

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: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet S Parts I-III Date/Time Prepared: 11/30/2018 2:19 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 11/30/2018	Time: 2:19 pm
Contractor use only	5. <input type="checkbox"/> 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. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> 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 MACNEAL HOSPITAL (14-0054) for the cost reporting period beginning 03/01/2018 and ending 06/30/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) _____
 Officer or Administrator of Provider(s)

 Title

 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	185,915	34,467	0	0	1.00
2.00 Subprovider - IPF	0	7,443	0		0	2.00
3.00 Subprovider - IRF	0	-11,257	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
200.00 Total	0	182,101	34,467	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-MEDI CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0054		Period: From 03/01/2018 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 11/30/2018 11:45 am					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 3249 SOUTH OAK PARK AVENUE		PO Box:						1.00		
2.00	City: BERWYN		State: IL		Zip Code: 60402		County: COOK		2.00		
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		MACNEAL HOSPITAL	140054	16974	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF		MACNEAL PSYCH UNIT	14S054	16974	4	10/01/1984	N	P	0	4.00
5.00	Subprovider - IRF		MACNEAL REHAB UNIT	14T054	16974	5	10/01/2015	N	P	0	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF		M. H. TRANSITIONAL CARE UNIT	145848	16974		10/01/1995	N	P	0	9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					03/01/2018	06/30/2018		20.00		
21.00	Type of Control (see instructions)					1			21.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (PickLe amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	Y		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	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 IPFS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,129	852	1	15	4,519	67		24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0		25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/30/2018 11:45 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.		2			26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.		2			27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.		0			35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.		0			37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)					37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i) 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	
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)		N		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
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.		Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.		N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.		N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.		N			59.00
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)		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	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02
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) Teaching Hospitals that Claim Residents in Nonprovider Settings						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	Y
	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	0.70 28.06 0.024339

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
					1.00	2.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	6.24	28.11	0.181659		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)			0.08	24.70	0.003228		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	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	10.85	69.28	0.135405		67.00
67.01		INTERNAL MEDICINE	1400	0.00	39.26	0.000000		67.01
67.02		OB GYN	1750	0.00	2.80	0.000000		67.02
					1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	N	0	71.00
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y			75.00

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		1.00	2.00	3.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N		0	76.00
		1.00			
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		N	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. 1, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. 1, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N		N	98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00

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		Physical	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.						109.00	
					1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00	
					1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.				N		111.00	
					1.00	2.00	3.00	
Miscellaneous Cost Reporting Information								
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.				N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.				Y			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:	2,420,595		0		0		118.01
					1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.				N			118.02
119.00	DO NOT USE THIS LINE							119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.				N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.				Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.				N			122.00
Transplant Center Information								
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.				N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.							134.00
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)				Y	HB1432		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 11/30/2018 11:45 am	
1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: TRINITY HEALTH CORPORATION	Contractor's Name: WISCONSIN PHYSICIANS SERVICE		Contractor's Number: 08201	
142.00	Street: 20555 VICTOR PKWY	PO Box:			
143.00	City: LIVONIA	State: MI		Zip Code: 48152	
144.00 Are provider based physicians' costs included in Worksheet A?					
				1.00	
				Y	
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					
				1.00	
				Y	
146.00 Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					
				2.00	
				N	
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					
				1.00	
				N	
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					
				2.00	
				N	
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					
				3.00	
				N	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
		Part A		Part B	
		1.00		2.00	
		N		N	
155.00	Hospital	N		N	
156.00	Subprovider - IPF	N		N	
157.00	Subprovider - IRF	N		N	
158.00	SUBPROVIDER	N		N	
159.00	SNF	N		N	
160.00	HOME HEALTH AGENCY	N		N	
161.00	CMHC	N		N	
Multi campus					
				3.00	
				N	
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.					
		Name		County	
		0		1.00	
		State		Zip Code	
		2.00		3.00	
		CBSA		FTE/Campus	
		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)					
				6.00	
				0.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
				7.00	
				Y	
167.00 Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					
				8.00	
				0	
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)					
				9.00	
				168.01	
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)					
				10.00	
				9.99	
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)					
				11.00	
				Endi ng	
				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)					
				12.00	
				07/01/2016	
				09/28/2016	
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)					
				13.00	
				N	
				0	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0054		Period: From 03/01/2018 To 06/30/2018		Worksheet S-2 Part II Date/Time Prepared: 11/30/2018 11:45 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)	Y	03/01/2018			1.00	
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N				2.00	
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y				3.00	
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	09/26/2018		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)	Y	11/05/2018	Y	11/05/2018	16.00	
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N		17.00	
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/30/2018 11:45 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
		Y/N	Date	Y/N
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
			Y/N	Date
			1.00	2.00
Home Office Costs				
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00
				1.00
				2.00
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DAVID	PALUCK	41.00
42.00	Enter the employer/company name of the cost report preparer.	TRINITY HEALTH		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	708-216-6719	DAVID.PALUCK@TRINITY-HEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 11/30/2018 11:45 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REGIONAL DIRECTOR OF 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: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet S-3
Part I
Date/Time Prepared:
11/30/2018 11:45 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	246	30,012	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)		246	30,012	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	17	2,074	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		263	32,086	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	25	3,050		0	16.00
17.00 SUBPROVIDER - IRF	41.00	12	1,464		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	25	3,050		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		325				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: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet S-3 Part I Date/Time Prepared: 11/30/2018 11:45 am
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Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	3,743	1,997	14,007			1.00
2.00 HMO and other (see instructions)	2,536	4,519				2.00
3.00 HMO IPF Subprovider	487	0				3.00
4.00 HMO IRF Subprovider	178	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	3,743	1,997	14,007			7.00
8.00 INTENSIVE CARE UNIT	428	0	1,344			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		0	985			13.00
14.00 Total (see instructions)	4,171	1,997	16,336	104.32	374.35	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	787	0	2,528	0.34	0.00	16.00
17.00 SUBPROVIDER - IRF	473	0	988	0.00	0.00	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	1,372	0	2,265	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				104.66	374.35	27.00
28.00 Observation Bed Days		0	1,631			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	67	149			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: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet S-3
Part I
Date/Time Prepared:
11/30/2018 11:45 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	983	319	4,167	1.00
2.00 HMO and other (see instructions)			584	773		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	983	319	4,167	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	95	97	395	16.00
17.00 SUBPROVIDER - IRF	0.00	0	36	1	74	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet S-3
Part II
Date/Time Prepared:
11/30/2018 11:45 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	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	46,804,529	0	46,804,529	258,834.29	180.83
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		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	3,339,500	-1,293,585	2,045,915	47,422.21	43.14
7.01	Contracted interns and residents (in an approved programs)		279,262	0	279,262	8,912.00	31.34
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	642,706	0	642,706	20,823.44	30.86
10.00	Excluded area salaries (see instructions)		8,308,185	0	8,308,185	103,443.79	80.32
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		18,525,710	0	18,525,710	561,914.38	32.97
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		1,934,044	0	1,934,044	25,466.00	75.95
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		605,919	0	605,919		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		668,018	0	668,018		
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		60,966	0	60,966		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		224,350	0	224,350		
25.50	Home office wage-related (core)		485,451	0	485,451		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	7,847,637	0	7,847,637	6,674.00	1,175.85
27.00	Administrative & General	5.00	3,630,510	0	3,630,510	71,913.20	50.48

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet S-3
Part II
Date/Time Prepared:
11/30/2018 11:45 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.)		2,987,820	0	2,987,820	91,529.58	32.64	28.00
29.00	Maintenance & Repairs	6.00	605,588	0	605,588	18,929.05	31.99	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	166,956	0	166,956	10,014.92	16.67	31.00
32.00	Housekeeping	9.00	727,202	0	727,202	52,833.77	13.76	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	798,704	0	798,704	49,539.28	16.12	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	357,293	0	357,293	8,504.75	42.01	38.00
39.00	Central Services and Supply	14.00	146,920	0	146,920	8,176.05	17.97	39.00
40.00	Pharmacy	15.00	950,875	0	950,875	23,290.25	40.83	40.00
41.00	Medical Records & Medical Records Library	16.00	562,851	0	562,851	21,729.00	25.90	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet S-3
Part III
Date/Time Prepared:
11/30/2018 11:45 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	46,173,587	1,293,585	47,467,172	294,029.66	161.44	1.00
2.00	Excluded area salaries (see instructions)	8,950,891	0	8,950,891	124,267.23	72.03	2.00
3.00	Subtotal salaries (line 1 minus line 2)	37,222,696	1,293,585	38,516,281	169,762.43	226.88	3.00
4.00	Subtotal other wages & related costs (see inst.)	20,459,754	0	20,459,754	587,380.38	34.83	4.00
5.00	Subtotal wage-related costs (see inst.)	1,091,370	0	1,091,370	0.00	2.83	5.00
6.00	Total (sum of lines 3 thru 5)	58,773,820	1,293,585	60,067,405	757,142.81	79.33	6.00
7.00	Total overhead cost (see instructions)	18,782,356	0	18,782,356	363,133.85	51.72	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet S-3 Part IV Date/Time Prepared: 11/30/2018 11:45 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	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)	622,217	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	106,218	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	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	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)	7,275	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	223	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	667,266	17.00
18.00	Medicare Taxes - Employers Portion Only	156,054	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	1,559,253	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet S-3 Part V Date/Time Prepared: 11/30/2018 11:45 am
Cost Center Description			Contract Labor	Benefit Cost
PART V - Contract Labor and Benefit Cost			1.00	2.00
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA			0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice			0 13.00
14.00	Hospital-Based Health Clinic RHC			0 14.00
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC			0 16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet S-7

Date/Time Prepared:
11/30/2018 11:45 am

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.			1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.			2.00

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1.00	2.00	3.00	4.00	
3.00	RUX	0	0	0	3.00
4.00	RUL	63	0	63	4.00
5.00	RVX	7	0	7	5.00
6.00	RVL	42	0	42	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	28	0	28	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	0	0	0	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	14	0	14	12.00
13.00	RUB	144	0	144	13.00
14.00	RUA	275	0	275	14.00
15.00	RVC	7	0	7	15.00
16.00	RVB	287	0	287	16.00
17.00	RVA	302	0	302	17.00
18.00	RHC	0	0	0	18.00
19.00	RHB	61	0	61	19.00
20.00	RHA	19	0	19	20.00
21.00	RMC	0	0	0	21.00
22.00	RMB	6	0	6	22.00
23.00	RMA	17	0	17	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	11	0	11	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	0	0	0	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	0	0	0	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	0	0	0	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	0	0	0	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	53	0	53	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	0	0	0	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	0	0	0	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	0	0	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	6	0	6	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	11	0	11	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	12	0	12	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	4	0	4	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	0	0	0	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet S-7

Date/Time Prepared:
11/30/2018 11:45 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	3	0	3	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		1,372	0	1,372	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	

201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	16974	16974	201.00
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		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)

202.00	Staffing	0	0.00		202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	0			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet S-10 Date/Time Prepared: 11/30/2018 11:45 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.111231	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		10,066,255	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		6,877,426	5.00	
6.00	Medicaid charges		115,213,014	6.00	
7.00	Medicaid cost (line 1 times line 6)		12,815,259	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	19,541,246	0	19,541,246	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,173,592	0	2,173,592	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,173,592	0	2,173,592	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		4,406,151		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		245,162		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		377,171		27.01
28.00	Non-Medicare bad debt expense (see instructions)		4,028,980		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		580,156		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		2,753,748		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		2,753,748		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 14-0054		Period: From 03/01/2018 To 06/30/2018		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	1,443,401	1,443,401	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	1,822,658	1,822,658	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,847,637	177,601	8,025,238	-14,410	8,010,828	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,630,510	19,773,176	23,403,686	-2,683,955	20,719,731	5.00
6.00	00600	MAINTENANCE & REPAIRS	605,588	2,470,298	3,075,886	-238,870	2,837,016	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	166,956	106,849	273,805	10,657	284,462	8.00
9.00	00900	HOUSEKEEPING	727,202	305,754	1,032,956	-215	1,032,741	9.00
10.00	01000	DIETARY	798,704	452,425	1,251,129	-5,363	1,245,766	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	357,293	18,586	375,879	-561	375,318	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	146,920	-71,840	75,080	-18,081	56,999	14.00
15.00	01500	PHARMACY	950,875	1,938,620	2,889,495	-1,724,337	1,165,158	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	562,851	118,678	681,529	0	681,529	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,339,500	752,579	4,092,079	-2,046,164	2,045,915	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	2,046,164	2,046,164	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,395,904	560,578	6,956,482	-186,522	6,769,960	30.00
31.00	03100	INTENSIVE CARE UNIT	980,347	172,460	1,152,807	-73,653	1,079,154	31.00
40.00	04000	SUBPROVIDER - I PF	720,023	366,967	1,086,990	-1,482	1,085,508	40.00
41.00	04100	SUBPROVIDER - I RF	321,399	53,092	374,491	-2,951	371,540	41.00
43.00	04300	NURSERY	314,224	149,402	463,626	-9,857	453,769	43.00
44.00	04400	SKILLED NURSING FACILITY	642,706	52,748	695,454	-17,114	678,340	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,639,265	5,150,568	6,789,833	-3,658,905	3,130,928	50.00
51.00	05100	RECOVERY ROOM	159,887	12,034	171,921	-7,405	164,516	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	653,051	664,925	1,317,976	-53,783	1,264,193	52.00
53.00	05300	ANESTHESIOLOGY	194,374	600,850	795,224	-248,161	547,063	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,074,570	3,844,833	4,919,403	-1,119,554	3,799,849	54.00
56.00	05600	RADIOISOTOPE	110,568	133,353	243,921	-886	243,035	56.00
56.01	03630	ULTRA SOUND	310,513	24,193	334,706	-15,498	319,208	56.01
56.02	03440	MAMMOGRAPHY	259,776	122,452	382,228	-11,594	370,634	56.02
57.00	05700	CT SCAN	213,376	180,351	393,727	-62,239	331,488	57.00
58.00	05800	MRI	143,695	58,627	202,322	-30,901	171,421	58.00
59.00	05900	CARDIAC CATHETERIZATION	352,115	1,943,662	2,295,777	-1,195,077	1,100,700	59.00
59.01	05901	GASTROINTESTINAL	452,414	468,802	921,216	-90,500	830,716	59.01
60.00	06000	LABORATORY	64,156	5,237	69,393	0	69,393	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	212,916	212,916	0	212,916	63.00
65.00	06500	RESPIRATORY THERAPY	392,230	162,444	554,674	-78,121	476,553	65.00
66.00	06600	PHYSICAL THERAPY	671,687	12,808	684,495	-3,565	680,930	66.00
66.01	06601	TCU REHAB	0	1,137	1,137	-353	784	66.01
67.00	06700	OCCUPATIONAL THERAPY	352,611	96	352,707	0	352,707	67.00
68.00	06800	SPEECH PATHOLOGY	172,312	12,707	185,019	-11,718	173,301	68.00
69.00	06900	ELECTROCARDIOLOGY	254,962	109,125	364,087	-2,817	361,270	69.00
69.01	06901	CARDIAC REHAB	68,933	3,825	72,758	-490	72,268	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,211,877	2,211,877	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,244,559	3,244,559	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,545,260	3,545,260	73.00
74.00	07400	RENAL DIALYSIS	44,156	283,109	327,265	-29	327,236	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,968,071	736,461	2,704,532	-156,481	2,548,051	91.00
91.01	09101	FAMILY PRACTICES	1,276,358	1,878,233	3,154,591	-501,005	2,653,586	91.01
91.02	09102	PSYCH DAY HOSPITAL	74,758	14,557	89,315	0	89,315	91.02
91.03	09103	WOUND CARE	125,289	91,757	217,046	-83,383	133,663	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	39,537,766	44,127,035	83,664,801	-31,424	83,633,377	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	-2,245	-2,245	0	-2,245	191.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet A
Date/Time Prepared:
11/30/2018 11:45 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
192.00 19200 PHYSICIANS PRIVATE OFFICES	7,064,364	4,271,371	11,335,735	31,590	11,367,325	192.00
194.00 07950 MARKETING	143,129	163,221	306,350	0	306,350	194.00
194.01 07951 MACNEAL SCHOOL	0	0	0	0	0	194.01
194.02 07952 COMMUNITY RELATIONS	59,270	73,744	133,014	-166	132,848	194.02
194.03 07953 RETAIL PHARMACY	0	0	0	0	0	194.03
194.04 07954 HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05 07955 CATERED MEALS	0	0	0	0	0	194.05
194.06 07956 VACANT SPACE	0	0	0	0	0	194.06
200.00 TOTAL (SUM OF LINES 118 through 199)	46,804,529	48,633,126	95,437,655	0	95,437,655	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet A
Date/Time Prepared:
11/30/2018 11:45 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-3,009,010	-1,565,609	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,143,595	2,966,253	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-38,492	7,972,336	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-2,375,706	18,344,025	5.00
6.00	00600	MAINTENANCE & REPAIRS	-832,259	2,004,757	6.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-3,969	280,493	8.00
9.00	00900	HOUSEKEEPING	0	1,032,741	9.00
10.00	01000	DIETARY	-253,992	991,774	10.00
11.00	01100	CAFETERIA	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-550	374,768	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-32,127	24,872	14.00
15.00	01500	PHARMACY	-235,610	929,548	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-5,255	676,274	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,045,915	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-104,800	1,941,364	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-132,796	6,637,164	30.00
31.00	03100	INTENSIVE CARE UNIT	-26,955	1,052,199	31.00
40.00	04000	SUBPROVIDER - I PF	-336,201	749,307	40.00
41.00	04100	SUBPROVIDER - I RF	-33,600	337,940	41.00
43.00	04300	NURSERY	-120,000	333,769	43.00
44.00	04400	SKILLED NURSING FACILITY	0	678,340	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-424,327	2,706,601	50.00
51.00	05100	RECOVERY ROOM	-2,385	162,131	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-557,870	706,323	52.00
53.00	05300	ANESTHESIOLOGY	-277,963	269,100	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-200,975	3,598,874	54.00
56.00	05600	RADIOLOGY	0	243,035	56.00
56.01	03630	ULTRA SOUND	-11,219	307,989	56.01
56.02	03440	MAMMOGRAPHY	0	370,634	56.02
57.00	05700	CT SCAN	-8,185	323,303	57.00
58.00	05800	MRI	0	171,421	58.00
59.00	05900	CARDIAC CATHETERIZATION	-15,813	1,084,887	59.00
59.01	05901	GASTROINTESTINAL	0	830,716	59.01
60.00	06000	LABORATORY	-17,995	51,398	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	212,916	63.00
65.00	06500	RESPIRATORY THERAPY	0	476,553	65.00
66.00	06600	PHYSICAL THERAPY	-3,282	677,648	66.00
66.01	06601	TCU REHAB	0	784	66.01
67.00	06700	OCCUPATIONAL THERAPY	-2,038	350,669	67.00
68.00	06800	SPEECH PATHOLOGY	-1,143	172,158	68.00
69.00	06900	ELECTROCARDIOLOGY	-70,449	290,821	69.00
69.01	06901	CARDIAC REHAB	0	72,268	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,211,877	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,244,559	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,545,260	73.00
74.00	07400	RENAL DIALYSIS	0	327,236	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-281,501	2,266,550	91.00
91.01	09101	FAMILY PRACTICES	-756,904	1,896,682	91.01
91.02	09102	PSYCH DAY HOSPITAL	-10,107	79,208	91.02
91.03	09103	WOUND CARE	0	133,663	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	93.99
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-9,039,883	74,593,494	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	-2,245	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	11,367,325	192.00
194.00	07950	MARKETING	0	306,350	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet A Date/Time Prepared: 11/30/2018 11:45 am
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Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
194.01	07951	MACNEAL SCHOOL	0	0	194.01
194.02	07952	COMMUNITY RELATIONS	0	132,848	194.02
194.03	07953	RETAIL PHARMACY	0	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	194.04
194.05	07955	CATERED MEALS	0	0	194.05
194.06	07956	VACANT SPACE	0	0	194.06
200.00		TOTAL (SUM OF LINES 118 through 199)	-9,039,883	86,397,772	200.00

RECLASSIFICATIONS

Provider CCN: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet A-6

Date/Time Prepared:
11/30/2018 11:45 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - TAXES						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,397,891		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		0	1,397,891		
B - DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,346		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,499,879		2.00
	0		0	1,509,225		
C - LEASES RENTALS						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	15,017		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	305,310		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	25,448		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
	0		0	345,775		
D - CHARGEABLE DRUGS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	726		1.00
2.00	PHYSICAL THERAPY	66.00	0	9		2.00
3.00	TCU REHAB	66.01	0	250		3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,551,089		4.00
5.00	PHYSICIANS PRIVATE OFFICES	192.00	0	31,590		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
	0		0	3,583,664		
E - CHARGEABLE SUPPLIES						
1.00	PHARMACY	15.00	0	35		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,211,877		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

