

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY Provider CCN: 14-0065 Period: From 01/01/2018 To 12/31/2018 Worksheet 5 Parts I-III Date/Time Prepared: 5/28/2019 6:43 am

**PART I - COST REPORT STATUS**

Provider use only 1.  Electronically filed cost report Date: 5/28/2019 Time: 6:43 am  
 2.  Manually submitted cost report  
 3.  If this is an amended report enter the number of times the provider resubmitted this cost report  
 4.  Medicare Utilization. Enter "F" for full or "L" for low.

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

**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 ADVENTIST LAGRANGE MEMORIAL HOSPITAL ( 14-0065 ) for the cost reporting period beginning 01/01/2018 and ending 12/31/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

**Encryption Information**

ECR: Date: 5/28/2019 Time: 6:43 am  
 wOs6rvJzILWxwtCnSNwtrHWto.G.a0  
 .YEJA0STOT4uzH2Q3wuJlDncc6.hxe  
 m4z1lpwPJl0JfL7Q  
 PI: Date: 5/28/2019 Time: 6:43 am  
 eiXILIARQwn4QSKCTj:sr7m1xy3of0  
 v7Su3001YOLknyndKrpm5QEduXkkt  
 Mo:o0RhAVX0xR5bz

(Signed) Debra Martin  
 Officer or Administrator of Provider(s)

VP/CFO

Title

5/28/19

Date

	Title v 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00	Hospital	0	24,145	-9,666	0	1.00
2.00	Subprovider - IPF	0	0	0	0	2.00
3.00	Subprovider - IRF	0	-11,277	0	0	3.00
4.00	SUBPROVIDER I					4.00
5.00	Swing bed - SNF	0	0	0	0	5.00
6.00	Swing bed - NF	0			0	6.00
8.00	NURSING FACILITY	0			0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	9.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0			0	11.00
200.00	Total	0	12,868	-9,666	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/28/2019 6:43 am
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		1.00	2.00	3.00	4.00					
<b>Hospital and Hospital Health Care Complex Address:</b>										
1.00	Street: 5101 S. WILLOW SPRINGS ROAD		PO Box:						1.00	
2.00	City: LAGRANGE		State: IL		Zip Code: 60525-		County: COOK		2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
<b>Hospital and Hospital-Based Component Identification:</b>										
3.00	Hospital	ADVENTIST LAGRANGE MEMORIAL HOSPITAL	140065	16974	1	06/30/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	ADVENTIST LA GRANGE REHAB SUBPROV.	14T065	16974	5	01/01/2015	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2018	12/31/2018		20.00	
21.00	Type of Control (see instructions)					1			21.00	
						1.00	2.00	3.00		

<b>Inpatient PPS Information</b>										
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.				N	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	N				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	Y			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0065		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/28/2019 6:43 am	
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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	178	310	0	11	2,571	0	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	9	0	0	45		25.00	
						Urban/Rural S	Date of Geogr		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1.00	2.00	26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
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.					1.00	2.00	36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVIII	XIX	
						1.00	2.00	3.00	
<b>Prospective Payment System (PPS)-Capital</b>									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete wkst. L, Pt. III and wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
<b>Teaching Hospitals</b>									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete worksheet E-4. If column 2 is "N", complete wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of worksheet A? If yes, complete wkst. D-2, Pt. I.					N			59.00

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		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	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
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).					61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)					61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)					61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
<b>Teaching Hospitals that Claim Residents in Nonprovider Settings</b>						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				Y	63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00	<b>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.</b> Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	1.78	16.86	0.095494	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
<b>Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010</b>							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	3.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	0.42	19.35	0.021244	67.00
			1.00	2.00	3.00		
<b>Inpatient Psychiatric Facility PPS</b>							
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.				N		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y		75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	0	76.00

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			1.00
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<b>Long Term Care Hospital PPS</b>			
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N	81.00

<b>TEFRA Providers</b>			
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N	87.00

		V	XIX
		1.00	2.00

<b>Title V and XIX Services</b>				
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06

<b>Rural Providers</b>				
105.00	Does this hospital qualify as a CAH?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete wkst. D-2, Pt. II.			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/28/2019 6:43 am
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		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
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**Miscellaneous Cost Reporting Information**

115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00

	Premiums	Losses	Insurance	
	1.00	2.00	3.00	

118.01	List amounts of malpractice premiums and paid losses:	1,663,103	0	0	118.01
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		1.00	2.00	
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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.	Y			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		HF8013	140.00
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1.00		2.00		3.00			
<b>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.</b>							
141.00	Name: ADVENTHEALTH	Contractor's Name: FIRST COAST SERVICE OPTIONS		Contractor's Number: 09001		141.00	
142.00	Street: 900 HOPE WAY	PO Box:				142.00	
143.00	City: ALTAMONTE SPRINGS	State: FL	Zip Code:	32714		143.00	
144.00	Are provider based physicians' costs included in worksheet A?					1.00 Y	144.00
145.00	If costs for renal services are claimed on wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					1.00 N	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N	146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					1.00 N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N	149.00
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
<b>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)</b>							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
						1.00	
165.00	<b>Multicampus</b> Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
						1.00	
<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99	169.00
				Beginning	Ending		
				1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					10/01/2017	09/30/2018
						1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0065		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part II Date/Time Prepared: 5/28/2019 6:43 am	
				Y/N	Date		
				1.00	2.00		
<b>General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.</b>							
<b>COMPLETED BY ALL HOSPITALS</b>							
<b>Provider Organization and Operation</b>							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			Y			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
<b>Financial Data and Reports</b>							
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.			N			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		
<b>Approved Educational Activities</b>							
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.			Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on worksheet A? If yes, see instructions.			N			11.00
					Y/N		
					1.00		
<b>Bad Debts</b>							
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
<b>Bed Complement</b>							
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
<b>PS&amp;R Data</b>							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			N		N	
17.00	was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			Y	04/01/2019	Y	04/01/2019
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	
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	

