198,126		28,387	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)		32,668,106		20,979,780	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		93,246	6.01	
6.02	SETTLEMENT TO PROGRAM		459,207		0	6.02	
7.00	Total Medicare program liability (see instructions)		32,208,899		21,073,026	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: 14-0029 Component CCN: 14-T029	Period: From 07/01/2017 To 06/30/2018	Worksheet E-1 Part I Date/Time Prepared: 11/19/2018 12:45 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				316 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		5,046,814		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)				0 3.00
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	01/25/2018	13,614		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)		13,614		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)		5,060,428		316 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)				0 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)				0 6.00
6.01	SETTLEMENT TO PROVIDER		17,247		12 6.01
6.02	SETTLEMENT TO PROGRAM		0		0 6.02
7.00	Total Medicare program liability (see instructions)		5,077,675		328 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0029	Period: From 07/01/2017 To 06/30/2018	Worksheet E-1 Part II Date/Time Prepared: 11/19/2018 12:45 am
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0029 Component CCN: 14-T029	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part III Date/Time Prepared: 11/19/2018 12:45 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)			4,709,183 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0054 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			104,544 3.00
4.00	Outlier Payments			5,939 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)			1.00 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)			1.00 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)			1.00 9.00
10.00	Average Daily Census (see instructions)			11.830137 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.085965 11.00
12.00	Teaching Adjustment (see instructions)			404,825 12.00
13.00	Total PPS Payment (see instructions)			5,224,491 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)			5,224,491 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			5,224,491 19.00
20.00	Deductibles			42,520 20.00
21.00	Subtotal (line 19 minus line 20)			5,181,971 21.00
22.00	Coinsurance			670 22.00
23.00	Subtotal (line 21 minus line 22)			5,181,301 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			5,181,301 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			5,181,301 32.00
32.01	Sequestration adjustment (see instructions)			103,626 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			5,060,428 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)			17,247 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			5,939 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: 14-0029	Period: From 07/01/2017 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 11/19/2018 12:45 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.			12.00	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			0.27	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)			11.73	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			12.53	6.00
7.00	Enter the lesser of line 5 or line 6			11.73	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.	11.53	1.00	12.53	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.	10.79	0.94	11.73	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	10.79	0.94		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	10.82	0.91		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	10.84	0.89		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	10.82	0.91		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	10.82	0.91		17.00
18.00	Per resident amount	96,599.68	96,599.68		18.00
19.00	Approved amount for resident costs	1,045,209	87,906	1,133,115	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.80	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,133,115	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)	15,686	2,075		26.00
27.00	Total Inpatient Days (see instructions)	41,182	41,182		27.00
28.00	Ratio of inpatient days to total inpatient days	0.380895	0.050386		28.00
29.00	Program direct GME amount	431,598	57,093		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		8,067		30.00
31.00	Net Program direct GME amount			480,624	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0029	Period: From 07/01/2017 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 11/19/2018 12:45 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)		5,311,865	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)		42,095,130	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)		39,130	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		42,056,000	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		31,541,107	42.00
43.00	Primary payer payments (see instructions)		2,427	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		31,538,680	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		73,594,680	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.571454	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.428546	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		480,624	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		274,655	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		205,969	50.00

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

Provider CCN: 14-0029

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

Worksheet G

Date/Time Prepared:  
11/19/2018 12:45 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	20,320,000	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	58,372,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	13,034,000	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	91,726,000	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	225,304,135	0	0	0	15.00
16.00	Accumulated depreciation	-265,014,000	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	247,644,865	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	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)	207,935,000	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	281,966,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	63,227,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	345,193,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	644,854,000	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	22,704,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	41,510,000	0	0	0	43.00
44.00	Other current liabilities	30,383,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	94,597,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	98,944,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	65,068,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	164,012,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	258,609,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	386,245,000	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	386,245,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	644,854,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0029

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

Worksheet G-1

Date/Time Prepared:  
11/19/2018 12:45 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		405,217,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		26,818,000			2.00
3.00	Total (sum of line 1 and line 2)		432,035,000		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		432,035,000		0	11.00
12.00	CHANGE IN PY FUND BALANCE	45,790,000		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)		45,790,000		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		386,245,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	CHANGE IN PY FUND BALANCE		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: 14-0029

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
11/19/2018 12:45 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	62,967,642		62,967,642	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	6,794,340		6,794,340	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	69,761,982		69,761,982	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	13,673,778		13,673,778	11.00
11.01	NICU	15,942,557		15,942,557	11.01
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	29,616,335		29,616,335	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	99,378,317		99,378,317	17.00
18.00	Ancillary services	451,847,609	840,774,681	1,292,622,290	18.00
19.00	Outpatient services	0	139,908,857	139,908,857	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	DIETARY REVENUE	78,051	145,477	223,528	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	551,303,977	980,829,015	1,532,132,992	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		316,961,952		29.00
30.00	RUSH COPLEY CARDIOVASCULAR, LLC	9,941,000			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)		9,941,000		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)		326,902,952		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0029

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

Worksheet G-3

Date/Time Prepared:  
11/19/2018 12:45 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,532,132,992	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,199,591,040	2.00
3.00	Net patient revenues (line 1 minus line 2)	332,541,952	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	326,902,952	4.00
5.00	Net income from service to patients (line 3 minus line 4)	5,639,000	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	133,000	6.00
7.00	Income from investments	18,361,000	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	0	24.00
24.01	OTHER GRANTS, RESTRICTED	0	24.01
24.02	OTHER OPERATING REVENUE	0	24.02
24.03	CITY OF DENVER	0	24.03
24.04	POISON & DRUG CENTER CONTRACTS	0	24.04
24.05	CHANGE IN FAIR MARKET VALUE OF INTER	1,894,000	24.05
24.06	GAIN ON SALE POB 1	1,409,000	24.06
25.00	Total other income (sum of lines 6-24)	21,797,000	25.00
26.00	Total (line 5 plus line 25)	27,436,000	26.00
27.00	FUNDRAISING EXPENSES	618,000	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	618,000	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	26,818,000	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0029	Period: From 07/01/2017 To 06/30/2018	Worksheet L Parts I-III Date/Time Prepared: 11/19/2018 12:45 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		2,295,891	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		0	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)		101.00	3.00
4.00	Number of interns & residents (see instructions)		11.66	4.00
5.00	Indirect medical education percentage (see instructions)		3.31	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)		75,994	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.44	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.57	8.00
9.00	Sum of lines 7 and 8		28.01	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.83	10.00
11.00	Disproportionate share adjustment (see instructions)		133,850	11.00
12.00	Total prospective capital payments (see instructions)		2,505,735	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