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
0			0	2,211,912	
F - INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	21,147	1.00
0			0	21,147	
G - INTEREST EXPENSE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	17,469	1.00
0			0	17,469	
H - IMPLANTABLE DEVICE					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	3,244,559	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
0			0	3,244,559	
I - LINEN					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	12,940	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,877	2.00
3.00	RADIOISOTOPE	56.00	0	1,960	3.00
4.00	ULTRASOUND	56.01	0	5,110	4.00
5.00	MRI	58.00	0	2,400	5.00
6.00	WOUND CARE	91.03	0	1,785	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
0			0	27,072	
J - INTERNS AND RESIDENTS OTHER PROG					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	1,293,585	0	1.00
0			1,293,585	0	
K - INTERNS AND RESIDENTS					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00		752,579	1.00
2.00				0	2.00
0				752,579	
500.00	Grand Total: Increases		1,293,585	13,111,293	500.00

RECLASSIFICATIONS

Provider CCN: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet A-6
Date/Time Prepared:
11/30/2018 11:45 am

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - TAXES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,109,220	13		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	262,863	0		2.00
3.00	MRI	58.00	0	25,808	0		3.00
	O		0	1,397,891			
B - DEPRECIATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,509,225	9		1.00
2.00		0.00	0	0	9		2.00
	O		0	1,509,225			
C - LEASES RENTALS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	449	10		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	26,831	10		2.00
3.00	DIETARY	10.00	0	697	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	1	0		4.00
5.00	PHARMACY	15.00	0	105,533	0		5.00
6.00	OPERATING ROOM	50.00	0	171,799	0		6.00
7.00	CT SCAN	57.00	0	40,465	0		7.00
	O		0	345,775			
D - CHARGEABLE DRUGS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	12,033	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	15	0		2.00
3.00	DIETARY	10.00	0	4,660	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	13	0		4.00
5.00	PHARMACY	15.00	0	1,598,126	0		5.00
6.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	5,829	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	73,581	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	18,921	0		8.00
9.00	SUBPROVIDER - IPF	40.00	0	70	0		9.00
10.00	SUBPROVIDER - IRF	41.00	0	242	0		10.00
11.00	NURSERY	43.00	0	1,632	0		11.00
12.00	SKILLED NURSING FACILITY	44.00	0	2,915	0		12.00
13.00	OPERATING ROOM	50.00	0	47,093	0		13.00
14.00	RECOVERY ROOM	51.00	0	1,381	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	10,932	0		15.00
16.00	ANESTHESIOLOGY	53.00	0	148,306	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,055,219	0		17.00
18.00	RADIOISOTOPE	56.00	0	2,312	0		18.00
19.00	ULTRA SOUND	56.01	0	151	0		19.00
20.00	MAMMOGRAPHY	56.02	0	7,037	0		20.00
21.00	CT SCAN	57.00	0	2,420	0		21.00
22.00	MRI	58.00	0	1,112	0		22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	6,310	0		23.00
24.00	GASTROINTESTINAL	59.01	0	24,377	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	709	0		25.00
26.00	ELECTROCARDIOLOGY	69.00	0	445	0		26.00
27.00	RENAL DIALYSIS	74.00	0	29	0		27.00
28.00	EMERGENCY	91.00	0	81,235	0		28.00
29.00	FAMILY PRACTICES	91.01	0	466,617	0		29.00
30.00	WOUND CARE	91.03	0	9,942	0		30.00
	O		0	3,583,664			
E - CHARGEABLE SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,128	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	63	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	1,440	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	2,283	0		4.00
5.00	DIETARY	10.00	0	6	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	548	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	18,789	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	110,936	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	52,292	0		9.00
10.00	SUBPROVIDER - IPF	40.00	0	1,289	0		10.00
11.00	SUBPROVIDER - IRF	41.00	0	2,709	0		11.00
12.00	NURSERY	43.00	0	7,406	0		12.00
13.00	SKILLED NURSING FACILITY	44.00	0	14,139	0		13.00
14.00	OPERATING ROOM	50.00	0	1,315,414	0		14.00
15.00	RECOVERY ROOM	51.00	0	6,024	0		15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	41,667	0		16.00
17.00	ANESTHESIOLOGY	53.00	0	99,855	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	34,427	0		18.00
19.00	RADIOISOTOPE	56.00	0	534	0		19.00
20.00	ULTRA SOUND	56.01	0	20,457	0		20.00
21.00	MAMMOGRAPHY	56.02	0	4,557	0		21.00
22.00	CT SCAN	57.00	0	1,014	0		22.00

RECLASSIFICATIONS

Provider CCN: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet A-6
Date/Time Prepared:
11/30/2018 11:45 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
23.00	MRI	58.00	0	6,381	0	23.00	
24.00	CARDIAC CATHETERIZATION	59.00	0	160,582	0	24.00	
25.00	GASTRO INTESTINAL	59.01	0	56,872	0	25.00	
26.00	RESPIRATORY THERAPY	65.00	0	77,412	0	26.00	
27.00	PHYSICAL THERAPY	66.00	0	3,544	0	27.00	
28.00	TCU REHAB	66.01	0	603	0	28.00	
29.00	SPEECH PATHOLOGY	68.00	0	11,718	0	29.00	
30.00	ELECTROCARDIOLOGY	69.00	0	2,372	0	30.00	
31.00	CARDIAC REHAB	69.01	0	490	0	31.00	
32.00	EMERGENCY	91.00	0	74,096	0	32.00	
33.00	FAMILY PRACTICES	91.01	0	5,473	0	33.00	
34.00	WOUND CARE	91.03	0	75,226	0	34.00	
35.00	COMMUNITY RELATIONS	194.02	0	166	0	35.00	
	O		0	2,211,912			
F - INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	21,147	12	1.00	
	O		0	21,147			
G - INTEREST EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	17,469	11	1.00	
	O		0	17,469			
H - IMPLANTABLE DEVICE							
1.00	PHARMACY	15.00	0	20,713	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	1,359	0	2.00	
3.00	OPERATING ROOM	50.00	0	2,124,229	0	3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	32,785	0	4.00	
5.00	CARDIAC CATHETERIZATION	59.00	0	1,028,185	0	5.00	
6.00	GASTRO INTESTINAL	59.01	0	8,905	0	6.00	
7.00	FAMILY PRACTICES	91.01	0	28,383	0	7.00	
	O		0	3,244,559			
I - LINEN							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	800	0	1.00	
2.00	HOUSEKEEPING	9.00	0	215	0	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	17	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	2,005	0	4.00	
5.00	INTENSIVE CARE UNIT	31.00	0	1,081	0	5.00	
6.00	SUBPROVIDER - IPF	40.00	0	123	0	6.00	
7.00	NURSERY	43.00	0	819	0	7.00	
8.00	SKILLED NURSING FACILITY	44.00	0	60	0	8.00	
9.00	OPERATING ROOM	50.00	0	370	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,184	0	10.00	
11.00	CT SCAN	57.00	0	18,340	0	11.00	
12.00	GASTRO INTESTINAL	59.01	0	346	0	12.00	
13.00	PHYSICAL THERAPY	66.00	0	30	0	13.00	
14.00	EMERGENCY	91.00	0	1,150	0	14.00	
15.00	FAMILY PRACTICES	91.01	0	532	0	15.00	
	O		0	27,072			
J - INTERNS AND RESIDENTS OTHER PROG							
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	1,293,585	0	0	1.00	
	O		1,293,585	0			
K - INTERNS AND RESIDENTS							
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00		746,750		1.00	
2.00	DRUGS CHARGED TO PATIENTS	73.00		5,829		2.00	
	O		0	752,579			
500.00	Grand Total: Decreases		1,293,585	13,111,293		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet A-7
Part I
Date/Time Prepared:
11/30/2018 11:45 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0	0	0	0	1.00
2.00	Land Improvements	2,867,991	0	0	0	0	2.00
3.00	Buildings and Fixtures	137,640,105	244,484	0	244,484	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	213,660,462	776,563	0	776,563	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	354,168,558	1,021,047	0	1,021,047	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	354,168,558	1,021,047	0	1,021,047	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0				1.00
2.00	Land Improvements	2,867,991	0				2.00
3.00	Buildings and Fixtures	137,884,589	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	214,437,025	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	355,189,605	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	355,189,605	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet A-7
Part II
Date/Time Prepared:
11/30/2018 11:45 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	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet A-7
Part III
Date/Time Prepared:
11/30/2018 11:45 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	140,752,580	0	140,752,580	0.396274	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	214,437,025	0	214,437,025	0.603726	0	2.00
3.00	Total (sum of lines 1-2)	355,189,605	0	355,189,605	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	-2,772,915	15,017	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,643,474	305,310	2.00
3.00	Total (sum of lines 1-2)	0	0	0	-129,441	320,327	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	-226,749	21,147	1,397,891	0	-1,565,609	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	17,469	0	0	0	2,966,253	2.00
3.00	Total (sum of lines 1-2)	-209,280	21,147	1,397,891	0	1,400,644	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet A-8

Date/Time Prepared:
11/30/2018 11:45 am

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				1.00	2.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-226,749	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-3,047,885			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	-3,212,557			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-246,384	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-7,651	DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	-2,852,527	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	1,143,595	CAP REL COSTS-MVBLE EQUIP	2.00	9	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	OCCUPATIONAL THERAPY	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	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	PATIENT PHONES-DIRECT	A	-51,326	ADMINISTRATIVE & GENERAL	5.00	0	33.00

33.01	PATIENT PHONES-BENEFITS	A	0	Expense Classification on Worksheet A		4.00	0	33.01
				To/From Which the Amount is to be Adjusted				
				Cost Center	Line #			
Cost Center Description	Basis/Code (2)	Amount			Line #	Wkst. A-7 Ref.		
	1.00	2.00	3.00	4.00	5.00			
33.01	PATIENT PHONES-BENEFITS	A	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.01	
33.02	PATIENT PHONES-DEPREC.	A	0	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.02	
33.03	TELEVISION-DEPREC	A	-4,583	ADMINISTRATIVE & GENERAL	5.00	9	33.03	
33.04	TELEVISION-CABLE	A	0	ADMINISTRATIVE & GENERAL	5.00	0	33.04	
33.05	TELEVISION-CABLE	A	-982	ANESTHESIOLOGY	53.00	0	33.05	
33.06	TELEVISION-CABLE	A	-3,404	FAMILY PRACTICES	91.01	0	33.06	
33.07	OTHER OPERATING REVENUE	B	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.07	
33.08	TELEPHONE REVENUE	B	-80,046	ADMINISTRATIVE & GENERAL	5.00	0	33.08	
33.09	OTHER OPERATING REVENUE	B	412,862	ADMINISTRATIVE & GENERAL	5.00	0	33.09	
33.10	RENT INCOME	B	0	MAINTENANCE & REPAIRS	6.00	0	33.10	
33.11	OTHER OPERATING REVENUE	B	-3,969	LAUNDRY & LINEN SERVICE	8.00	0	33.11	
33.12	OTHER OPERATING REVENUE	B	43	DIETARY	10.00	0	33.12	
33.13	OTHER OPERATING REVENUE	B	-32,127	CENTRAL SERVICES & SUPPLY	14.00	0	33.13	
33.14	OTHER OPERATING REVENUE	B	-235,610	PHARMACY	15.00	0	33.14	
33.15	OTHER OPERATING REVENUE	B	-5,255	MEDICAL RECORDS & LIBRARY	16.00	0	33.15	
33.16	OTHER OPERATING REVENUE	B	-4,800	I&R SERVICES-OTHER PRGM	22.00	0	33.16	
33.17	RENT INCOME	B	-126,201	COSTS APPRV				
33.18	OTHER OPERATING REVENUE	B	-1,250	ADULTS & PEDIATRICS	30.00	0	33.17	
33.19	OTHER OPERATING REVENUE	B	1,010	ADULTS & PEDIATRICS	30.00	0	33.18	
33.20	OTHER OPERATING REVENUE	B	-2,385	OPERATING ROOM	50.00	0	33.19	
33.21	OTHER OPERATING REVENUE	B	0	RECOVERY ROOM	51.00	0	33.20	
33.22	OTHER OPERATING REVENUE	B	0	DELIVERY ROOM & LABOR ROOM	52.00	0	33.21	
33.23	OTHER OPERATING REVENUE	B	-82,372	ANESTHESIOLOGY	53.00	0	33.22	
33.24	OTHER OPERATING REVENUE	B	-11,219	RADIOLOGY-DIAGNOSTIC	54.00	0	33.23	
33.25	OTHER OPERATING REVENUE	B	-8,185	ULTRA SOUND	56.01	0	33.24	
33.26	OTHER OPERATING REVENUE	B	-17,995	CT SCAN	57.00	0	33.25	
33.27	OTHER OPERATING REVENUE	B	0	LABORATORY	60.00	0	33.26	
33.28	OTHER OPERATING REVENUE	B	0	BLOOD STORING PROCESSING & TRANS.	63.00	0	33.27	
33.29	OTHER OPERATING REVENUE	B	-3,282	RESPIRATORY THERAPY	65.00	0	33.28	
33.30	OTHER OPERATING REVENUE	B	-2,038	PHYSICAL THERAPY	66.00	0	33.29	
33.31	OTHER OPERATING REVENUE	B	-393	OCCUPATIONAL THERAPY	67.00	0	33.30	
33.32	OTHER OPERATING REVENUE	B	-1,143	ELECTROCARDIOLOGY	69.00	0	33.31	
33.33	OTHER OPERATING REVENUE	B	19,419	SPEECH PATHOLOGY	68.00	0	33.32	
33.34	OTHER OPERATING REVENUE	B	0	FAMILY PRACTICES	91.01	0	33.33	
33.35	INTEREST INCOME	A	0		0.00	0	33.34	
33.36	ADVERTISING	A	0	ADMINISTRATIVE & GENERAL	5.00	0	33.35	
33.37	ADVERTISING	A	0	ADMINISTRATIVE & GENERAL	5.00	0	33.36	
33.38	ADVERTISING	A	0	I&R SERVICES-OTHER PRGM	22.00	0	33.37	
33.39	ADVERTISING	A	0	COSTS APPRV				
33.40	ADVERTISING	A	0	ADULTS & PEDIATRICS	30.00	0	33.38	
33.41	ADVERTISING	A	0	SUBPROVIDER - IRF	41.00	0	33.39	
33.42	ADVERTISING	A	0	SKILLED NURSING FACILITY	44.00	0	33.40	
33.43	ADVERTISING	A	-926	FAMILY PRACTICES	91.01	0	33.41	
33.44	OTHER OPERATING EXPENSES	A	-110,859	PSYCH DAY HOSPITAL	91.02	0	33.42	
33.45	OTHER OPERATING EXPENSES	A	0		0.00	0	33.43	
33.46	OTHER OPERATING EXPENSES	A	0	ADMINISTRATIVE & GENERAL	5.00	0	33.44	
33.47	OTHER OPERATING EXPENSES	A	0	NURSING ADMINISTRATION	13.00	0	33.45	
33.48	OTHER OPERATING EXPENSES	A	0	ADULTS & PEDIATRICS	30.00	0	33.46	
33.49	OTHER OPERATING EXPENSES	A	0	INTENSIVE CARE UNIT	31.00	0	33.47	
33.50	OTHER OPERATING EXPENSES	A	0	SUBPROVIDER - IRF	41.00	0	33.48	
33.51	OTHER OPERATING EXPENSES	A	0	SKILLED NURSING FACILITY	44.00	0	33.49	
33.52	OTHER OPERATING EXPENSES	A	0	DELIVERY ROOM & LABOR ROOM	52.00	0	33.50	
33.53	OTHER OPERATING EXPENSES	A	0	CARDIAC CATHETERIZATION	59.00	0	33.51	
33.54	OTHER OPERATING EXPENSES	A	-2,432	EMERGENCY	91.00	0	33.52	
33.55	PHYSICIAN RECRUITMENT	A	0	FAMILY PRACTICES	91.01	0	33.53	
33.56	PHYSICIAN RECRUITMENT	A	0		0.00	0	33.54	
33.57	NON-ALLOWABLE MEALS	A	-31,311	ADMINISTRATIVE & GENERAL	5.00	0	33.55	
33.58	NON-ALLOWABLE MEALS	A	-73	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.56	
33.59	NON-ALLOWABLE TRAVEL	A	-1,499	ADMINISTRATIVE & GENERAL	5.00	0	33.57	
33.60	NON-ALLOWABLE TRAVEL	A	-888	FAMILY PRACTICES	91.01	0	33.58	
33.61	NON-ALLOWABLE TRAVEL	A	-18	ADMINISTRATIVE & GENERAL	5.00	0	33.59	
33.62	NON-ALLOWABLE TRAVEL	A	-41	ADMINISTRATIVE & GENERAL	5.00	0	33.60	
33.63	DUES & SUBSCRIPTIONS	A	-17,777	FAMILY PRACTICES	91.01	0	33.61	
33.64	DUES & SUBSCRIPTIONS	A	-41	FAMILY PRACTICES	91.01	0	33.62	
33.65	LOBBYING DUES	A	-12,098	ADMINISTRATIVE & GENERAL	5.00	0	33.63	
33.66	PURCHASED SERVICES	A	-48,539	ADMINISTRATIVE & GENERAL	5.00	0	33.64	
							33.65	
							33.66	

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet A-8

Date/Time Prepared:
11/30/2018 11:45 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	3.00	
33.67	PURCHASED SERVICES	A	-801	DELIVERY ROOM & LABOR ROOM	52.00	0 33.67
33.68	DONATIONS & CONTRIBUTIONS	A	-1,500	EMERGENCY	91.00	0 33.68
33.69	DONATIONS & CONTRIBUTIONS	A		NURSING ADMINISTRATION	13.00	0 33.69
33.70	PATIENT TRANSPORTATION	A		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.70
33.71	PATIENT TRANSPORTATION	A		ADMINISTRATIVE & GENERAL	5.00	0 33.71
33.72	PATIENT TRANSPORTATION	A		NURSING ADMINISTRATION	13.00	0 33.72
33.73	PATIENT TRANSPORTATION	A		ADULTS & PEDIATRICS	30.00	0 33.73
33.74	PATIENT TRANSPORTATION	A		INTENSIVE CARE UNIT	31.00	0 33.74
33.75	PATIENT TRANSPORTATION	A		SUBPROVIDER - IPF	40.00	0 33.75
33.76	PATIENT TRANSPORTATION	A		DELIVERY ROOM & LABOR ROOM	52.00	0 33.76
33.77	PATIENT TRANSPORTATION	A		EMERGENCY	91.00	0 33.77
33.78	PATIENT TRANSPORTATION	A		FAMILY PRACTICES	91.01	0 33.78
33.79	PATIENT TRANSPORTATION	A		PSYCH DAY HOSPITAL	91.02	0 33.79
33.80	ALCOHOL & LIQUOR	A		ADMINISTRATIVE & GENERAL	5.00	0 33.80
33.81	ALCOHOL & LIQUOR	A		I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 33.81
33.82	PENALTIES & FINES	A	-22	MAINTENANCE & REPAIRS	6.00	0 33.82
33.83	PENALTIES & FINES	A	-4,637	OPERATING ROOM	50.00	0 33.83
33.84	MSO FEES	A		DIETARY	10.00	0 33.84
33.85	MSO FEES	A		ELECTROCARDIOLOGY	69.00	0 33.85
33.86	MSO FEES	A		FAMILY PRACTICES	91.01	0 33.86
33.87	PHYSICIAN CONTINUING EDUCATION	A		FAMILY PRACTICES	91.01	0 33.87
33.88	PHYSICIAN RELOCATION EXPENSE	A	-47,036	FAMILY PRACTICES	91.01	0 33.88
33.89	EMPLOYEE BENEFITS	A		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.89
33.90	PROPERTY TAXES	A		CAP REL COSTS-BLDG & FIXT	1.00	13 33.90
33.91	LEGAL	A	-64,037	ADMINISTRATIVE & GENERAL	5.00	0 33.91
33.92	LEGAL	A		ADULTS & PEDIATRICS	30.00	0 33.92
33.93	MEDICAL STAFF RELATIONS	A		ADMINISTRATIVE & GENERAL	5.00	0 33.93
33.94	MEDICAL STAFF RELATIONS	A		I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 33.94
33.95	IDPA TAX ASSESSMENT	A		ADMINISTRATIVE & GENERAL	5.00	0 33.95
33.96	H.O. WORKER COMPENSATION	A		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.96
33.97	PERIOD 13 ADJUSTMENT	A		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.97
33.98	PERIOD 13 ADJUSTMENT	A		ADMINISTRATIVE & GENERAL	5.00	0 33.98
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-9,039,883			50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS
 Provider CCN: 14-0054
 Period: From 03/01/2018 To 06/30/2018
 Worksheet A-8-1
 Date/Time Prepared: 11/30/2018 11:45 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	Capital - Buildings	91,413	21,147	1.00
2.00	0.00			0	0	2.00
3.00	0.00			0	0	3.00
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	Workers Compensation	0	38,492	3.01
3.02	5.00	ADMINISTRATIVE & GENERAL	Workers Compensation IC	221	54,991	3.02
4.00	0.00			0	0	4.00
4.01	0.00			0	0	4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	Admin & General IC	3,977,436	4,496,135	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	Malpractice Insurance	0	1,412,506	4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	Benefits & Insurance	0	203,300	4.04
4.05	5.00	ADMINISTRATIVE & GENERAL	Admin & General Insurance	0	123,384	4.05
4.06	6.00	MAINTENANCE & REPAIRS	Repairs & Maintenance IC	0	831,672	4.06
4.07	22.00	I&R SERVICES-OTHER PRGM COST	Malpractice I&R	0	100,000	4.07
4.08	0.00			0	0	4.08
4.09	0.00			0	0	4.09
4.10	0.00			0	0	4.10
4.11	0.00			0	0	4.11
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			4,069,070	7,281,627	5.00

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

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

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

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

6.00	B	0.00	TENET HLTHCARE	100.00	6.00
7.00	G	0.00	GENESIS	1.00	7.00
8.00	G	0.00	REGIONAL	1.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet A-8-1

Date/Time Prepared:
11/30/2018 11:45 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	70,266	9	1.00
2.00	0	9	2.00
3.00	0	0	3.00
3.01	-38,492	0	3.01
3.02	-54,770	0	3.02
4.00	0	0	4.00
4.01	0	9	4.01
4.02	-518,699	9	4.02
4.03	-1,412,506	0	4.03
4.04	-203,300	0	4.04
4.05	-123,384	0	4.05
4.06	-831,672	0	4.06
4.07	-100,000	0	4.07
4.08	0	0	4.08
4.09	0	0	4.09
4.10	0	0	4.10
4.11	0	0	4.11
5.00	-3,212,557		5.00

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

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

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

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

6.00	HEALTHCARE		6.00
7.00	LAB		7.00
8.00	HEALTHCARE		8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet A-8-2

Date/Time Prepared:
11/30/2018 11:45 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	5.00	ADMINISTRATIVE & GENERAL	52,946	52,946	0	179,000	0	1.00
2.00	6.00	MAINTENANCE & REPAIRS	565	565	0	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	1,238	-1	1,238	179,000	8	3.00
4.00	30.00	ADULTS & PEDIATRICS	5,345	5,345	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	31,000	23,950	7,050	179,000	47	5.00
6.00	40.00	SUBPROVIDER - IPF	336,201	336,201	0	0	0	6.00
7.00	41.00	SUBPROVIDER - IRF	33,600	33,600	0	211,500	0	7.00
8.00	43.00	NURSERY	120,000	120,000	0	0	0	8.00
9.00	50.00	OPERATING ROOM	420,700	420,700	0	0	0	9.00
10.00	52.00	DELIVERY ROOM & LABOR ROOM	557,069	557,069	0	0	0	10.00
11.00	53.00	ANESTHESIOLOGY	276,981	276,981	0	0	0	11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	118,603	118,603	0	0	0	12.00
13.00	59.00	CARDIAC CATHETERIZATION	25,365	6,038	19,327	179,000	111	13.00
14.00	69.00	ELECTROCARDIOLOGY	70,056	70,056	0	0	0	14.00
15.00	91.00	EMERGENCY	280,001	280,001	0	0	0	15.00
16.00	91.01	FAMILY PRACTICES	722,479	722,333	146	179,000	1	16.00
17.00	91.02	PSYCH DAY HOSPITAL	11,140	9,460	1,680	179,000	12	17.00
200.00			3,063,289	3,033,847	29,441		179	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	688	34	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	4,045	202	0	0	0	5.00
6.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	6.00
7.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	7.00
8.00	43.00	NURSERY	0	0	0	0	0	8.00
9.00	50.00	OPERATING ROOM	0	0	0	0	0	9.00
10.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	10.00
11.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	12.00
13.00	59.00	CARDIAC CATHETERIZATION	9,552	478	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	14.00
15.00	91.00	EMERGENCY	0	0	0	0	0	15.00
16.00	91.01	FAMILY PRACTICES	86	4	0	0	0	16.00
17.00	91.02	PSYCH DAY HOSPITAL	1,033	52	0	0	0	17.00
200.00			15,404	770	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	52,946		1.00
2.00	6.00	MAINTENANCE & REPAIRS	0	0	0	565		2.00
3.00	13.00	NURSING ADMINISTRATION	0	688	550	550		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	5,345		4.00
5.00	31.00	INTENSIVE CARE UNIT	0	4,045	3,005	26,955		5.00
6.00	40.00	SUBPROVIDER - IPF	0	0	0	336,201		6.00
7.00	41.00	SUBPROVIDER - IRF	0	0	0	33,600		7.00
8.00	43.00	NURSERY	0	0	0	120,000		8.00
9.00	50.00	OPERATING ROOM	0	0	0	420,700		9.00
10.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	557,069		10.00
11.00	53.00	ANESTHESIOLOGY	0	0	0	276,981		11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	118,603		12.00
13.00	59.00	CARDIAC CATHETERIZATION	0	9,552	9,775	15,813		13.00
14.00	69.00	ELECTROCARDIOLOGY	0	0	0	70,056		14.00
15.00	91.00	EMERGENCY	0	0	0	280,001		15.00
16.00	91.01	FAMILY PRACTICES	0	86	60	722,393		16.00
17.00	91.02	PSYCH DAY HOSPITAL	0	1,033	647	10,107		17.00
200.00			0	15,404	14,037	3,047,885		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet B
Part I
Date/Time Prepared:
11/30/2018 11:45 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	-1,565,609	-1,565,609			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	2,966,253		2,966,253		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	7,972,336	0	0	7,972,336	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	18,344,025	0	276,052	742,966	19,363,043
6.00 00600	MAINTENANCE & REPAIRS	2,004,757	0	1,092,650	123,931	3,221,338
7.00 00700	OPERATION OF PLANT	0	0	0	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	280,493	0	1,718	34,167	316,378
9.00 00900	HOUSEKEEPING	1,032,741	0	22,460	148,818	1,204,019
10.00 01000	DIETARY	991,774	0	65,206	163,451	1,220,431
11.00 01100	CAFETERIA	0	0	24,640	0	24,640
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	374,768	0	5,039	73,118	452,925
14.00 01400	CENTRAL SERVICES & SUPPLY	24,872	0	14,044	30,066	68,982
15.00 01500	PHARMACY	929,548	0	17,368	194,592	1,141,508
16.00 01600	MEDICAL RECORDS & LIBRARY	676,274	0	18,095	115,185	809,554
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	2,045,915	0	0	418,686	2,464,601
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,941,364	0	21,058	264,726	2,227,148
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	6,637,164	0	320,046	1,308,890	8,266,100
31.00 03100	INTENSIVE CARE UNIT	1,052,199	0	28,214	200,623	1,281,036
40.00 04000	SUBPROVIDER - IPF	749,307	0	52,649	147,349	949,305
41.00 04100	SUBPROVIDER - IRF	337,940	0	34,919	65,773	438,632
43.00 04300	NURSERY	333,769	0	12,713	64,304	410,786
44.00 04400	SKILLED NURSING FACILITY	678,340	0	25,836	131,527	835,703
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	2,706,601	0	106,446	335,467	3,148,514
51.00 05100	RECOVERY ROOM	162,131	0	9,884	32,720	204,735
52.00 05200	DELIVERY ROOM & LABOR ROOM	706,323	0	27,901	133,644	867,868
53.00 05300	ANESTHESIOLOGY	269,100	0	671	39,778	309,549
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,598,874	0	76,402	219,905	3,895,181
56.00 05600	RADIOISOTOPE	243,035	0	7,279	22,627	272,941
56.01 03630	ULTRA SOUND	307,989	0	0	63,545	371,534
56.02 03440	MAMMOGRAPHY	370,634	0	16,820	53,162	440,616
57.00 05700	CT SCAN	323,303	0	6,895	43,666	373,864
58.00 05800	MRI	171,421	0	0	29,406	200,827
59.00 05900	CARDIAC CATHETERIZATION	1,084,887	0	14,055	72,059	1,171,001
59.01 05901	GASTROINTESTINAL	830,716	0	25,985	92,584	949,285
60.00 06000	LABORATORY	51,398	0	69,030	13,129	133,557
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00 06300	BLOOD STORING PROCESSING & TRANS.	212,916	0	3,992	0	216,908
65.00 06500	RESPIRATORY THERAPY	476,553	0	7,887	80,268	564,708
66.00 06600	PHYSICAL THERAPY	677,648	0	30,026	137,457	845,131
66.01 06601	TCU REHAB	784	0	5,382	0	6,166
67.00 06700	OCCUPATIONAL THERAPY	350,669	0	0	72,160	422,829
68.00 06800	SPEECH PATHOLOGY	172,158	0	4,905	35,263	212,326
69.00 06900	ELECTROCARDIOLOGY	290,821	0	0	52,177	342,998
69.01 06901	CARDIAC REHAB	72,268	0	27,342	14,107	113,717
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,211,877	0	0	0	2,211,877
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	3,244,559	0	0	0	3,244,559
73.00 07300	DRUGS CHARGED TO PATIENTS	3,545,260	0	0	0	3,545,260
74.00 07400	RENAL DIALYSIS	327,236	0	1,099	9,036	337,371
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99 07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	2,266,550	0	48,713	402,756	2,718,019
91.01 09101	FAMILY PRACTICES	1,896,682	0	48,095	261,200	2,205,977
91.02 09102	PSYCH DAY HOSPITAL	79,208	0	19,634	15,299	114,141
91.03 09103	WOUND CARE	133,663	0	0	25,640	159,303
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
93.99 09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	74,593,494	0	2,591,150	6,485,227	74,296,891

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:
From 03/01/2018
To 06/30/2018

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Part I
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal			
		BLDG & FIXT	MVBLE EQUIP					
		0	1.00				2.00	4.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	3,653	0	3,653	190.00
191.00	19100	RESEARCH	-2,245	0	0	0	-2,245	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	11,367,325	0	342,752	1,445,689	13,155,766	192.00
194.00	07950	MARKETING	306,350	0	5,348	29,291	340,989	194.00
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0	194.01
194.02	07952	COMMUNITY RELATIONS	132,848	0	0	12,129	144,977	194.02
194.03	07953	RETAIL PHARMACY	0	0	23,350	0	23,350	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		-1,565,609	0	0	-1,565,609	201.00
202.00		TOTAL (sum lines 118 through 201)	86,397,772	-1,565,609	2,966,253	7,972,336	86,397,772	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0054		Period: From 03/01/2018 To 06/30/2018		Worksheet B Part I Date/Time Prepared: 11/30/2018 11:45 am	
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	19,363,043					5.00
6.00	00600	MAINTENANCE & REPAIRS	909,219	4,130,557				6.00
7.00	00700	OPERATION OF PLANT	0	0	0			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	89,297	4,385	0	410,060		8.00
9.00	00900	HOUSEKEEPING	339,833	57,323	0	0	1,601,175	9.00
10.00	01000	DIETARY	344,465	166,424	0	2,847	65,491	10.00
11.00	01100	CAFETERIA	6,955	62,888	0	0	24,748	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	127,838	12,861	0	0	5,061	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	19,470	35,844	0	5,428	14,105	14.00
15.00	01500	PHARMACY	322,189	44,329	0	0	17,444	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	228,496	46,184	0	0	18,174	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	695,631	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	628,610	53,746	0	411	21,150	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,333,098	816,850	0	165,490	321,447	30.00
31.00	03100	INTENSIVE CARE UNIT	361,571	72,011	0	15,932	28,338	31.00
40.00	04000	SUBPROVIDER - I/PF	267,940	134,375	0	16,751	52,879	40.00
41.00	04100	SUBPROVIDER - I/RF	123,803	89,124	0	13,938	35,072	41.00
43.00	04300	NURSERY	115,944	32,448	0	0	12,769	43.00
44.00	04400	SKILLED NURSING FACILITY	235,876	65,942	0	17,106	25,949	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	888,665	271,681	0	17,151	106,912	50.00
51.00	05100	RECOVERY ROOM	57,786	25,228	0	9,905	9,928	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	244,955	71,212	0	14,957	28,023	52.00
53.00	05300	ANESTHESIOLOGY	87,370	1,712	0	2,288	674	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,099,411	194,999	0	29,523	76,736	54.00
56.00	05600	RADIO SOTOPE	77,037	18,578	0	0	7,311	56.00
56.01	03630	ULTRA SOUND	104,865	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	124,363	42,931	0	6,808	16,894	56.02
57.00	05700	CT SCAN	105,523	17,598	0	0	6,925	57.00
58.00	05800	MRI	56,683	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	330,514	35,872	0	5,801	14,116	59.00
59.01	05901	GASTROINTESTINAL	267,935	66,322	0	20,149	26,099	59.01
60.00	06000	LABORATORY	37,696	176,183	0	0	69,332	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	61,222	10,188	0	0	4,009	63.00
65.00	06500	RESPIRATORY THERAPY	159,388	20,129	0	0	7,921	65.00
66.00	06600	PHYSICAL THERAPY	238,537	76,634	0	7,377	30,157	66.00
66.01	06601	TCU REHAB	1,740	13,736	0	0	5,405	66.01
67.00	06700	OCCUPATIONAL THERAPY	119,343	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	59,929	12,519	0	0	4,926	68.00
69.00	06900	ELECTROCARDIOLOGY	96,811	0	0	1,156	0	69.00
69.01	06901	CARDIAC REHAB	32,097	69,785	0	220	27,462	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	624,300	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	915,774	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,000,646	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	95,223	2,806	0	0	1,104	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	767,158	124,330	0	47,083	48,926	91.00
91.01	09101	FAMILY PRACTICES	622,635	122,751	0	481	48,305	91.01
91.02	09102	PSYCH DAY HOSPITAL	32,216	50,113	0	0	19,720	91.02
91.03	09103	WOUND CARE	44,963	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,505,020	3,120,041	0	400,802	1,203,512	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,031	9,322	0	0	3,669	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	3,713,237	874,799	0	9,258	344,255	192.00
194.00	07950	MARKETING	96,244	13,651	0	0	5,372	194.00
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
194.02	07952 COMMUNITY RELATIONS	40,920	0	0	0	0	194.02
194.03	07953 RETAIL PHARMACY	6,591	59,597	0	0	23,453	194.03
194.04	07954 HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955 CATERED MEALS	0	0	0	0	0	194.05
194.06	07956 VACANT SPACE	0	53,147	0	0	20,914	194.06
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)	19,363,043	4,130,557	0	410,060	1,601,175	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,799,658					10.00
11.00	01100		119,231				11.00
12.00	01200			0			12.00
13.00	01300				598,685		13.00
14.00	01400					143,829	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		30,867				21.00
22.00	02200		19,522				22.00
23.00	02300						23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,223,777	3,953			28	30.00
31.00	03100	108,634					31.00
40.00	04000	204,329					40.00
41.00	04100	79,854					41.00
43.00	04300						43.00
44.00	04400	183,064					44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000						50.00
51.00	05100						51.00
52.00	05200						52.00
53.00	05300						53.00
54.00	05400						54.00
56.00	05600						56.00
56.01	03630						56.01
56.02	03440						56.02
57.00	05700						57.00
58.00	05800						58.00
59.00	05900						59.00
59.01	05901						59.01
60.00	06000						60.00
62.30	06250						62.30
63.00	06300						63.00
65.00	06500						65.00
66.00	06600						66.00
66.01	06601						66.01
67.00	06700						67.00
68.00	06800						68.00
69.00	06900						69.00
69.01	06901						69.01
71.00	07100					132,953	71.00
72.00	07200						72.00
73.00	07300						73.00
74.00	07400					21	74.00
76.97	07697						76.97
76.98	07698						76.98
76.99	07699						76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100						91.00
91.01	09101					899	91.01
91.02	09102						91.02
91.03	09103						91.03
92.00	09200						92.00
93.99	09399						93.99
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,799,658	54,342	0	133,901	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000						190.00
191.00	19100						191.00
192.00	19200		64,889		598,685	9,928	192.00
194.00	07950						194.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		DI ETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
194.01	07951 MACNEAL SCHOOL	0	0	0	0	0	194.01
194.02	07952 COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953 RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954 HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955 CATERED MEALS	0	0	0	0	0	194.05
194.06	07956 VACANT SPACE	0	0	0	0	0	194.06
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)	1,799,658	119,231	0	598,685	143,829	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet B Part I Date/Time Prepared: 11/30/2018 11:45 am
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	1,525,470					15.00
16.00	01600	0	1,102,408				16.00
17.00	01700	0	0	0			17.00
19.00	01900	0	0	0	0		19.00
20.00	02000	0	0	0		0	20.00
21.00	02100	0	0	0			21.00
22.00	02200	2,504	0	0			22.00
23.00	02300	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	76,517	0	0	0	30.00
31.00	03100	0	14,745	0	0	0	31.00
40.00	04000	0	9,426	0	0	0	40.00
41.00	04100	0	2,798	0	0	0	41.00
43.00	04300	0	3,758	0	0	0	43.00
44.00	04400	0	2,898	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	98,365	0	0	0	50.00
51.00	05100	0	12,336	0	0	0	51.00
52.00	05200	0	11,682	0	0	0	52.00
53.00	05300	0	35,919	0	0	0	53.00
54.00	05400	0	43,553	0	0	0	54.00
56.00	05600	0	11,926	0	0	0	56.00
56.01	03630	0	22,943	0	0	0	56.01
56.02	03440	0	18,846	0	0	0	56.02
57.00	05700	0	95,454	0	0	0	57.00
58.00	05800	0	27,880	0	0	0	58.00
59.00	05900	0	32,656	0	0	0	59.00
59.01	05901	0	45,966	0	0	0	59.01
60.00	06000	0	79,039	0	0	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	2,588	0	0	0	63.00
65.00	06500	0	7,027	0	0	0	65.00
66.00	06600	0	14,797	0	0	0	66.00
66.01	06601	0	0	0	0	0	66.01
67.00	06700	0	6,610	0	0	0	67.00
68.00	06800	0	2,782	0	0	0	68.00
69.00	06900	0	26,699	0	0	0	69.00
69.01	06901	0	1,831	0	0	0	69.01
71.00	07100	0	54,756	0	0	0	71.00
72.00	07200	0	38,458	0	0	0	72.00
73.00	07300	1,522,966	153,357	0	0	0	73.00
74.00	07400	0	961	0	0	0	74.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	0	95,200	0	0	0	91.00
91.01	09101	0	4,235	0	0	0	91.01
91.02	09102	0	3,864	0	0	0	91.02
91.03	09103	0	1,124	0	0	0	91.03
92.00	09200	0	0	0	0	0	92.00
93.99	09399	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS							
118.00		1,525,470	1,060,996	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	41,392	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
194.01	07951 MACNEAL SCHOOL	0	0	0	0	0	0 194.01
194.02	07952 COMMUNITY RELATIONS	0	20	0	0	0	0 194.02
194.03	07953 RETAIL PHARMACY	0	0	0	0	0	0 194.03
194.04	07954 HOME DELIVERED MEALS	0	0	0	0	0	0 194.04
194.05	07955 CATERED MEALS	0	0	0	0	0	0 194.05
194.06	07956 VACANT SPACE	0	0	0	0	0	0 194.06
200.00	Cross Foot Adjustments						0 200.00
201.00	Negative Cost Centers	0	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	1,525,470	1,102,408	0	0	0	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet B
Part I
Date/Time Prepared:
11/30/2018 11:45 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
	21.00	22.00					23.00
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.00 00500 ADMINISTRATIVE & GENERAL						5.00	
6.00 00600 MAINTENANCE & REPAIRS						6.00	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA						11.00	
12.00 01200 MAINTENANCE OF PERSONNEL						12.00	
13.00 01300 NURSING ADMINISTRATION						13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00	
15.00 01500 PHARMACY						15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00	
17.00 01700 SOCIAL SERVICE						17.00	
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00	
20.00 02000 NURSING SCHOOL						20.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	3,191,099					21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV		2,953,091				22.00	
23.00 02300 PARAMED PRGM-(SPECIFY)			0			23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	1,788,612	1,655,208	0	16,651,080	-3,443,820	30.00	
31.00 03100 INTENSIVE CARE UNIT	0	0	0	1,882,267	0	31.00	
40.00 04000 SUBPROVIDER - IPF	12,445	11,517	0	1,658,967	-23,962	40.00	
41.00 04100 SUBPROVIDER - IRF	0	0	0	783,221	0	41.00	
43.00 04300 NURSERY	0	0	0	575,705	0	43.00	
44.00 04400 SKILLED NURSING FACILITY	0	0	0	1,366,538	0	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	134,664	124,620	0	4,790,572	-259,284	50.00	
51.00 05100 RECOVERY ROOM	0	0	0	319,918	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	1,238,697	0	52.00	
53.00 05300 ANESTHESIOLOGY	0	0	0	437,512	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	5,339,403	0	54.00	
56.00 05600 RADIOISOTOPE	0	0	0	387,793	0	56.00	
56.01 03630 ULTRASOUND	0	0	0	499,342	0	56.01	
56.02 03440 MAMMOGRAPHY	0	0	0	650,458	0	56.02	
57.00 05700 CT SCAN	0	0	0	599,364	0	57.00	
58.00 05800 MRI	0	0	0	285,390	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	1,589,960	0	59.00	
59.01 05901 GASTROINTESTINAL	0	0	0	1,375,756	0	59.01	
60.00 06000 LABORATORY	0	0	0	495,807	0	60.00	
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30	
63.00 06300 BLOOD STORING PROCESSING & TRANS.	0	0	0	294,915	0	63.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	759,173	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	1,212,633	0	66.00	
66.01 06601 TCU REHAB	0	0	0	27,047	0	66.01	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	548,782	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	292,482	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	467,664	0	69.00	
69.01 06901 CARDIAC REHAB	0	0	0	245,112	0	69.01	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,023,886	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,198,791	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	6,222,229	0	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	437,486	0	74.00	
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98	
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS							
91.00 09100 EMERGENCY	91,265	84,458	0	3,976,439	-175,723	91.00	
91.01 09101 FAMILY PRACTICES	1,164,113	1,077,288	0	5,246,684	-2,241,401	91.01	
91.02 09102 PSYCH DAY HOSPITAL	0	0	0	220,054	0	91.02	
91.03 09103 WOUND CARE	0	0	0	205,390	0	91.03	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00	
93.99 09399 PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	3,191,099	2,953,091	0	68,306,517	-6,144,190	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet B
Part I
Date/Time Prepared:
11/30/2018 11:45 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments			
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV						
	21.00	22.00						
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	17,675	0	190.00
191.00	19100	RESEARCH	0	0	0	-2,245	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	18,812,209	0	192.00
194.00	07950	MARKETING	0	0	0	456,256	0	194.00
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0	194.01
194.02	07952	COMMUNITY RELATIONS	0	0	0	185,917	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	112,991	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	74,061	0	194.06
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	-1,565,609	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,191,099	2,953,091	0	86,397,772	-6,144,190	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet B Part I Date/Time Prepared: 11/30/2018 11:45 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	13,207,260	30.00
31.00	03100 INTENSIVE CARE UNIT	1,882,267	31.00
40.00	04000 SUBPROVIDER - IPF	1,635,005	40.00
41.00	04100 SUBPROVIDER - IRF	783,221	41.00
43.00	04300 NURSERY	575,705	43.00
44.00	04400 SKILLED NURSING FACILITY	1,366,538	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	4,531,288	50.00
51.00	05100 RECOVERY ROOM	319,918	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,238,697	52.00
53.00	05300 ANESTHESIOLOGY	437,512	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,339,403	54.00
56.00	05600 RADIOISOTOPE	387,793	56.00
56.01	03630 ULTRA SOUND	499,342	56.01
56.02	03440 MAMMOGRAPHY	650,458	56.02
57.00	05700 CT SCAN	599,364	57.00
58.00	05800 MRI	285,390	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,589,960	59.00
59.01	05901 GASTROINTESTINAL	1,375,756	59.01
60.00	06000 LABORATORY	495,807	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	294,915	63.00
65.00	06500 RESPIRATORY THERAPY	759,173	65.00
66.00	06600 PHYSICAL THERAPY	1,212,633	66.00
66.01	06601 TCU REHAB	27,047	66.01
67.00	06700 OCCUPATIONAL THERAPY	548,782	67.00
68.00	06800 SPEECH PATHOLOGY	292,482	68.00
69.00	06900 ELECTROCARDIOLOGY	467,664	69.00
69.01	06901 CARDIAC REHAB	245,112	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3,023,886	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	4,198,791	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	6,222,229	73.00
74.00	07400 RENAL DIALYSIS	437,486	74.00
76.97	07697 CARDIAC REHABILITATION	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699 LI THOTRI PSY	0	76.99
OUTPATIENT SERVICE COST CENTERS			
91.00	09100 EMERGENCY	3,800,716	91.00
91.01	09101 FAMILY PRACTICES	3,005,283	91.01
91.02	09102 PSYCH DAY HOSPITAL	220,054	91.02
91.03	09103 WOUND CARE	205,390	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0	93.99
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	62,162,327	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT FLOWER COFFEE SHOP & CANTEEN	17,675	190.00
191.00	19100 RESEARCH	-2,245	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	18,812,209	192.00
194.00	07950 MARKETING	456,256	194.00
194.01	07951 MACNEAL SCHOOL	0	194.01
194.02	07952 COMMUNITY RELATIONS	185,917	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet B
Part I
Date/Time Prepared:
11/30/2018 11:45 am

Cost Center Description		Total	
		26.00	
194.03 07953	RETAIL PHARMACY	112,991	194.03
194.04 07954	HOME DELIVERED MEALS	0	194.04
194.05 07955	CATERED MEALS	0	194.05
194.06 07956	VACANT SPACE	74,061	194.06
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	-1,565,609	201.00
202.00	TOTAL (sum lines 118 through 201)	80,253,582	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/30/2018 11:45 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT
		BLDG & FIXT	MVBLE EQUIP		
		1.00	2.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	0	276,052	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	1,092,650	6.00
7.00 00700	OPERATION OF PLANT	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	1,718	8.00
9.00 00900	HOUSEKEEPING	0	0	22,460	9.00
10.00 01000	DIETARY	0	0	65,206	10.00
11.00 01100	CAFETERIA	0	0	24,640	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	0	5,039	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	14,044	14.00
15.00 01500	PHARMACY	0	0	17,368	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	18,095	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	21,058	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	0	320,046	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	28,214	31.00
40.00 04000	SUBPROVIDER - I PF	0	0	52,649	40.00
41.00 04100	SUBPROVIDER - I RF	0	0	34,919	41.00
43.00 04300	NURSERY	0	0	12,713	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	25,836	44.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	0	106,446	50.00
51.00 05100	RECOVERY ROOM	0	0	9,884	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	27,901	52.00
53.00 05300	ANESTHESIOLOGY	0	0	671	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	76,402	54.00
56.00 05600	RADIOLOGY	0	0	7,279	56.00
56.01 03630	ULTRASOUND	0	0	0	56.01
56.02 03440	MAMMOGRAPHY	0	0	16,820	56.02
57.00 05700	CT SCAN	0	0	6,895	57.00
58.00 05800	MRI	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	14,055	59.00
59.01 05901	GASTROINTESTINAL	0	0	25,985	59.01
60.00 06000	LABORATORY	0	0	69,030	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
63.00 06300	BLOOD STORING PROCESSING & TRANS.	0	0	3,992	63.00
65.00 06500	RESPIRATORY THERAPY	0	0	7,887	65.00
66.00 06600	PHYSICAL THERAPY	0	0	30,026	66.00
66.01 06601	TCU REHAB	0	0	5,382	66.01
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	4,905	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	69.00
69.01 06901	CARDIAC REHAB	0	0	27,342	69.01
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	0	0	1,099	74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99 07699	LITHIOTHERAPY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00 09100	EMERGENCY	0	0	48,713	91.00
91.01 09101	FAMILY PRACTICES	0	0	48,095	91.01
91.02 09102	PSYCH DAY HOSPITAL	0	0	19,634	91.02
91.03 09103	WOUND CARE	0	0	0	91.03
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
93.99 09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	2,591,150	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	3,653	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet B
Part II
Date/Time Prepared:
11/30/2018 11:45 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
191.00 19100 RESEARCH	0	0	0	0	0	0 191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0	342,752	342,752	0	0 192.00
194.00 07950 MARKETING	0	0	5,348	5,348	0	0 194.00
194.01 07951 MACNEAL SCHOOL	0	0	0	0	0	0 194.01
194.02 07952 COMMUNITY RELATIONS	0	0	0	0	0	0 194.02
194.03 07953 RETAIL PHARMACY	0	0	23,350	23,350	0	0 194.03
194.04 07954 HOME DELIVERED MEALS	0	0	0	0	0	0 194.04
194.05 07955 CATERED MEALS	0	0	0	0	0	0 194.05
194.06 07956 VACANT SPACE	0	0	0	0	0	0 194.06
200.00 Cross Foot Adjustments					0	0 200.00
201.00 Negative Cost Centers		-1,565,609	0	-1,565,609	0	0 201.00
202.00 TOTAL (sum lines 118 through 201)	0	-1,565,609	2,966,253	1,400,644	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/30/2018 11:45 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	276,052				5.00
6.00	00600	MAINTENANCE & REPAIRS	12,963	1,105,613			6.00
7.00	00700	OPERATION OF PLANT	0	0	0		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,273	1,174	0	4,165	8.00
9.00	00900	HOUSEKEEPING	4,845	15,343	0	0	42,648
10.00	01000	DIETARY	4,911	44,546	0	29	1,744
11.00	01100	CAFETERIA	99	16,833	0	0	659
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,823	3,442	0	0	135
14.00	01400	CENTRAL SERVICES & SUPPLY	278	9,594	0	55	376
15.00	01500	PHARMACY	4,593	11,865	0	0	465
16.00	01600	MEDICAL RECORDS & LIBRARY	3,258	12,362	0	0	484
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	9,918	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	8,962	14,386	0	4	563
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	33,263	218,644	0	1,680	8,562
31.00	03100	INTENSIVE CARE UNIT	5,155	19,275	0	162	755
40.00	04000	SUBPROVIDER - I/PF	3,820	35,968	0	170	1,408
41.00	04100	SUBPROVIDER - I/RF	1,765	23,855	0	142	934
43.00	04300	NURSERY	1,653	8,685	0	0	340
44.00	04400	SKILLED NURSING FACILITY	3,363	17,650	0	174	691
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	12,670	72,720	0	174	2,848
51.00	05100	RECOVERY ROOM	824	6,753	0	101	264
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,492	19,061	0	152	746
53.00	05300	ANESTHESIOLOGY	1,246	458	0	23	18
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,674	52,195	0	300	2,044
56.00	05600	RADIO SOTOPE	1,098	4,973	0	0	195
56.01	03630	ULTRA SOUND	1,495	0	0	0	0
56.02	03440	MAMMOGRAPHY	1,773	11,491	0	69	450
57.00	05700	CT SCAN	1,504	4,710	0	0	184
58.00	05800	MRI	808	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	4,712	9,602	0	59	376
59.01	05901	GASTROINTESTINAL	3,820	17,752	0	205	695
60.00	06000	LABORATORY	537	47,158	0	0	1,847
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00	06300	BLOOD STORING PROCESSING & TRANS.	873	2,727	0	0	107
65.00	06500	RESPIRATORY THERAPY	2,272	5,388	0	0	211
66.00	06600	PHYSICAL THERAPY	3,401	20,512	0	75	803
66.01	06601	TCU REHAB	25	3,677	0	0	144
67.00	06700	OCCUPATIONAL THERAPY	1,701	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	854	3,351	0	0	131
69.00	06900	ELECTROCARDIOLOGY	1,380	0	0	12	0
69.01	06901	CARDIAC REHAB	458	18,679	0	2	731
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,901	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,056	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	14,266	0	0	0	0
74.00	07400	RENAL DIALYSIS	1,358	751	0	0	29
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRI PSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	10,937	33,279	0	478	1,303
91.01	09101	FAMILY PRACTICES	8,877	32,856	0	5	1,287
91.02	09102	PSYCH DAY HOSPITAL	459	13,413	0	0	525
91.03	09103	WOUND CARE	641	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	221,054	835,128	0	4,071	32,054
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	15	2,495	0	0	98
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS PRIVATE OFFICES	52,934	234,158	0	94	9,171
194.00	07950	MARKETING	1,372	3,654	0	0	143
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0054		Period: From 03/01/2018 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 11/30/2018 11:45 am	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
194.02	07952 COMMUNITY RELATIONS	583	0	0	0	0	194.02
194.03	07953 RETAIL PHARMACY	94	15,952	0	0	625	194.03
194.04	07954 HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955 CATERED MEALS	0	0	0	0	0	194.05
194.06	07956 VACANT SPACE	0	14,226	0	0	557	194.06
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)	276,052	1,105,613	0	4,165	42,648	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0054		Period: From 03/01/2018 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 11/30/2018 11:45 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	116,436					10.00
11.00	01100	CAFETERIA	0	42,231				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	10,439		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	24,347	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	10,933	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	6,915	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	79,177	1,400	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	7,029	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - I/PF	13,220	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	5,166	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	11,844	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	0	0	0	0	0	56.02
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
59.01	05901	GASTROINTESTINAL	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	TCU REHAB	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	22,505	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	4	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	FAMILY PRACTICES	0	0	0	0	152	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	0	0	0	91.02
91.03	09103	WOUND CARE	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	116,436	19,248	0	0	22,666	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	22,983	0	10,439	1,681	192.00
194.00	07950	MARKETING	0	0	0	0	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet B
Part II
Date/Time Prepared:
11/30/2018 11:45 am

Cost Center Description		DI ETARY	CAFETERIA	MAI NTENANCE OF PERSONNEL	NURSI NG ADM NI STRATI ON	CENTRAL SERVI CES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
194.01	07951 MACNEAL SCHOOL	0	0	0	0	0	194.01
194.02	07952 COMMUNI TY RELATIONS	0	0	0	0	0	194.02
194.03	07953 RETAI L PHARMACY	0	0	0	0	0	194.03
194.04	07954 HOME DELI VERED MEALS	0	0	0	0	0	194.04
194.05	07955 CATERED MEALS	0	0	0	0	0	194.05
194.06	07956 VACANT SPACE	0	0	0	0	0	194.06
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)	116,436	42,231	0	10,439	24,347	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/30/2018 11:45 am		
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
			15.00	16.00	17.00	19.00	20.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	34,291				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	34,199			16.00
17.00	01700	SOCIAL SERVICE	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	56	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	2,385	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	460	0		31.00
40.00	04000	SUBPROVIDER - I/PF	0	294	0		40.00
41.00	04100	SUBPROVIDER - I/RF	0	87	0		41.00
43.00	04300	NURSERY	0	117	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	90	0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	3,066	0		50.00
51.00	05100	RECOVERY ROOM	0	384	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	364	0		52.00
53.00	05300	ANESTHESIOLOGY	0	1,120	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,357	0		54.00
56.00	05600	RADIOISOTOPE	0	372	0		56.00
56.01	03630	ULTRA SOUND	0	715	0		56.01
56.02	03440	MAMMOGRAPHY	0	587	0		56.02
57.00	05700	CT SCAN	0	2,975	0		57.00
58.00	05800	MRI	0	869	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,018	0		59.00
59.01	05901	GASTROINTESTINAL	0	1,433	0		59.01
60.00	06000	LABORATORY	0	2,463	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	81	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	219	0		65.00
66.00	06600	PHYSICAL THERAPY	0	461	0		66.00
66.01	06601	TCU REHAB	0	0	0		66.01
67.00	06700	OCCUPATIONAL THERAPY	0	206	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	87	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	832	0		69.00
69.01	06901	CARDIAC REHAB	0	57	0		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,707	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,199	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,235	4,619	0		73.00
74.00	07400	RENAL DIALYSIS	0	30	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	2,967	0		91.00
91.01	09101	FAMILY PRACTICES	0	132	0		91.01
91.02	09102	PSYCH DAY HOSPITAL	0	120	0		91.02
91.03	09103	WOUND CARE	0	35	0		91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0		93.99
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	34,291	32,908	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0		190.00
191.00	19100	RESEARCH	0	0	0		191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	1,290	0		192.00
194.00	07950	MARKETING	0	0	0		194.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0054			Period: From 03/01/2018 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 11/30/2018 11:45 am	
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL		
		15.00	16.00	17.00	19.00	20.00		
194.01	07951 MACNEAL SCHOOL	0	0	0				194.01
194.02	07952 COMMUNITY RELATIONS	0	1	0				194.02
194.03	07953 RETAIL PHARMACY	0	0	0				194.03
194.04	07954 HOME DELIVERED MEALS	0	0	0				194.04
194.05	07955 CATERED MEALS	0	0	0				194.05
194.06	07956 VACANT SPACE	0	0	0				194.06
200.00	Cross Foot Adjustments					0		200.00
201.00	Negative Cost Centers	0	0	0		0		201.00
202.00	TOTAL (sum lines 118 through 201)	34,291	34,199	0		0		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/30/2018 11:45 am
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
	21.00	22.00			
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
12.00 01200	MAINTENANCE OF PERSONNEL				12.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000	NURSING SCHOOL				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	20,851			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		51,944		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)			0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS			665,162	0 30.00
31.00 03100	INTENSIVE CARE UNIT			61,050	0 31.00
40.00 04000	SUBPROVIDER - IPF			107,529	0 40.00
41.00 04100	SUBPROVIDER - IRF			66,868	0 41.00
43.00 04300	NURSERY			23,508	0 43.00
44.00 04400	SKILLED NURSING FACILITY			59,648	0 44.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM			197,924	0 50.00
51.00 05100	RECOVERY ROOM			18,210	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM			51,716	0 52.00
53.00 05300	ANESTHESIOLOGY			3,536	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC			147,972	0 54.00
56.00 05600	RADIOISOTOPE			13,917	0 56.00
56.01 03630	ULTRA SOUND			2,210	0 56.01
56.02 03440	MAMMOGRAPHY			31,190	0 56.02
57.00 05700	CT SCAN			16,268	0 57.00
58.00 05800	MRI			1,677	0 58.00
59.00 05900	CARDIAC CATHETERIZATION			29,822	0 59.00
59.01 05901	GASTROINTESTINAL			49,890	0 59.01
60.00 06000	LABORATORY			121,035	0 60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS			0	0 62.30
63.00 06300	BLOOD STORING PROCESSING & TRANS.			7,780	0 63.00
65.00 06500	RESPIRATORY THERAPY			15,977	0 65.00
66.00 06600	PHYSICAL THERAPY			55,278	0 66.00
66.01 06601	TCU REHAB			9,228	0 66.01
67.00 06700	OCCUPATIONAL THERAPY			1,907	0 67.00
68.00 06800	SPEECH PATHOLOGY			9,328	0 68.00
69.00 06900	ELECTROCARDIOLOGY			2,224	0 69.00
69.01 06901	CARDIAC HEHAB			47,269	0 69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT			33,113	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS			14,255	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS			53,120	0 73.00
74.00 07400	RENAL DIALYSIS			3,271	0 74.00
76.97 07697	CARDIAC REHABILITATION			0	0 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY			0	0 76.98
76.99 07699	LITHOTRIPSY			0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
91.00 09100	EMERGENCY			97,677	0 91.00
91.01 09101	FAMILY PRACTICES			91,404	0 91.01
91.02 09102	PSYCH DAY HOSPITAL			34,151	0 91.02
91.03 09103	WOUND CARE			676	0 91.03
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0 92.00
93.99 09399	PARTIAL HOSPITALIZATION PROGRAM			0	0 93.99
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	2,145,790

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet B
Part II
Date/Time Prepared:
11/30/2018 11:45 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
	21.00	22.00			
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN		6,261	0
191.00	19100	RESEARCH		0	0
192.00	19200	PHYSICIANS PRIVATE OFFICES		675,502	0
194.00	07950	MARKETING		10,517	0
194.01	07951	MACNEAL SCHOOL		0	0
194.02	07952	COMMUNITY RELATIONS		584	0
194.03	07953	RETAIL PHARMACY		40,021	0
194.04	07954	HOME DELIVERED MEALS		0	0
194.05	07955	CATERED MEALS		0	0
194.06	07956	VACANT SPACE		14,783	0
200.00		Cross Foot Adjustments	20,851	51,944	0
201.00		Negative Cost Centers	0	0	-1,565,609
202.00		TOTAL (sum lines 118 through 201)	20,851	51,944	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/30/2018 11:45 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	665,162	30.00
31.00	03100 INTENSIVE CARE UNIT	61,050	31.00
40.00	04000 SUBPROVIDER - IPF	107,529	40.00
41.00	04100 SUBPROVIDER - IRF	66,868	41.00
43.00	04300 NURSERY	23,508	43.00
44.00	04400 SKILLED NURSING FACILITY	59,648	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	197,924	50.00
51.00	05100 RECOVERY ROOM	18,210	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	51,716	52.00
53.00	05300 ANESTHESIOLOGY	3,536	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	147,972	54.00
56.00	05600 RADIOISOTOPE	13,917	56.00
56.01	03630 ULTRA SOUND	2,210	56.01
56.02	03440 MAMMOGRAPHY	31,190	56.02
57.00	05700 CT SCAN	16,268	57.00
58.00	05800 MRI	1,677	58.00
59.00	05900 CARDIAC CATHETERIZATION	29,822	59.00
59.01	05901 GASTROINTESTINAL	49,890	59.01
60.00	06000 LABORATORY	121,035	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	7,780	63.00
65.00	06500 RESPIRATORY THERAPY	15,977	65.00
66.00	06600 PHYSICAL THERAPY	55,278	66.00
66.01	06601 TCU REHAB	9,228	66.01
67.00	06700 OCCUPATIONAL THERAPY	1,907	67.00
68.00	06800 SPEECH PATHOLOGY	9,328	68.00
69.00	06900 ELECTROCARDIOLOGY	2,224	69.00
69.01	06901 CARDIAC REHAB	47,269	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	33,113	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	14,255	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	53,120	73.00
74.00	07400 RENAL DIALYSIS	3,271	74.00
76.97	07697 CARDIAC REHABILITATION	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699 LI THOTRI PSY	0	76.99
OUTPATIENT SERVICE COST CENTERS			
91.00	09100 EMERGENCY	97,677	91.00
91.01	09101 FAMILY PRACTICES	91,404	91.01
91.02	09102 PSYCH DAY HOSPITAL	34,151	91.02
91.03	09103 WOUND CARE	676	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0	93.99
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,145,790	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT FLOWER COFFEE SHOP & CANTEEN	6,261	190.00
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS PRIVATE OFFICES	675,502	192.00
194.00	07950 MARKETING	10,517	194.00
194.01	07951 MACNEAL SCHOOL	0	194.01
194.02	07952 COMMUNITY RELATIONS	584	194.02

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 11/30/2018 11:45 am
Cost Center Description		Total		
		26.00		
194.03	07953 RETAIL PHARMACY	40,021		194.03
194.04	07954 HOME DELIVERED MEALS	0		194.04
194.05	07955 CATERED MEALS	0		194.05
194.06	07956 VACANT SPACE	14,783		194.06
200.00	Cross Foot Adjustments	72,795		200.00
201.00	Negative Cost Centers	-1,565,609		201.00
202.00	TOTAL (sum lines 118 through 201)	1,400,644		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/30/2018 11:45 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	801,447				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		795,860			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	38,956,892		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	74,066	74,066	3,630,510	-19,363,043	5.00
6.00 00600	MAINTENANCE & REPAIRS	293,163	293,163	605,588	0	6.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	461	461	166,956	0	8.00
9.00 00900	HOUSEKEEPING	6,026	6,026	727,202	0	9.00
10.00 01000	DIETARY	17,495	17,495	798,704	0	10.00
11.00 01100	CAFETERIA	6,611	6,611	0	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	1,352	1,352	357,293	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	3,768	3,768	146,920	0	14.00
15.00 01500	PHARMACY	4,660	4,660	950,875	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,855	4,855	562,851	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	2,045,915	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,650	5,650	1,293,585	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	85,870	85,870	6,395,904	0	30.00
31.00 03100	INTENSIVE CARE UNIT	7,570	7,570	980,347	0	31.00
40.00 04000	SUBPROVIDER - IPF	14,126	14,126	720,023	0	40.00
41.00 04100	SUBPROVIDER - IRF	9,369	9,369	321,399	0	41.00
43.00 04300	NURSERY	3,411	3,411	314,224	0	43.00
44.00 04400	SKILLED NURSING FACILITY	6,932	6,932	642,706	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	28,560	28,560	1,639,265	0	50.00
51.00 05100	RECOVERY ROOM	2,652	2,652	159,887	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	7,486	7,486	653,051	0	52.00
53.00 05300	ANESTHESIOLOGY	180	180	194,374	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	20,499	20,499	1,074,570	0	54.00
56.00 05600	RADIOISOTOPE	1,953	1,953	110,568	0	56.00
56.01 03630	ULTRA SOUND	0	0	310,513	0	56.01
56.02 03440	MAMMOGRAPHY	4,513	4,513	259,776	0	56.02
57.00 05700	CT SCAN	1,850	1,850	213,376	0	57.00
58.00 05800	MRI	0	0	143,695	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	3,771	3,771	352,115	0	59.00
59.01 05901	GASTROINTESTINAL	6,972	6,972	452,414	0	59.01
60.00 06000	LABORATORY	18,521	18,521	64,156	0	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00 06300	BLOOD STORING PROCESSING & TRANS.	1,071	1,071	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	2,116	2,116	392,230	0	65.00
66.00 06600	PHYSICAL THERAPY	8,056	8,056	671,687	0	66.00
66.01 06601	TCU REHAB	1,444	1,444	0	0	66.01
67.00 06700	OCCUPATIONAL THERAPY	0	0	352,611	0	67.00
68.00 06800	SPEECH PATHOLOGY	1,316	1,316	172,312	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	254,962	0	69.00
69.01 06901	CARDIAC REHAB	7,336	7,336	68,933	0	69.01
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	295	295	44,156	0	74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	13,070	13,070	1,968,071	0	91.00
91.01 09101	FAMILY PRACTICES	12,904	12,904	1,276,358	0	91.01
91.02 09102	PSYCH DAY HOSPITAL	5,268	5,268	74,758	0	91.02
91.03 09103	WOUND CARE	0	0	125,289	0	91.03
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
93.99 09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	695,218	695,218	31,690,129	-19,363,043	54,933,848

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/30/2018 11:45 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)						
	1.00	2.00					4.00	5A
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	980	980	0	0	3,653	190.00
191.00	19100	RESEARCH	0	0	0	2,245	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	91,962	91,962	7,064,364	0	13,155,766	192.00
194.00	07950	MARKETING	1,435	1,435	143,129	0	340,989	194.00
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0	194.01
194.02	07952	COMMUNITY RELATIONS	0	0	59,270	0	144,977	194.02
194.03	07953	RETAIL PHARMACY	6,265	6,265	0	0	23,350	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	5,587	0	0	0	0	194.06
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)	-1,565,609	2,966,253	7,972,336		19,363,043	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	3.727104	0.204645		0.282249	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0		276,052	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000		0.004024	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: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/30/2018 11:45 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	434,218					6.00
7.00	00700	0	0				7.00
8.00	00800	461	0	569,628			8.00
9.00	00900	6,026	0	0	427,731		9.00
10.00	01000	17,495	0	3,955	17,495	99,861	10.00
11.00	01100	6,611	0	0	6,611	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	1,352	0	0	1,352	0	13.00
14.00	01400	3,768	0	7,540	3,768	0	14.00
15.00	01500	4,660	0	0	4,660	0	15.00
16.00	01600	4,855	0	0	4,855	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	5,650	0	571	5,650	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	85,870	0	229,887	85,870	67,906	30.00
31.00	03100	7,570	0	22,131	7,570	6,028	31.00
40.00	04000	14,126	0	23,270	14,126	11,338	40.00
41.00	04100	9,369	0	19,362	9,369	4,431	41.00
43.00	04300	3,411	0	0	3,411	0	43.00
44.00	04400	6,932	0	23,762	6,932	10,158	44.00
ANCLLARY SERVICE COST CENTERS							
50.00	05000	28,560	0	23,825	28,560	0	50.00
51.00	05100	2,652	0	13,759	2,652	0	51.00
52.00	05200	7,486	0	20,777	7,486	0	52.00
53.00	05300	180	0	3,179	180	0	53.00
54.00	05400	20,499	0	41,012	20,499	0	54.00
56.00	05600	1,953	0	0	1,953	0	56.00
56.01	03630	0	0	0	0	0	56.01
56.02	03440	4,513	0	9,457	4,513	0	56.02
57.00	05700	1,850	0	0	1,850	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	3,771	0	8,058	3,771	0	59.00
59.01	05901	6,972	0	27,989	6,972	0	59.01
60.00	06000	18,521	0	0	18,521	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	1,071	0	0	1,071	0	63.00
65.00	06500	2,116	0	0	2,116	0	65.00
66.00	06600	8,056	0	10,248	8,056	0	66.00
66.01	06601	1,444	0	0	1,444	0	66.01
67.00	06700	0	0	0	0	0	67.00
68.00	06800	1,316	0	0	1,316	0	68.00
69.00	06900	0	0	1,606	0	0	69.00
69.01	06901	7,336	0	306	7,336	0	69.01
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	295	0	0	295	0	74.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	13,070	0	65,405	13,070	0	91.00
91.01	09101	12,904	0	668	12,904	0	91.01
91.02	09102	5,268	0	0	5,268	0	91.02
91.03	09103	0	0	0	0	0	91.03
92.00	09200	0	0	0	0	0	92.00
93.99	09399	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS							
118.00		327,989	0	556,767	321,502	99,861	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	980	0	0	980	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	91,962	0	12,861	91,962	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/30/2018 11:45 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)		
		6.00	7.00	8.00	9.00	10.00		
194.00	07950	MARKETING	1,435	0	0	1,435	0	194.00
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0	194.01
194.02	07952	COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	6,265	0	0	6,265	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	5,587	0	0	5,587	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,130,557	0	410,060	1,601,175	1,799,658	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.512634	0.000000	0.719873	3.743416	18.021630	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,105,613	0	4,165	42,648	116,436	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.546216	0.000000	0.007312	0.099708	1.165981	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: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/30/2018 11:45 am

Cost Center Description			CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	8,807					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	0	0	359			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	2,220,235		14.00
15.00	01500	PHARMACY	0	0	0	0	3,551,089	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,280	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,442	0	0	0	5,829	22.00
23.00	02300	PARAMED ED PRGM-(SPECFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	292	0	0	430	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	0	0	0	0	0	56.02
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
59.01	05901	GASTROINTESTINAL	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	TCU REHAB	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	CARDIAC HEHAB	0	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,052,339	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	3,545,260	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	320	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	FAMILY PRACTICES	0	0	0	13,884	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	0	0	0	91.02
91.03	09103	WOUND CARE	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,014	0	0	2,066,973	3,551,089	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/30/2018 11:45 am

Cost Center Description		CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
192.00	19200	4,793	0	359	153,262	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	0	0	0	194.06
200.00							200.00
201.00							201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	119,231	0	598,685	143,829	1,525,470	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	13.538208	0.000000	1,667.646240	0.064781	0.429578	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	42,231	0	10,439	24,347	34,291	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	4.795163	0.000000	29.077994	0.010966	0.009656	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: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/30/2018 11:45 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	582,366,711				16.00
17.00	01700	SOCIAL SERVICE	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		10,000	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	40,421,213	0	0	5,605	30.00
31.00	03100	INTENSIVE CARE UNIT	7,788,975	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	4,979,469	0	0	39	40.00
41.00	04100	SUBPROVIDER - IRF	1,478,048	0	0	0	41.00
43.00	04300	NURSERY	1,985,101	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,531,140	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	51,962,593	0	0	422	50.00
51.00	05100	RECOVERY ROOM	6,516,462	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,171,233	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	18,974,632	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,007,415	0	0	0	54.00
56.00	05600	RADIOISOTOPE	6,300,216	0	0	0	56.00
56.01	03630	ULTRA SOUND	12,119,983	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	9,955,447	0	0	0	56.02
57.00	05700	CT SCAN	50,424,817	0	0	0	57.00
58.00	05800	MRI	14,727,970	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,251,137	0	0	0	59.00
59.01	05901	GASTROINTESTINAL	24,282,060	0	0	0	59.01
60.00	06000	LABORATORY	41,753,170	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	1,366,885	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	3,711,907	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	7,816,615	0	0	0	66.00
66.01	06601	TCU REHAB	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	3,491,590	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,469,564	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	14,103,923	0	0	0	69.00
69.01	06901	CARDIAC REHAB	967,100	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	28,925,612	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,315,781	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	81,019,533	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	507,890	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	50,290,467	0	0	286	91.00
91.01	09101	FAMILY PRACTICES	2,237,084	0	0	3,648	91.01
91.02	09102	PSYCH DAY HOSPITAL	2,041,389	0	0	0	91.02
91.03	09103	WOUND CARE	593,736	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	560,490,157	0	0	10,000	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/30/2018 11:45 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)		
	16.00	17.00	19.00	20.00	21.00		
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	21,865,836	0	0	0	192.00
194.00	07950	MARKETING	0	0	0	0	194.00
194.01	07951	MACNEAL SCHOOL	0	0	0	0	194.01
194.02	07952	COMMUNITY RELATIONS	10,718	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	0	194.06
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)	1,102,408	0	0	3,191,099	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.001893	0.000000	0.000000	0.000000	319.109900
204.00		Cost to be allocated (per Wkst. B, Part II)	34,199	0	0	0	20,851
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000059	0.000000	0.000000	0.000000	2.085100
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet B-1
Date/Time Prepared:
11/30/2018 11:45 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)		
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	22.00			
GENERAL SERVICE COST CENTERS				
1.00 00100 CAP REL COSTS-BLDG & FIXT			1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP			2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT			4.00	
5.00 00500 ADMINISTRATIVE & GENERAL			5.00	
6.00 00600 MAINTENANCE & REPAIRS			6.00	
7.00 00700 OPERATION OF PLANT			7.00	
8.00 00800 LAUNDRY & LINEN SERVICE			8.00	
9.00 00900 HOUSEKEEPING			9.00	
10.00 01000 DIETARY			10.00	
11.00 01100 CAFETERIA			11.00	
12.00 01200 MAINTENANCE OF PERSONNEL			12.00	
13.00 01300 NURSING ADMINISTRATION			13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY			14.00	
15.00 01500 PHARMACY			15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY			16.00	
17.00 01700 SOCIAL SERVICE			17.00	
19.00 01900 NONPHYSICIAN ANESTHETISTS			19.00	
20.00 02000 NURSING SCHOOL			20.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV			21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	10,000		22.00	
23.00 02300 PARAMED PRGM-(SPECIFY)		0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS	5,605	0	30.00	
31.00 03100 INTENSIVE CARE UNIT	0	0	31.00	
40.00 04000 SUBPROVIDER - IPF	39	0	40.00	
41.00 04100 SUBPROVIDER - IRF	0	0	41.00	
43.00 04300 NURSERY	0	0	43.00	
44.00 04400 SKILLED NURSING FACILITY	0	0	44.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	422	0	50.00	
51.00 05100 RECOVERY ROOM	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00	
56.00 05600 RADIO SOTOPE	0	0	56.00	
56.01 03630 ULTRA SOUND	0	0	56.01	
56.02 03440 MAMMOGRAPHY	0	0	56.02	
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	
59.01 05901 GASTROINTESTINAL	0	0	59.01	
60.00 06000 LABORATORY	0	0	60.00	
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30	
63.00 06300 BLOOD STORING PROCESSING & TRANS.	0	0	63.00	
65.00 06500 RESPIRATORY THERAPY	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	66.00	
66.01 06601 TCU REHAB	0	0	66.01	
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00	
69.01 06901 CARDIAC REHAB	0	0	69.01	
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	0	73.00	
74.00 07400 RENAL DIALYSIS	0	0	74.00	
76.97 07697 CARDIAC REHABILITATION	0	0	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98	
76.99 07699 LI THOTRI PSY	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	286	0	91.00	
91.01 09101 FAMILY PRACTICES	3,648	0	91.01	
91.02 09102 PSYCH DAY HOSPITAL	0	0	91.02	
91.03 09103 WOUND CARE	0	0	91.03	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART			92.00	
93.99 09399 PARTIAL HOSPITALIZATION PROGRAM	0	0	93.99	
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	10,000	0	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
11/30/2018 11:45 am

Cost Center Description	INTERNS & RESIDENTS	PARAMETERED PRGM (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
	22.00		
NONREIMBURSABLE COST CENTERS			
190.00 19000 GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	190.00
191.00 19100 RESEARCH	0	0	191.00
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0	192.00
194.00 07950 MARKETING	0	0	194.00
194.01 07951 MACNEAL SCHOOL	0	0	194.01
194.02 07952 COMMUNITY RELATIONS	0	0	194.02
194.03 07953 RETAIL PHARMACY	0	0	194.03
194.04 07954 HOME DELIVERED MEALS	0	0	194.04
194.05 07955 CATERED MEALS	0	0	194.05
194.06 07956 VACANT SPACE	0	0	194.06
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)	2,953,091	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	295.309100	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	51,944	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	5.194400	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: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet C
Part I
Date/Time Prepared:
11/30/2018 11:45 am

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	13,207,260		13,207,260	0	13,207,260	30.00
31.00	03100 INTENSIVE CARE UNIT	1,882,267		1,882,267	3,005	1,885,272	31.00
40.00	04000 SUBPROVIDER - I/PF	1,635,005		1,635,005	0	1,635,005	40.00
41.00	04100 SUBPROVIDER - I/RP	783,221		783,221	0	783,221	41.00
43.00	04300 NURSERY	575,705		575,705	0	575,705	43.00
44.00	04400 SKILLED NURSING FACILITY	1,366,538		1,366,538	0	1,366,538	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	4,531,288		4,531,288	0	4,531,288	50.00
51.00	05100 RECOVERY ROOM	319,918		319,918	0	319,918	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,238,697		1,238,697	0	1,238,697	52.00
53.00	05300 ANESTHESIOLOGY	437,512		437,512	0	437,512	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,339,403		5,339,403	0	5,339,403	54.00
56.00	05600 RADIOISOTOPE	387,793		387,793	0	387,793	56.00
56.01	03630 ULTRASOUND	499,342		499,342	0	499,342	56.01
56.02	03440 MAMMOGRAPHY	650,458		650,458	0	650,458	56.02
57.00	05700 CT SCAN	599,364		599,364	0	599,364	57.00
58.00	05800 MRI	285,390		285,390	0	285,390	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,589,960		1,589,960	9,775	1,599,735	59.00
59.01	05901 GASTROINTESTINAL	1,375,756		1,375,756	0	1,375,756	59.01
60.00	06000 LABORATORY	495,807		495,807	0	495,807	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	294,915		294,915	0	294,915	63.00
65.00	06500 RESPIRATORY THERAPY	759,173	0	759,173	0	759,173	65.00
66.00	06600 PHYSICAL THERAPY	1,212,633	0	1,212,633	0	1,212,633	66.00
66.01	06601 TCU REHAB	27,047	0	27,047	0	27,047	66.01
67.00	06700 OCCUPATIONAL THERAPY	548,782	0	548,782	0	548,782	67.00
68.00	06800 SPEECH PATHOLOGY	292,482	0	292,482	0	292,482	68.00
69.00	06900 ELECTROCARDIOLOGY	467,664		467,664	0	467,664	69.00
69.01	06901 CARDIAC REHAB	245,112		245,112	0	245,112	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3,023,886		3,023,886	0	3,023,886	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	4,198,791		4,198,791	0	4,198,791	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	6,222,229		6,222,229	0	6,222,229	73.00
74.00	07400 RENAL DIALYSIS	437,486		437,486	0	437,486	74.00
76.97	07697 CARDIAC REHABILITATION	0		0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699 LI THOTRI PSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	3,800,716		3,800,716	0	3,800,716	91.00
91.01	09101 FAMILY PRACTICES	3,005,283		3,005,283	60	3,005,343	91.01
91.02	09102 PSYCH DAY HOSPITAL	220,054		220,054	647	220,701	91.02
91.03	09103 WOUND CARE	205,390		205,390	0	205,390	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,377,477		1,377,477		1,377,477	92.00
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0		0	0	0	93.99
200.00	Subtotal (see instructions)	63,539,804	0	63,539,804	13,487	63,553,291	200.00
201.00	Less Observation Beds	1,377,477		1,377,477		1,377,477	201.00
202.00	Total (see instructions)	62,162,327	0	62,162,327	13,487	62,175,814	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet C
Part I
Date/Time Prepared:
11/30/2018 11:45 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			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	28,762,143		28,762,143		30.00
31.00	03100	INTENSIVE CARE UNIT	7,788,975		7,788,975		31.00
40.00	04000	SUBPROVIDER - I/PF	4,979,469		4,979,469		40.00
41.00	04100	SUBPROVIDER - I/RF	1,478,048		1,478,048		41.00
43.00	04300	NURSERY	1,985,101		1,985,101		43.00
44.00	04400	SKILLED NURSING FACILITY	1,531,140		1,531,140		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	21,120,801	30,841,792	51,962,593	0.087203	50.00
51.00	05100	RECOVERY ROOM	2,124,875	4,391,588	6,516,463	0.049094	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,171,233	0	6,171,233	0.200721	52.00
53.00	05300	ANESTHESIOLOGY	6,952,941	12,021,691	18,974,632	0.023058	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,392,597	18,614,818	23,007,415	0.232073	54.00
56.00	05600	RADIOISOTOPE	1,275,851	5,024,365	6,300,216	0.061552	56.00
56.01	03630	ULTRA SOUND	2,306,887	9,813,096	12,119,983	0.041200	56.01
56.02	03440	MAMMOGRAPHY	3,346	9,952,100	9,955,446	0.065337	56.02
57.00	05700	CT SCAN	15,929,497	34,495,320	50,424,817	0.011886	57.00
58.00	05800	MRI	2,433,390	12,294,580	14,727,970	0.019377	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,542,720	8,708,416	17,251,136	0.092166	59.00
59.01	05901	GASTROINTESTINAL	4,428,158	19,853,902	24,282,060	0.056657	59.01
60.00	06000	LABORATORY	19,762,889	21,990,281	41,753,170	0.011875	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	948,547	418,338	1,366,885	0.215757	63.00
65.00	06500	RESPIRATORY THERAPY	3,178,102	533,805	3,711,907	0.204524	65.00
66.00	06600	PHYSICAL THERAPY	3,238,256	4,578,359	7,816,615	0.155135	66.00
66.01	06601	TCU REHAB	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	2,905,377	586,213	3,491,590	0.157173	67.00
68.00	06800	SPEECH PATHOLOGY	877,877	591,687	1,469,564	0.199026	68.00
69.00	06900	ELECTROCARDIOLOGY	5,562,709	8,541,214	14,103,923	0.033158	69.00
69.01	06901	CARDIAC REHAB	0	967,100	967,100	0.253451	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,529,952	17,395,660	28,925,612	0.104540	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,916,931	8,398,850	20,315,781	0.206676	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,214,214	56,805,318	81,019,532	0.076799	73.00
74.00	07400	RENAL DIALYSIS	423,692	84,198	507,890	0.861379	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	11,092,482	39,197,985	50,290,467	0.075575	91.00
91.01	09101	FAMILY PRACTICES	2,227	2,234,857	2,237,084	1.343393	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	2,041,389	2,041,389	0.107796	91.02
91.03	09103	WOUND CARE	3,239	590,496	593,735	0.345929	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,639,741	8,385,089	10,024,830	0.137407	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0.000000	93.99
200.00		Subtotal (see instructions)	219,503,407	339,352,507	558,855,914		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	219,503,407	339,352,507	558,855,914		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet C
Part I
Date/Time Prepared:
11/30/2018 11:45 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF				41.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.087203			50.00
51.00	05100 RECOVERY ROOM	0.049094			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.200721			52.00
53.00	05300 ANESTHESIOLOGY	0.023058			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.232073			54.00
56.00	05600 RADIOISOTOPE	0.061552			56.00
56.01	03630 ULTRASOUND	0.041200			56.01
56.02	03440 MAMMOGRAPHY	0.065337			56.02
57.00	05700 CT SCAN	0.011886			57.00
58.00	05800 MRI	0.019377			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.092732			59.00
59.01	05901 GASTROINTESTINAL	0.056657			59.01
60.00	06000 LABORATORY	0.011875			60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
63.00	06300 BLOOD STORAGE PROCESSING & TRANS.	0.215757			63.00
65.00	06500 RESPIRATORY THERAPY	0.204524			65.00
66.00	06600 PHYSICAL THERAPY	0.155135			66.00
66.01	06601 TCU REHAB	0.000000			66.01
67.00	06700 OCCUPATIONAL THERAPY	0.157173			67.00
68.00	06800 SPEECH PATHOLOGY	0.199026			68.00
69.00	06900 ELECTROCARDIOLOGY	0.033158			69.00
69.01	06901 CARDIAC REHAB	0.253451			69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.104540			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.206676			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.076799			73.00
74.00	07400 RENAL DIALYSIS	0.861379			74.00
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699 LI THOTRI PSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.075575			91.00
91.01	09101 FAMILY PRACTICES	1.343420			91.01
91.02	09102 PSYCH DAY HOSPITAL	0.108113			91.02
91.03	09103 WOUND CARE	0.345929			91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.137407			92.00
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0.000000			93.99
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: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	Hospital		
					RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	16,651,080		16,651,080	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT	1,882,267		1,882,267	0	0	31.00
40.00	04000 SUBPROVIDER - I PF	1,658,967		1,658,967	0	0	40.00
41.00	04100 SUBPROVIDER - I RF	783,221		783,221	0	0	41.00
43.00	04300 NURSERY	575,705		575,705	0	0	43.00
44.00	04400 SKILLED NURSING FACILITY	1,366,538		1,366,538	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	4,790,572		4,790,572	0	0	50.00
51.00	05100 RECOVERY ROOM	319,918		319,918	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,238,697		1,238,697	0	0	52.00
53.00	05300 ANESTHESIOLOGY	437,512		437,512	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,339,403		5,339,403	0	0	54.00
56.00	05600 RADIOISOTOPE	387,793		387,793	0	0	56.00
56.01	03630 ULTRASOUND	499,342		499,342	0	0	56.01
56.02	03440 MAMMOGRAPHY	650,458		650,458	0	0	56.02
57.00	05700 CT SCAN	599,364		599,364	0	0	57.00
58.00	05800 MRI	285,390		285,390	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,589,960		1,589,960	0	0	59.00
59.01	05901 GASTROINTESTINAL	1,375,756		1,375,756	0	0	59.01
60.00	06000 LABORATORY	495,807		495,807	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	294,915		294,915	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	759,173	0	759,173	0	0	65.00
66.00	06600 PHYSICAL THERAPY	1,212,633	0	1,212,633	0	0	66.00
66.01	06601 TCU REHAB	27,047	0	27,047	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	548,782	0	548,782	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	292,482	0	292,482	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	467,664		467,664	0	0	69.00
69.01	06901 CARDIAC REHAB	245,112		245,112	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3,023,886		3,023,886	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	4,198,791		4,198,791	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	6,222,229		6,222,229	0	0	73.00
74.00	07400 RENAL DIALYSIS	437,486		437,486	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0		0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699 LI THOTRI PSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	3,976,439		3,976,439	0	0	91.00
91.01	09101 FAMILY PRACTICES	5,246,684		5,246,684	0	0	91.01
91.02	09102 PSYCH DAY HOSPITAL	220,054		220,054	0	0	91.02
91.03	09103 WOUND CARE	205,390		205,390	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0		0	0	0	92.00
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0		0	0	0	93.99
200.00	Subtotal (see instructions)	68,306,517	0	68,306,517	0	0	200.00
201.00	Less Observation Beds	0		0	0	0	201.00
202.00	Total (see instructions)	68,306,517	0	68,306,517	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet C
Part I
Date/Time Prepared:
11/30/2018 11:45 am

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0		0		30.00
31.00	03100	INTENSIVE CARE UNIT	0		0		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
43.00	04300	NURSERY	0		0		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
56.01	03630	ULTRA SOUND	0	0	0	0.000000	56.01
56.02	03440	MAMMOGRAPHY	0	0	0	0.000000	56.02
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
59.01	05901	GASTROINTESTINAL	0	0	0	0.000000	59.01
60.00	06000	LABORATORY	0	0	0	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	66.00
66.01	06601	TCU REHAB	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00
69.01	06901	CARDIAC HEHAB	0	0	0	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0.000000	91.00
91.01	09101	FAMILY PRACTICES	0	0	0	0.000000	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	0	0.000000	91.02
91.03	09103	WOUND CARE	0	0	0	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0.000000	93.99
200.00		Subtotal (see instructions)	0	0	0		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	0	0	0		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 11/30/2018 11:45 am
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital Cost
INPATIENT ROUTINE SERVICE COST CENTERS			11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
56.01	03630	ULTRA SOUND	0.000000		56.01
56.02	03440	MAMMOGRAPHY	0.000000		56.02
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
59.01	05901	GASTROINTESTINAL	0.000000		59.01
60.00	06000	LABORATORY	0.000000		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
66.01	06601	TCU REHAB	0.000000		66.01
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
69.01	06901	CARDIAC REHAB	0.000000		69.01
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
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.000000		91.00
91.01	09101	FAMILY PRACTICES	0.000000		91.01
91.02	09102	PSYCH DAY HOSPITAL	0.000000		91.02
91.03	09103	WOUND CARE	0.000000		91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000		93.99
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: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet D Part I Date/Time Prepared: 11/30/2018 11:45 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	665,162	0	665,162	15,638	42.53	30.00	
31.00	INTENSIVE CARE UNIT	61,050		61,050	1,344	45.42	31.00	
40.00	SUBPROVIDER - IPF	107,529	0	107,529	2,528	42.54	40.00	
41.00	SUBPROVIDER - IRF	66,868	0	66,868	988	67.68	41.00	
43.00	NURSERY	23,508		23,508	985	23.87	43.00	
44.00	SKILLED NURSING FACILITY	59,648		59,648	2,265	26.33	44.00	
200.00	Total (lines 30 through 199)	983,765		983,765	23,748		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	3,743	159,190					30.00
31.00	INTENSIVE CARE UNIT	428	19,440					31.00
40.00	SUBPROVIDER - IPF	787	33,479					40.00
41.00	SUBPROVIDER - IRF	473	32,013					41.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	1,372	36,125					44.00
200.00	Total (lines 30 through 199)	6,803	280,247					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet D Part II Date/Time Prepared: 11/30/2018 11:45 am
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	197,924	51,962,593	0.003809	5,827,569	22,197	50.00
51.00	05100 RECOVERY ROOM	18,210	6,516,463	0.002794	561,324	1,568	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	51,716	6,171,233	0.008380	73,907	619	52.00
53.00	05300 ANESTHESIOLOGY	3,536	18,974,632	0.000186	1,935,687	360	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	147,972	23,007,415	0.006431	1,616,404	10,395	54.00
56.00	05600 RADIOISOTOPE	13,917	6,300,216	0.002209	442,135	977	56.00
56.01	03630 ULTRASOUND	2,210	12,119,983	0.000182	748,711	136	56.01
56.02	03440 MAMMOGRAPHY	31,190	9,955,446	0.003133	0	0	56.02
57.00	05700 CT SCAN	16,268	50,424,817	0.000323	5,333,366	1,723	57.00
58.00	05800 MRI	1,677	14,727,970	0.000114	688,485	78	58.00
59.00	05900 CARDIAC CATHETERIZATION	29,822	17,251,136	0.001729	2,583,600	4,467	59.00
59.01	05901 GASTROINTESTINAL	49,890	24,282,060	0.002055	1,405,922	2,889	59.01
60.00	06000 LABORATORY	121,035	41,753,170	0.002899	5,984,906	17,350	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	7,780	1,366,885	0.005692	253,692	1,444	63.00
65.00	06500 RESPIRATORY THERAPY	15,977	3,711,907	0.004304	966,226	4,159	65.00
66.00	06600 PHYSICAL THERAPY	55,278	7,816,615	0.007072	853,863	6,039	66.00
66.01	06601 TCU REHAB	9,228	0	0.000000	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	1,907	3,491,590	0.000546	715,204	391	67.00
68.00	06800 SPEECH PATHOLOGY	9,328	1,469,564	0.006347	239,427	1,520	68.00
69.00	06900 ELECTROCARDIOLOGY	2,224	14,103,923	0.000158	2,054,308	325	69.00
69.01	06901 CARDIAC REHAB	47,269	967,100	0.048877	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	33,113	28,925,612	0.001145	3,178,402	3,639	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	14,255	20,315,781	0.000702	3,708,643	2,603	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	53,120	81,019,532	0.000656	6,607,387	4,334	73.00
74.00	07400 RENAL DIALYSIS	3,271	507,890	0.006440	202,450	1,304	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	97,677	50,290,467	0.001942	3,613,789	7,018	91.00
91.01	09101 FAMILY PRACTICES	91,404	2,237,084	0.040859	0	0	91.01
91.02	09102 PSYCH DAY HOSPITAL	34,151	2,041,389	0.016729	0	0	91.02
91.03	09103 WOUND CARE	676	593,735	0.001139	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	69,374	10,024,830	0.006920	445,737	3,085	92.00
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0	0	0.000000	0	0	93.99
200.00	Total (lines 50 through 199)	1,231,399	512,331,038		50,041,144	98,620	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0054		Period: From 03/01/2018 To 06/30/2018		Worksheet D Part III Date/Time Prepared: 11/30/2018 11:45 am	
				Title XVIII		Hospital	
						PPS	

Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30 through 199)	0	0	0	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	15,638	0.00	3,743	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	1,344	0.00	428	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	2,528	0.00	787	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	988	0.00	473	41.00
43.00	04300	NURSERY	0	0	985	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	2,265	0.00	1,372	44.00
200.00		Total (lines 30 through 199)	0	0	23,748		6,803	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
40.00	04000	SUBPROVIDER - IPF	0					40.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
43.00	04300	NURSERY	0					43.00
44.00	04400	SKILLED NURSING FACILITY	0					44.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/30/2018 11:45 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			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	0	0	0	0	0	56.02
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
59.01	05901	GASTROINTESTINAL	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	TCU REHAB	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0	69.01
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
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	FAMILY PRACTICES	0	0	0	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	0	0	0	91.02
91.03	09103	WOUND CARE	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
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: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/30/2018 11:45 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		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	51,962,593	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	6,516,463	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	6,171,233	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	18,974,632	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	23,007,415	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	6,300,216	0.000000	56.00
56.01	03630	ULTRA SOUND	0	0	0	12,119,983	0.000000	56.01
56.02	03440	MAMMOGRAPHY	0	0	0	9,955,446	0.000000	56.02
57.00	05700	CT SCAN	0	0	0	50,424,817	0.000000	57.00
58.00	05800	MRI	0	0	0	14,727,970	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	17,251,136	0.000000	59.00
59.01	05901	GASTROINTESTINAL	0	0	0	24,282,060	0.000000	59.01
60.00	06000	LABORATORY	0	0	0	41,753,170	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	1,366,885	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	3,711,907	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	7,816,615	0.000000	66.00
66.01	06601	TCU REHAB	0	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,491,590	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,469,564	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	14,103,923	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	0	0	967,100	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	28,925,612	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	20,315,781	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	81,019,532	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	507,890	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	50,290,467	0.000000	91.00
91.01	09101	FAMILY PRACTICES	0	0	0	2,237,084	0.000000	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	0	2,041,389	0.000000	91.02
91.03	09103	WOUND CARE	0	0	0	593,735	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	10,024,830	0.000000	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0.000000	93.99
200.00		Total (lines 50 through 199)	0	0	0	512,331,038		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/30/2018 11:45 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)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	5,827,569	0	4,898,338	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	561,324	0	654,042	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	73,907	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	1,935,687	0	2,536,317	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	1,616,404	0	3,656,052	0	54.00
56.00	05600 RADIOISOTOPE	0.000000	442,135	0	1,140,480	0	56.00
56.01	03630 ULTRASOUND	0.000000	748,711	0	968,849	0	56.01
56.02	03440 MAMMOGRAPHY	0.000000	0	0	332,844	0	56.02
57.00	05700 CT SCAN	0.000000	5,333,366	0	6,437,852	0	57.00
58.00	05800 MRI	0.000000	688,485	0	2,105,022	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	2,583,600	0	2,702,258	0	59.00
59.01	05901 GASTROINTESTINAL	0.000000	1,405,922	0	3,688,288	0	59.01
60.00	06000 LABORATORY	0.000000	5,984,906	0	3,157,523	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.000000	253,692	0	56,670	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	966,226	0	91,107	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	853,863	0	85,350	0	66.00
66.01	06601 TCU REHAB	0.000000	0	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.000000	715,204	0	73,864	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	239,427	0	47,392	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	2,054,308	0	1,647,704	0	69.00
69.01	06901 CARDIAC REHAB	0.000000	0	0	338,791	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	3,178,402	0	3,235,049	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	3,708,643	0	2,514,837	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	6,607,387	0	17,316,734	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	202,450	0	27,931	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.000000	3,613,789	0	4,081,440	0	91.00
91.01	09101 FAMILY PRACTICES	0.000000	0	0	1,455	0	91.01
91.02	09102 PSYCH DAY HOSPITAL	0.000000	0	0	40,700	0	91.02
91.03	09103 WOUND CARE	0.000000	0	0	245,940	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	445,737	0	1,692,626	0	92.00
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	0	0	93.99
200.00	Total (lines 50 through 199)		50,041,144	0	63,775,455	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/30/2018 11:45 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		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.087203	4,898,338	0	0	427,150	50.00	
51.00 05100 RECOVERY ROOM	0.049094	654,042	0	0	32,110	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.200721	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0.023058	2,536,317	0	0	58,482	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.232073	3,656,052	0	0	848,471	54.00	
56.00 05600 RADIOISOTOPE	0.061552	1,140,480	0	0	70,199	56.00	
56.01 03630 ULTRA SOUND	0.041200	968,849	0	0	39,917	56.01	
56.02 03440 MAMMOGRAPHY	0.065337	332,844	0	0	21,747	56.02	
57.00 05700 CT SCAN	0.011886	6,437,852	0	0	76,520	57.00	
58.00 05800 MRI	0.019377	2,105,022	0	0	40,789	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0.092166	2,702,258	0	0	249,056	59.00	
59.01 05901 GASTROINTESTINAL	0.056657	3,688,288	0	0	208,967	59.01	
60.00 06000 LABORATORY	0.011875	3,157,523	0	0	37,496	60.00	
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30	
63.00 06300 BLOOD STORING PROCESSING & TRANS.	0.215757	56,670	0	0	12,227	63.00	
65.00 06500 RESPIRATORY THERAPY	0.204524	91,107	0	0	18,634	65.00	
66.00 06600 PHYSICAL THERAPY	0.155135	85,350	0	0	13,241	66.00	
66.01 06601 TCUREHAB	0.000000	0	0	0	0	66.01	
67.00 06700 OCCUPATIONAL THERAPY	0.157173	73,864	0	0	11,609	67.00	
68.00 06800 SPEECH PATHOLOGY	0.199026	47,392	0	0	9,432	68.00	
69.00 06900 ELECTROCARDIOLOGY	0.033158	1,647,704	0	0	54,635	69.00	
69.01 06901 CARDIAC REHAB	0.253451	338,791	0	0	85,867	69.01	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.104540	3,235,049	0	0	338,192	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.206676	2,514,837	0	0	519,756	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.076799	17,316,734	0	3,685	1,329,908	73.00	
74.00 07400 RENAL DIALYSIS	0.861379	27,931	0	0	24,059	74.00	
76.97 07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS							
91.00 09100 EMERGENCY	0.075575	4,081,440	0	0	308,455	91.00	
91.01 09101 FAMILY PRACTICES	1.343393	1,455	0	0	1,955	91.01	
91.02 09102 PSYCH DAY HOSPITAL	0.107796	40,700	0	0	4,387	91.02	
91.03 09103 WOUND CARE	0.345929	245,940	0	0	85,078	91.03	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.137407	1,692,626	0	0	232,579	92.00	
93.99 09399 PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	0	0	93.99	
200.00		Subtotal (see instructions)	63,775,455	0	3,685	5,160,918	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00		Net Charges (line 200 - line 201)	63,775,455	0	3,685	5,160,918	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 11/30/2018 11:45 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		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 03630 ULTRA SOUND	0	0		56.01
56.02 03440 MAMMOGRAPHY	0	0		56.02
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
59.01 05901 GASTROINTESTINAL	0	0		59.01
60.00 06000 LABORATORY	0	0		60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00 06300 BLOOD STORING PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 TCU REHAB	0	0		66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.01 06901 CARDIAC REHAB	0	0		69.01
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	283		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 FAMILY PRACTICES	0	0		91.01
91.02 09102 PSYCH DAY HOSPITAL	0	0		91.02
91.03 09103 WOUND CARE	0	0		91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
93.99 09399 PARTIAL HOSPITALIZATION PROGRAM	0	0		93.99
200.00 Subtotal (see instructions)	0	283		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	283		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 14-0054 Component CCN: 14-S054		Period: From 03/01/2018 To 06/30/2018		Worksheet D Part II Date/Time Prepared: 11/30/2018 11:45 am	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	197,924	51,962,593	0.003809	9	0	50.00
51.00	05100	RECOVERY ROOM	18,210	6,516,463	0.002794	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	51,716	6,171,233	0.008380	3	0	52.00
53.00	05300	ANESTHESIOLOGY	3,536	18,974,632	0.000186	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	147,972	23,007,415	0.006431	3,582	23	54.00
56.00	05600	RADIOISOTOPE	13,917	6,300,216	0.002209	0	0	56.00
56.01	03630	ULTRA SOUND	2,210	12,119,983	0.000182	3,203	1	56.01
56.02	03440	MAMMOGRAPHY	31,190	9,955,446	0.003133	0	0	56.02
57.00	05700	CT SCAN	16,268	50,424,817	0.000323	3,423	1	57.00
58.00	05800	MRI	1,677	14,727,970	0.000114	4,205	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	29,822	17,251,136	0.001729	957	2	59.00
59.01	05901	GASTROINTESTINAL	49,890	24,282,060	0.002055	-9	0	59.01
60.00	06000	LABORATORY	121,035	41,753,170	0.002899	84,796	246	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	7,780	1,366,885	0.005692	302	2	63.00
65.00	06500	RESPIRATORY THERAPY	15,977	3,711,907	0.004304	13,559	58	65.00
66.00	06600	PHYSICAL THERAPY	55,278	7,816,615	0.007072	20,043	142	66.00
66.01	06601	TCU REHAB	9,228	0	0.000000	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	1,907	3,491,590	0.000546	12,678	7	67.00
68.00	06800	SPEECH PATHOLOGY	9,328	1,469,564	0.006347	571	4	68.00
69.00	06900	ELECTROCARDIOLOGY	2,224	14,103,923	0.000158	5,723	1	69.00
69.01	06901	CARDIAC REHAB	47,269	967,100	0.048877	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	33,113	28,925,612	0.001145	72	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,255	20,315,781	0.000702	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	53,120	81,019,532	0.000656	274,323	180	73.00
74.00	07400	RENAL DIALYSIS	3,271	507,890	0.006440	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	97,677	50,290,467	0.001942	350	1	91.00
91.01	09101	FAMILY PRACTICES	91,404	2,237,084	0.040859	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	34,151	2,041,389	0.016729	0	0	91.02
91.03	09103	WOUND CARE	676	593,735	0.001139	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	10,024,830	0.000000	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0.000000	0	0	93.99
200.00		Total (lines 50 through 199)	1,162,025	512,331,038		427,790	668	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0054 Component CCN: 14-S054	Period: From 03/01/2018 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/30/2018 11:45 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	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
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03630 ULTRA SOUND	0	0	0	0	0	56.01
56.02	03440 MAMMOGRAPHY	0	0	0	0	0	56.02
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
59.01	05901 GASTROINTESTINAL	0	0	0	0	0	59.01
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601 TCU REHAB	0	0	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	0	0	69.01
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
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	09101 FAMILY PRACTICES	0	0	0	0	0	91.01
91.02	09102 PSYCH DAY HOSPITAL	0	0	0	0	0	91.02
91.03	09103 WOUND CARE	0	0	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
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: 14-0054 Component CCN: 14-S054	Period: From 03/01/2018 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/30/2018 11:45 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	51,962,593	0.000000 50.00
51.00	05100	RECOVERY ROOM	0	0	0	6,516,463	0.000000 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	6,171,233	0.000000 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	18,974,632	0.000000 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	23,007,415	0.000000 54.00
56.00	05600	RADIOISOTOPE	0	0	0	6,300,216	0.000000 56.00
56.01	03630	ULTRA SOUND	0	0	0	12,119,983	0.000000 56.01
56.02	03440	MAMMOGRAPHY	0	0	0	9,955,446	0.000000 56.02
57.00	05700	CT SCAN	0	0	0	50,424,817	0.000000 57.00
58.00	05800	MRI	0	0	0	14,727,970	0.000000 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	17,251,136	0.000000 59.00
59.01	05901	GASTROINTESTINAL	0	0	0	24,282,060	0.000000 59.01
60.00	06000	LABORATORY	0	0	0	41,753,170	0.000000 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000 62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	1,366,885	0.000000 63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	3,711,907	0.000000 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	7,816,615	0.000000 66.00
66.01	06601	TCU REHAB	0	0	0	0	0.000000 66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,491,590	0.000000 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,469,564	0.000000 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	14,103,923	0.000000 69.00
69.01	06901	CARDIAC REHAB	0	0	0	967,100	0.000000 69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	28,925,612	0.000000 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	20,315,781	0.000000 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	81,019,532	0.000000 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	507,890	0.000000 74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000 76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	50,290,467	0.000000 91.00
91.01	09101	FAMILY PRACTICES	0	0	0	2,237,084	0.000000 91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	0	2,041,389	0.000000 91.02
91.03	09103	WOUND CARE	0	0	0	593,735	0.000000 91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	10,024,830	0.000000 92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0.000000 93.99
200.00		Total (lines 50 through 199)	0	0	0	512,331,038	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0054 Component CCN: 14-S054	Period: From 03/01/2018 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/30/2018 11:45 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	9	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	3	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	3,582	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03630 ULTRA SOUND	0.000000	3,203	0	0	0	56.01
56.02	03440 MAMMOGRAPHY	0.000000	0	0	0	0	56.02
57.00	05700 CT SCAN	0.000000	3,423	0	0	0	57.00
58.00	05800 MRI	0.000000	4,205	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	957	0	0	0	59.00
59.01	05901 GASTROINTESTINAL	0.000000	-9	0	0	0	59.01
60.00	06000 LABORATORY	0.000000	84,796	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.000000	302	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	13,559	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	20,043	0	0	0	66.00
66.01	06601 TCU REHAB	0.000000	0	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.000000	12,678	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	571	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	5,723	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0.000000	0	0	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	72	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	274,323	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.000000	350	0	0	0	91.00
91.01	09101 FAMILY PRACTICES	0.000000	0	0	0	0	91.01
91.02	09102 PSYCH DAY HOSPITAL	0.000000	0	0	0	0	91.02
91.03	09103 WOUND CARE	0.000000	0	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	0	0	93.99
200.00	Total (lines 50 through 199)		427,790	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 14-0054 Component CCN: 14-T054		Period: From 03/01/2018 To 06/30/2018		Worksheet D Part II Date/Time Prepared: 11/30/2018 11:45 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	197,924	51,962,593	0.003809	0	0	50.00
51.00	05100	RECOVERY ROOM	18,210	6,516,463	0.002794	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	51,716	6,171,233	0.008380	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,536	18,974,632	0.000186	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	147,972	23,007,415	0.006431	19,670	126	54.00
56.00	05600	RADIOISOTOPE	13,917	6,300,216	0.002209	9,725	21	56.00
56.01	03630	ULTRA SOUND	2,210	12,119,983	0.000182	6,601	1	56.01
56.02	03440	MAMMOGRAPHY	31,190	9,955,446	0.003133	0	0	56.02
57.00	05700	CT SCAN	16,268	50,424,817	0.000323	18,565	6	57.00
58.00	05800	MRI	1,677	14,727,970	0.000114	2,102	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	29,822	17,251,136	0.001729	6,959	12	59.00
59.01	05901	GASTROINTESTINAL	49,890	24,282,060	0.002055	150	0	59.01
60.00	06000	LABORATORY	121,035	41,753,170	0.002899	79,688	231	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	7,780	1,366,885	0.005692	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	15,977	3,711,907	0.004304	20,933	90	65.00
66.00	06600	PHYSICAL THERAPY	55,278	7,816,615	0.007072	398,898	2,821	66.00
66.01	06601	TCU REHAB	9,228	0	0.000000	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	1,907	3,491,590	0.000546	432,410	236	67.00
68.00	06800	SPEECH PATHOLOGY	9,328	1,469,564	0.006347	115,230	731	68.00
69.00	06900	ELECTROCARDIOLOGY	2,224	14,103,923	0.000158	10,400	2	69.00
69.01	06901	CARDIAC REHAB	47,269	967,100	0.048877	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	33,113	28,925,612	0.001145	7,557	9	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,255	20,315,781	0.000702	4,533	3	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	53,120	81,019,532	0.000656	232,228	152	73.00
74.00	07400	RENAL DIALYSIS	3,271	507,890	0.006440	6,703	43	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	97,677	50,290,467	0.001942	352	1	91.00
91.01	09101	FAMILY PRACTICES	91,404	2,237,084	0.040859	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	34,151	2,041,389	0.016729	0	0	91.02
91.03	09103	WOUND CARE	676	593,735	0.001139	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	10,024,830	0.000000	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0.000000	0	0	93.99
200.00		Total (lines 50 through 199)	1,162,025	512,331,038		1,372,704	4,485	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0054 Component CCN: 14-T054	Period: From 03/01/2018 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/30/2018 11:45 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	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
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 03630 ULTRA SOUND	0	0	0	0	0	56.01
56.02 03440 MAMMOGRAPHY	0	0	0	0	0	56.02
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
59.01 05901 GASTROINTESTINAL	0	0	0	0	0	59.01
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01 06601 TCU REHAB	0	0	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 06901 CARDIAC REHAB	0	0	0	0	0	69.01
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
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
91.01 09101 FAMILY PRACTICES	0	0	0	0	0	91.01
91.02 09102 PSYCH DAY HOSPITAL	0	0	0	0	0	91.02
91.03 09103 WOUND CARE	0	0	0	0	0	91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.99 09399 PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
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: 14-0054 Component CCN: 14-T054	Period: From 03/01/2018 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/30/2018 11:45 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	51,962,593	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	6,516,463	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	6,171,233	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	18,974,632	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	23,007,415	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	6,300,216	0.000000	56.00
56.01	03630	ULTRA SOUND	0	0	0	12,119,983	0.000000	56.01
56.02	03440	MAMMOGRAPHY	0	0	0	9,955,446	0.000000	56.02
57.00	05700	CT SCAN	0	0	0	50,424,817	0.000000	57.00
58.00	05800	MRI	0	0	0	14,727,970	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	17,251,136	0.000000	59.00
59.01	05901	GASTROINTESTINAL	0	0	0	24,282,060	0.000000	59.01
60.00	06000	LABORATORY	0	0	0	41,753,170	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	1,366,885	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	3,711,907	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	7,816,615	0.000000	66.00
66.01	06601	TCU REHAB	0	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,491,590	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,469,564	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	14,103,923	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	0	0	967,100	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	28,925,612	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	20,315,781	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	81,019,532	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	507,890	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	50,290,467	0.000000	91.00
91.01	09101	FAMILY PRACTICES	0	0	0	2,237,084	0.000000	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	0	2,041,389	0.000000	91.02
91.03	09103	WOUND CARE	0	0	0	593,735	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	10,024,830	0.000000	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0.000000	93.99
200.00		Total (lines 50 through 199)	0	0	0	512,331,038		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0054 Component CCN: 14-T054	Period: From 03/01/2018 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/30/2018 11:45 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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	19,670	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0.000000	9,725	0	0	0	56.00
56.01	03630 ULTRA SOUND	0.000000	6,601	0	0	0	56.01
56.02	03440 MAMMOGRAPHY	0.000000	0	0	0	0	56.02
57.00	05700 CT SCAN	0.000000	18,565	0	0	0	57.00
58.00	05800 MRI	0.000000	2,102	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	6,959	0	0	0	59.00
59.01	05901 GASTROINTESTINAL	0.000000	150	0	0	0	59.01
60.00	06000 LABORATORY	0.000000	79,688	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	20,933	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	398,898	0	0	0	66.00
66.01	06601 TCU REHAB	0.000000	0	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.000000	432,410	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	115,230	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	10,400	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0.000000	0	0	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	7,557	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	4,533	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	232,228	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	6,703	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.000000	352	0	0	0	91.00
91.01	09101 FAMILY PRACTICES	0.000000	0	0	0	0	91.01
91.02	09102 PSYCH DAY HOSPITAL	0.000000	0	0	0	0	91.02
91.03	09103 WOUND CARE	0.000000	0	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	0	0	93.99
200.00	Total (lines 50 through 199)		1,372,704	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0054 Component CCN: 14-5848	Period: From 03/01/2018 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/30/2018 11:45 am
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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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03630 ULTRA SOUND	0	0	0	0	0	56.01
56.02	03440 MAMMOGRAPHY	0	0	0	0	0	56.02
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
59.01	05901 GASTROINTESTINAL	0	0	0	0	0	59.01
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601 TCU REHAB	0	0	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	0	0	69.01
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
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	09101 FAMILY PRACTICES	0	0	0	0	0	91.01
91.02	09102 PSYCH DAY HOSPITAL	0	0	0	0	0	91.02
91.03	09103 WOUND CARE	0	0	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
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: 14-0054 Component CCN: 14-5848	Period: From 03/01/2018 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/30/2018 11:45 am
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	51,962,593	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	6,516,463	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	6,171,233	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	18,974,632	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	23,007,415	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	6,300,216	0.000000	56.00
56.01	03630	ULTRA SOUND	0	0	0	12,119,983	0.000000	56.01
56.02	03440	MAMMOGRAPHY	0	0	0	9,955,446	0.000000	56.02
57.00	05700	CT SCAN	0	0	0	50,424,817	0.000000	57.00
58.00	05800	MRI	0	0	0	14,727,970	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	17,251,136	0.000000	59.00
59.01	05901	GASTROINTESTINAL	0	0	0	24,282,060	0.000000	59.01
60.00	06000	LABORATORY	0	0	0	41,753,170	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	1,366,885	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	3,711,907	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	7,816,615	0.000000	66.00
66.01	06601	TCU REHAB	0	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,491,590	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,469,564	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	14,103,923	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	0	0	967,100	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	28,925,612	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	20,315,781	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	81,019,532	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	507,890	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	50,290,467	0.000000	91.00
91.01	09101	FAMILY PRACTICES	0	0	0	2,237,084	0.000000	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	0	2,041,389	0.000000	91.02
91.03	09103	WOUND CARE	0	0	0	593,735	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	10,024,830	0.000000	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0.000000	93.99
200.00		Total (lines 50 through 199)	0	0	0	512,331,038		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0054 Component CCN: 14-5848	Period: From 03/01/2018 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/30/2018 11:45 am
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03630 ULTRA SOUND	0.000000	0	0	0	0	56.01
56.02	03440 MAMMOGRAPHY	0.000000	0	0	0	0	56.02
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
59.01	05901 GASTROINTESTINAL	0.000000	0	0	0	0	59.01
60.00	06000 LABORATORY	0.000000	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
66.01	06601 TCU REHAB	0.000000	0	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0.000000	0	0	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
91.01	09101 FAMILY PRACTICES	0.000000	0	0	0	0	91.01
91.02	09102 PSYCH DAY HOSPITAL	0.000000	0	0	0	0	91.02
91.03	09103 WOUND CARE	0.000000	0	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	0	0	93.99
200.00	Total (lines 50 through 199)		0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet D Part I Date/Time Prepared: 11/30/2018 11:45 am
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Cost Center Description		Title XIX			Hospital		Per Diem (col. 3 / col. 4)	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Cost		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	665,162	0	665,162	15,638	42.53	30.00	
31.00	INTENSIVE CARE UNIT	61,050		61,050	1,344	45.42	31.00	
40.00	SUBPROVIDER - IPF	107,529	0	107,529	2,528	42.54	40.00	
41.00	SUBPROVIDER - IRF	66,868	0	66,868	988	67.68	41.00	
43.00	NURSERY	23,508		23,508	985	23.87	43.00	
44.00	SKILLED NURSING FACILITY	59,648		59,648	2,265	26.33	44.00	
200.00	Total (lines 30 through 199)	983,765		983,765	23,748		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	1,997	84,932					
31.00	INTENSIVE CARE UNIT	0	0					
40.00	SUBPROVIDER - IPF	0	0					
41.00	SUBPROVIDER - IRF	0	0					
43.00	NURSERY	0	0					
44.00	SKILLED NURSING FACILITY	0	0					
200.00	Total (lines 30 through 199)	1,997	84,932					

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet D Part II Date/Time Prepared: 11/30/2018 11:45 am
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Cost Center Description		Title XIX			Hospital	Cost
		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	197,924	0	0.000000	0	0 50.00
51.00	05100 RECOVERY ROOM	18,210	0	0.000000	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	51,716	0	0.000000	0	0 52.00
53.00	05300 ANESTHESIOLOGY	3,536	0	0.000000	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	147,972	0	0.000000	0	0 54.00
56.00	05600 RADIOISOTOPE	13,917	0	0.000000	0	0 56.00
56.01	03630 ULTRASOUND	2,210	0	0.000000	0	0 56.01
56.02	03440 MAMMOGRAPHY	31,190	0	0.000000	0	0 56.02
57.00	05700 CT SCAN	16,268	0	0.000000	0	0 57.00
58.00	05800 MRI	1,677	0	0.000000	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	29,822	0	0.000000	0	0 59.00
59.01	05901 GASTROINTESTINAL	49,890	0	0.000000	0	0 59.01
60.00	06000 LABORATORY	121,035	0	0.000000	0	0 60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0 62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	7,780	0	0.000000	0	0 63.00
65.00	06500 RESPIRATORY THERAPY	15,977	0	0.000000	0	0 65.00
66.00	06600 PHYSICAL THERAPY	55,278	0	0.000000	0	0 66.00
66.01	06601 TCU REHAB	9,228	0	0.000000	0	0 66.01
67.00	06700 OCCUPATIONAL THERAPY	1,907	0	0.000000	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	9,328	0	0.000000	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	2,224	0	0.000000	0	0 69.00
69.01	06901 CARDIAC REHAB	47,269	0	0.000000	0	0 69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	33,113	0	0.000000	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	14,255	0	0.000000	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	53,120	0	0.000000	0	0 73.00
74.00	07400 RENAL DIALYSIS	3,271	0	0.000000	0	0 74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0 76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	97,677	0	0.000000	0	0 91.00
91.01	09101 FAMILY PRACTICES	91,404	0	0.000000	0	0 91.01
91.02	09102 PSYCH DAY HOSPITAL	34,151	0	0.000000	0	0 91.02
91.03	09103 WOUND CARE	676	0	0.000000	0	0 91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000	0	0 92.00
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0	0	0.000000	0	0 93.99
200.00	Total (lines 50 through 199)	1,162,025	0		0	0 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet D Part III Date/Time Prepared: 11/30/2018 11:45 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	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	0	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	15,638	0.00	1,997	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	1,344	0.00	0	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	2,528	0.00	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	988	0.00	0	41.00	
43.00	04300	NURSERY	0	0	985	0.00	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	2,265	0.00	0	44.00	
200.00		Total (lines 30 through 199)	0	0	23,748	0.00	1,997	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
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/30/2018 11:45 am
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Cost Center Description	Title XIX			Hospital		Allied Health Cost
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 03630 ULTRASOUND	0	0	0	0	0	56.01
56.02 03440 MAMMOGRAPHY	0	0	0	0	0	56.02
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
59.01 05901 GASTROINTESTINAL	0	0	0	0	0	59.01
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01 06601 TCU REHAB	0	0	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 06901 CARDIAC REHAB	0	0	0	0	0	69.01
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
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
91.01 09101 FAMILY PRACTICES	0	0	0	0	0	91.01
91.02 09102 PSYCH DAY HOSPITAL	0	0	0	0	0	91.02
91.03 09103 WOUND CARE	0	0	0	0	0	91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.99 09399 PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
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: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 11/30/2018 11:45 am
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Cost Center Description	Title XIX			Hospital		Ratio of Cost to Charges (col. 5 ÷ col. 7)		
	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)				
	4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	0.000000	56.01
56.02	03440	MAMMOGRAPHY	0	0	0	0	0.000000	56.02
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
59.01	05901	GASTROINTESTINAL	0	0	0	0	0.000000	59.01
60.00	06000	LABORATORY	0	0	0	0	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0.000000	66.00
66.01	06601	TCU REHAB	0	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0.000000	91.00
91.01	09101	FAMILY PRACTICES	0	0	0	0	0.000000	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	0	0	0.000000	91.02
91.03	09103	WOUND CARE	0	0	0	0	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0.000000	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0.000000	93.99
200.00		Total (lines 50 through 199)	0	0	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet D
Part IV
Date/Time Prepared:
11/30/2018 11:45 am

Cost Center Description		Title XIX			Hospital		Cost
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03630 ULTRASOUND	0.000000	0	0	0	0	56.01
56.02	03440 MAMMOGRAPHY	0.000000	0	0	0	0	56.02
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
59.01	05901 GASTROINTESTINAL	0.000000	0	0	0	0	59.01
60.00	06000 LABORATORY	0.000000	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
66.01	06601 TCU REHAB	0.000000	0	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0.000000	0	0	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
91.01	09101 FAMILY PRACTICES	0.000000	0	0	0	0	91.01
91.02	09102 PSYCH DAY HOSPITAL	0.000000	0	0	0	0	91.02
91.03	09103 WOUND CARE	0.000000	0	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	0	0	93.99
200.00	Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/30/2018 11:45 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		15,638	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		15,638	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)		14,007	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,743	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		13,207,260	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		13,207,260	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		13,207,260	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		844.56	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,161,188	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,161,188	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/30/2018 11:45 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	1,885,272	1,344	1,402.73	428	600,368	43.00
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)					4,223,373	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,984,929	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)					178,630	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					98,620	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					277,250	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					7,707,679	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)					1,631	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					844.56	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,377,477	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0054		Period: From 03/01/2018 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/30/2018 11:45 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	665,162	13,207,260	0.050363	1,377,477	69,374	90.00
91.00	Nursing School cost	0	13,207,260	0.000000	1,377,477	0	91.00
92.00	Allied health cost	0	13,207,260	0.000000	1,377,477	0	92.00
93.00	All other Medical Education	0	13,207,260	0.000000	1,377,477	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0054 Component CCN: 14-S054	Period: From 03/01/2018 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/30/2018 11:45 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,528	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,528	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)		2,528	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)		787	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,635,005	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)		1,635,005	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,635,005	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		646.76	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		509,000	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)		509,000	41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet D-1
					Component CCN: 14-S054		Date/Time Prepared: 11/30/2018 11:45 am
					Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00 CORONARY CARE UNIT						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)					31,528	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					540,528	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)					33,479	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					668	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					34,147	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					506,381	53.00	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0	54.00	
55.00 Target amount per discharge					0.00	55.00	
56.00 Target amount (line 54 x line 55)					0	56.00	
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00	
58.00 Bonus payment (see instructions)					0	58.00	
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00	
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00	
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00	
62.00 Relief payment (see instructions)					0	62.00	
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00	
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00	
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00	
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00	
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00	
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00	
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00 Program routine service cost (line 9 x line 71)						72.00	
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00 Program capital-related costs (line 9 x line 76)						77.00	
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00 Inpatient routine service cost per diem limitation						81.00	
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00	
83.00 Reasonable inpatient routine service costs (see instructions)						83.00	
84.00 Program inpatient ancillary services (see instructions)						84.00	
85.00 Utilization review - physician compensation (see instructions)						85.00	
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0	87.00	
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00	
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0054 Component CCN: 14-S054		Period: From 03/01/2018 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/30/2018 11:45 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	107,529	1,635,005	0.065767	0	0	90.00
91.00	Nursing School cost	0	1,635,005	0.000000	0	0	91.00
92.00	Allied health cost	0	1,635,005	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,635,005	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0054 Component CCN: 14-T054	Period: From 03/01/2018 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/30/2018 11:45 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		988	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		988	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)		988	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)		473	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		783,221	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)		783,221	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		783,221	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		792.73	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		374,961	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		374,961	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0054 Component CCN: 14-T054		Period: From 03/01/2018 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/30/2018 11:45 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							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)					190,066		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					565,027		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)					32,013		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,485		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					36,498		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					528,529		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0054 Component CCN: 14-T054		Period: From 03/01/2018 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/30/2018 11:45 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	66,868	783,221	0.085376	0	0	90.00
91.00	Nursing School cost	0	783,221	0.000000	0	0	91.00
92.00	Allied health cost	0	783,221	0.000000	0	0	92.00
93.00	All other Medical Education	0	783,221	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0054 Component CCN: 14-5848	Period: From 03/01/2018 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/30/2018 11:45 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,265	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,265	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)		2,265	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)		1,372	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,366,538	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)		1,366,538	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,366,538	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0054 Component CCN: 14-5848	Period: From 03/01/2018 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 11/30/2018 11:45 am	
				Title XVIII	Skilled Nursing Facility	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)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
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)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						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)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)						53.00
	TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						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						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						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)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						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)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						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)						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)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						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)					1,366,538	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					603.33	71.00
72.00	Program routine service cost (line 9 x line 71)					827,769	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)					827,769	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)					0.00	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					0.00	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)					827,769	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)					827,769	86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0054 Component CCN: 14-5848		Period: From 03/01/2018 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 11/30/2018 11:45 am	
		Title XVIII		Skilled Nursing Facility		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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/30/2018 11:45 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	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		7,495,453	30.00
31.00	03100	INTENSIVE CARE UNIT		2,471,879	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.087203	5,827,569	508,181 50.00
51.00	05100	RECOVERY ROOM	0.049094	561,324	27,558 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.200721	73,907	14,835 52.00
53.00	05300	ANESTHESIOLOGY	0.023058	1,935,687	44,633 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.232073	1,616,404	375,124 54.00
56.00	05600	RADIOISOTOPE	0.061552	442,135	27,214 56.00
56.01	03630	ULTRA SOUND	0.041200	748,711	30,847 56.01
56.02	03440	MAMMOGRAPHY	0.065337	0	0 56.02
57.00	05700	CT SCAN	0.011886	5,333,366	63,392 57.00
58.00	05800	MRI	0.019377	688,485	13,341 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.092732	2,583,600	239,582 59.00
59.01	05901	GASTROINTESTINAL	0.056657	1,405,922	79,655 59.01
60.00	06000	LABORATORY	0.011875	5,984,906	71,071 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.215757	253,692	54,736 63.00
65.00	06500	RESPIRATORY THERAPY	0.204524	966,226	197,616 65.00
66.00	06600	PHYSICAL THERAPY	0.155135	853,863	132,464 66.00
66.01	06601	TCU REHAB	0.000000	0	0 66.01
67.00	06700	OCCUPATIONAL THERAPY	0.157173	715,204	112,411 67.00
68.00	06800	SPEECH PATHOLOGY	0.199026	239,427	47,652 68.00
69.00	06900	ELECTROCARDIOLOGY	0.033158	2,054,308	68,117 69.00
69.01	06901	CARDIAC REHAB	0.253451	0	0 69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.104540	3,178,402	332,270 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.206676	3,708,643	766,488 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.076799	6,607,387	507,441 73.00
74.00	07400	RENAL DIALYSIS	0.861379	202,450	174,386 74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0 76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.075575	3,613,789	273,112 91.00
91.01	09101	FAMILY PRACTICES	1.343420	0	0 91.01
91.02	09102	PSYCH DAY HOSPITAL	0.108113	0	0 91.02
91.03	09103	WOUND CARE	0.345929	0	0 91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.137407	445,737	61,247 92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0 93.99
200.00		Total (sum of lines 50 through 94 and 96 through 98)		50,041,144	4,223,373 200.00
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)		50,041,144	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0054 Component CCN: 14-S054	Period: From 03/01/2018 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/30/2018 11:45 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		1,554,336		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.087203	9	1	50.00
51.00	05100 RECOVERY ROOM	0.049094	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.200721	3	1	52.00
53.00	05300 ANESTHESIOLOGY	0.023058	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.232073	3,582	831	54.00
56.00	05600 RADIOISOTOPE	0.061552	0	0	56.00
56.01	03630 ULTRA SOUND	0.041200	3,203	132	56.01
56.02	03440 MAMMOGRAPHY	0.065337	0	0	56.02
57.00	05700 CT SCAN	0.011886	3,423	41	57.00
58.00	05800 MRI	0.019377	4,205	81	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.092732	957	89	59.00
59.01	05901 GASTROINTESTINAL	0.056657	-9	-1	59.01
60.00	06000 LABORATORY	0.011875	84,796	1,007	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.215757	302	65	63.00
65.00	06500 RESPIRATORY THERAPY	0.204524	13,559	2,773	65.00
66.00	06600 PHYSICAL THERAPY	0.155135	20,043	3,109	66.00
66.01	06601 TCU REHAB	0.000000	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.157173	12,678	1,993	67.00
68.00	06800 SPEECH PATHOLOGY	0.199026	571	114	68.00
69.00	06900 ELECTROCARDIOLOGY	0.033158	5,723	190	69.00
69.01	06901 CARDIAC REHAB	0.253451	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.104540	72	8	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.206676	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.076799	274,323	21,068	73.00
74.00	07400 RENAL DIALYSIS	0.861379	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.075575	350	26	91.00
91.01	09101 FAMILY PRACTICES	1.343420	0	0	91.01
91.02	09102 PSYCH DAY HOSPITAL	0.108113	0	0	91.02
91.03	09103 WOUND CARE	0.345929	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.137407	0	0	92.00
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	93.99
200.00	Total (sum of lines 50 through 94 and 96 through 98)		427,790	31,528	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)		427,790		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0054 Component CCN: 14-T054	Period: From 03/01/2018 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 11/30/2018 11:45 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	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		707,608		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.087203	0	0	50.00
51.00	05100 RECOVERY ROOM	0.049094	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.200721	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.023058	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.232073	19,670	4,565	54.00
56.00	05600 RADIOISOTOPE	0.061552	9,725	599	56.00
56.01	03630 ULTRA SOUND	0.041200	6,601	272	56.01
56.02	03440 MAMMOGRAPHY	0.065337	0	0	56.02
57.00	05700 CT SCAN	0.011886	18,565	221	57.00
58.00	05800 MRI	0.019377	2,102	41	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.092732	6,959	645	59.00
59.01	05901 GASTROINTESTINAL	0.056657	150	8	59.01
60.00	06000 LABORATORY	0.011875	79,688	946	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.215757	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.204524	20,933	4,281	65.00
66.00	06600 PHYSICAL THERAPY	0.155135	398,898	61,883	66.00
66.01	06601 TCU REHAB	0.000000	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.157173	432,410	67,963	67.00
68.00	06800 SPEECH PATHOLOGY	0.199026	115,230	22,934	68.00
69.00	06900 ELECTROCARDIOLOGY	0.033158	10,400	345	69.00
69.01	06901 CARDIAC REHAB	0.253451	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.104540	7,557	790	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.206676	4,533	937	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.076799	232,228	17,835	73.00
74.00	07400 RENAL DIALYSIS	0.861379	6,703	5,774	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.075575	352	27	91.00
91.01	09101 FAMILY PRACTICES	1.343420	0	0	91.01
91.02	09102 PSYCH DAY HOSPITAL	0.108113	0	0	91.02
91.03	09103 WOUND CARE	0.345929	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.137407	0	0	92.00
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	93.99
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,372,704	190,066	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)		1,372,704		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/30/2018 11:45 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		9,229,674	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)		75,741	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		5,643,713	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		249.63	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		78.16	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		34.87	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)		0.32	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)		113.35	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		103.40	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.81	11.00
12.00	Current year allowable FTE (see instructions)		104.21	12.00
13.00	Total allowable FTE count for the prior year.		105.17	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.		95.68	14.00
15.00	Sum of lines 12 through 14 divided by 3.		101.69	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		101.69	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.407363	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.418371	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.407363	21.00
22.00	IME payment adjustment (see instructions)		1,849,451	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		1,130,893	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-9.95	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)		1,849,451	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1,130,893	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.78	30.00
31.00	Percentage of Medicaid patient days (see instructions)		39.93	31.00
32.00	Sum of lines 30 and 31		45.71	32.00
33.00	Allowable disproportionate share percentage (see instructions)		26.93	33.00
34.00	Disproportionate share adjustment (see instructions)		621,388	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/30/2018 11:45 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	6,766,695,164	0	35.00
35.01	Factor 3 (see instructions)	0.000473811	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	3,206,135	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,071,641	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,071,641		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		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	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	12,847,895		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)		13,978,788	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		947,584	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		1,446,256	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)		16,372,628	59.00
60.00	Primary payer payments		9,716	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		16,362,912	61.00
62.00	Deductibles billed to program beneficiaries		912,540	62.00
63.00	Coinurance billed to program beneficiaries		30,485	63.00
64.00	Allowable bad debts (see instructions)		201,170	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		130,761	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		78,607	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		15,550,648	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)		-82,757	70.93
70.94	HRR adjustment amount (see instructions)		-147,675	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 11/30/2018 11:45 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)		15,320,216	71.00
71.01	Sequestration adjustment (see instructions)		306,404	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		14,827,897	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)		185,915	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,515,327	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	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	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 11/30/2018 11:45 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		283	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		5,160,918	2.00
3.00	OPPS payments		6,019,894	3.00
4.00	Outlier payment (see instructions)		5,436	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)		283	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		3,685	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)		3,685	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		3,685	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		3,402	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)		283	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)		6,025,330	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,094,222	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)		4,931,391	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		752,581	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)		5,683,972	30.00
31.00	Primary payer payments		5,150	31.00
32.00	Subtotal (line 30 minus line 31)		5,678,822	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		164,317	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		106,806	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		104,934	36.00
37.00	Subtotal (see instructions)		5,785,628	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)		5,785,628	40.00
40.01	Sequestration adjustment (see instructions)		115,713	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		5,635,448	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		34,467	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		90,430	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet E-1
Part I
Date/Time Prepared:
11/30/2018 11:45 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		14,827,897		5,635,448	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		14,827,897		5,635,448	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		185,915		34,467	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		15,013,812		5,669,915	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: 14-0054
Component CCN: 14-S054

Period:
From 03/01/2018
To 06/30/2018

Worksheet E-1
Part I
Date/Time Prepared:
11/30/2018 11:45 am
PPS

Title XVIII

Subprovider -
IPF

		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		604,725		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		604,725		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		7,443		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		612,168		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0054
Component CCN: 14-T054

Period:
From 03/01/2018
To 06/30/2018

Worksheet E-1
Part I
Date/Time Prepared:
11/30/2018 11:45 am
PPS

Title XVIII

Subprovider -
IRF

		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		726,425		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		726,425		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		11,257		0	6.02
7.00	Total Medicare program liability (see instructions)		715,168		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet E-1 Part II Date/Time Prepared: 11/30/2018 11:45 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0054 Component CCN: 14-S054	Period: From 03/01/2018 To 06/30/2018	Worksheet E-3 Part II Date/Time Prepared: 11/30/2018 11:45 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		704,836	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		20,721,311	9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		704,836	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		704,836	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		704,836	18.00
19.00	Deductibles		62,980	19.00
20.00	Subtotal (line 18 minus line 19)		641,856	20.00
21.00	Coinsurance		24,790	21.00
22.00	Subtotal (line 20 minus line 21)		617,066	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		11,684	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		7,595	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		3,948	25.00
26.00	Subtotal (sum of lines 22 and 24)		624,661	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	30.99
31.00	Total amount payable to the provider (see instructions)		624,661	31.00
31.01	Sequestration adjustment (see instructions)		12,493	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		604,725	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)		7,443	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		8,423	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0054 Component CCN: 14-T054	Period: From 03/01/2018 To 06/30/2018	Worksheet E-3 Part III Date/Time Prepared: 11/30/2018 11:45 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			704,234 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0000 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			0 3.00
4.00	Outlier Payments			30,554 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			8.098361 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			734,788 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)			734,788 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			734,788 19.00
20.00	Deductibles			1,340 20.00
21.00	Subtotal (line 19 minus line 20)			733,448 21.00
22.00	Coinsurance			3,685 22.00
23.00	Subtotal (line 21 minus line 22)			729,763 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)			729,763 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)			729,763 32.00
32.01	Sequestration adjustment (see instructions)			14,595 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			726,425 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)			-11,257 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,283 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			30,554 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0054 Component CCN: 14-5848	Period: From 03/01/2018 To 06/30/2018	Worksheet E-3 Part VI Date/Time Prepared: 11/30/2018 11:45 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		0	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		0	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		0	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		0	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Demonstration payment adjustment amount before sequestration		0	14.99
15.00	Subtotal (see instructions)		0	15.00
15.01	Sequestration adjustment (see instructions)		0	15.01
15.02	Demonstration payment adjustment amount after sequestration		0	15.02
16.00	Interim payments		0	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 16, and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		6,306	19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 11/30/2018 11:45 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			62.07	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			35.88	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)			0.32	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)			98.27	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			103.51	6.00
7.00	Enter the lesser of line 5 or line 6			98.27	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.	77.55	24.17	101.72	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.	73.62	22.95	96.57	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.81		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	73.62	23.76		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	76.29	22.31		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	75.05	22.62		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	74.99	22.90		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	74.99	22.90		17.00
18.00	Per resident amount	52,317.89	51,899.03		18.00
19.00	Approved amount for resident costs	3,923,319	1,188,488	5,111,807	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)			5.24	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)			5,111,807	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	5,431	3,201		26.00
27.00	Total Inpatient Days (see instructions)	19,016	19,016		27.00
28.00	Ratio of inpatient days to total inpatient days	0.285602	0.168332		28.00
29.00	Program direct GME amount	1,459,942	860,481		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		121,586		30.00
31.00	Net Program direct GME amount			2,198,837	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 11/30/2018 11:45 am
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		507,890	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		9,918,253	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)		9,716	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		9,908,537	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		5,161,201	42.00
43.00	Primary payer payments (see instructions)		5,150	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		5,156,051	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		15,064,588	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.657737	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.342263	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		2,198,837	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		1,446,256	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		752,581	50.00

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

Provider CCN: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet G

Date/Time Prepared:
11/30/2018 11:45 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	1,280,948	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	33,617,880	0	0	0	4.00
5.00	Other receivable	5,903,837	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-9,864,249	0	0	0	6.00
7.00	Inventory	5,089,333	0	0	0	7.00
8.00	Prepaid expenses	2,928,356	0	0	0	8.00
9.00	Other current assets	-276,108	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)	38,679,997	0	0	0	11.00
FIXED ASSETS						
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	2,731,503	0	0	0	15.00
16.00	Accumulated depreciation	-145,125	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	15,747,977	0	0	0	23.00
24.00	Accumulated depreciation	-1,199,252	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	-29,590	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	-211,077	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)	16,894,436	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	74,661,186	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	137,712,237	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	212,373,423	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	267,947,856	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	30,734,512	0	0	0	37.00
38.00	Salaries, wages, and fees payable	27,240,747	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,937,588	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	59,912,847	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	314,901,255	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	314,901,255	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	374,814,102	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-106,866,246				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-106,866,246	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	267,947,856	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet G-1

Date/Time Prepared:
11/30/2018 11:45 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		-2,273,755			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		5,608,372				2.00
3.00	Total (sum of line 1 and line 2)		3,334,617			0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0			0	10.00
11.00	Subtotal (line 3 plus line 10)		3,334,617			0	11.00
12.00	UNRESTRICTED EQUITY TRANSFER	110,200,373		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		110,200,373			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-106,865,756			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	UNRESTRICTED EQUITY TRANSFER		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: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/30/2018 11:45 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	46,881,894		46,881,894	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	46,881,894		46,881,894	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	0		0	11.00
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)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	46,881,894		46,881,894	17.00
18.00	Ancillary services	172,861,767	363,904,142	536,765,909	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	Other (specify)	0	0	0	27.00
27.02	Intern-Resident Service (not appvd. tchnng. prgm.)	0	0	0	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	219,743,661	363,904,142	583,647,803	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		95,437,655		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		95,437,655		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0054

Period:
From 03/01/2018
To 06/30/2018

Worksheet G-3

Date/Time Prepared:
11/30/2018 11:45 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	583,647,803	1.00
2.00	Less contractual allowances and discounts on patients' accounts	485,725,228	2.00
3.00	Net patient revenues (line 1 minus line 2)	97,922,575	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	95,437,655	4.00
5.00	Net income from service to patients (line 3 minus line 4)	2,484,920	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	80,046	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	246,384	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	7,651	21.00
22.00	Rental of hospital space	124,951	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER - PREMIUM, CAPITATION, MISC	2,664,420	24.00
25.00	Total other income (sum of lines 6-24)	3,123,452	25.00
26.00	Total (line 5 plus line 25)	5,608,372	26.00
27.00	Other expenses specify	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	5,608,372	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0054	Period: From 03/01/2018 To 06/30/2018	Worksheet L Parts I-III Date/Time Prepared: 11/30/2018 11:45 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		751,711	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		5,314	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)		127.05	3.00
4.00	Number of interns & residents (see instructions)		101.69	4.00
5.00	Indirect medical education percentage (see instructions)		25.35	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)		190,559	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		947,584	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00