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?		Y		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.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00		2.00	
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MIKE		THOMPSON	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVENTHEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	407-357-2338		MIKE.M.THOMPSON@ADVENTHEALTH.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/28/2019 6:43 am
		3.00		
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER		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

Component	Worksheet A	No. of Beds	Bed Days	CAH Hours	I/P Days / O/P	Title v	
	Line Number		Available		Visits / Trips		
	1.00	2.00	3.00	4.00	5.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	132	48,180	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)		132	48,180	0.00	0	7.00	
8.00 INTENSIVE CARE UNIT	31.00	27	9,855	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)		159	58,035	0.00	0	14.00	
15.00 CAH visits					0	15.00	
16.00 SUBPROVIDER - IPF						16.00	
17.00 SUBPROVIDER - IRF	41.00	17	6,205		0	17.00	
18.00 SUBPROVIDER	42.00	0	0		0	18.00	
19.00 SKILLED NURSING FACILITY						19.00	
20.00 NURSING FACILITY	45.00	0	0		0	20.00	
21.00 OTHER LONG TERM CARE						21.00	
22.00 HOME HEALTH AGENCY	101.00				0	22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00	
24.00 HOSPICE						24.00	
24.10 HOSPICE (non-distinct part)	30.00					24.10	
25.00 CMHC - CMHC						25.00	
25.10 CMHC - CORF	99.10				0	25.10	
26.00 RURAL HEALTH CLINIC						26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25	
27.00 Total (sum of lines 14-26)		176				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)		3	1,095			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	

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	14,838	122	28,518			1.00
2.00 HMO and other (see instructions)	5,515	2,393				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	442	54				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)	14,838	122	28,518			7.00
8.00 INTENSIVE CARE UNIT	1,660	10	3,271			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		44	311			13.00
14.00 Total (see instructions)	16,498	176	32,100	19.77	1,102.12	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	3,753	0	5,567	0.00	51.68	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			394			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC						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)				19.77	1,153.80	27.00
28.00 Observation Bed Days		36	3,978			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	2	16			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			84			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,459	117	7,405	1.00
2.00	HMO and other (see instructions)			1,073	526		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				5		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	3,459	117	7,405	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	348	1	513	17.00
18.00	SUBPROVIDER	0.00	0		0	0	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC						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: 14-0065

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/28/2019 6:43 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col.3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	53,095,319	191,904	53,287,223	4,066,922.00	13.10
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		1,371,280	0	1,371,280	13,788.00	99.45
4.01	Physicians - Part A - Teaching		37,717	0	37,717	362.00	104.19
5.00	Physician and Non-Physician-Part B		222,723	0	222,723	2,174.00	102.45
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	1,197,423	0	1,197,423	45,048.00	26.58
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		2,788,573	0	2,788,573	150,344.00	18.55
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor: Direct Patient Care		63,199	0	63,199	851.00	74.26
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		162,101	0	162,101	2,898.00	55.94
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		5,519,637	0	5,519,637	94,977.00	58.12
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		10,545,284	0	10,545,284		17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0		18.00
19.00	Excluded areas		637,546	0	637,546		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		0	0	0		21.00
22.00	Physician Part A - Administrative		251,344	0	251,344		22.00
22.01	Physician Part A - Teaching		9,113	0	9,113		22.01
23.00	Physician Part B		48,650	0	48,650		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		278,092	0	278,092		25.00
25.50	Home office wage-related (core)		1,489,170	0	1,489,170		25.50
25.51	Related organization wage-related (core)		0	0	0		25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		25.53
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	-191,904	191,904	0	0.00	0.00
27.00	Administrative & General	5.00	3,833,074	0	3,833,074	91,357.00	41.96

	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.)	39,964	0	39,964	228.29	175.06	28.00
29.00	Maintenance & Repairs	6.00 0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00 1,631,010	0	1,631,010	89,614.00	18.20	30.00
31.00	Laundry & Linen Service	8.00 0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00 0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)	2,224,581	0	2,224,581	96,219.00	23.12	33.00
34.00	Dietary	10.00 0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)	1,982,856	0	1,982,856	73,689.00	26.91	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 1,828,744	0	1,828,744	53,795.00	33.99	38.00
39.00	Central Services and Supply	14.00 314,651	7,683	322,334	25,959.00	12.42	39.00
40.00	Pharmacy	15.00 2,258,784	0	2,258,784	84,282.00	26.80	40.00
41.00	Medical Records & Medical Records Library	16.00 515,329	0	515,329	28,180.00	18.29	41.00
42.00	Social Service	17.00 818,420	0	818,420	21,889.00	37.39	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0065

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/28/2019 6:43 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	55,884,857	191,904	56,076,761	4,189,474.29	13.39	1.00
2.00	Excluded area salaries (see instructions)	2,788,573	0	2,788,573	150,344.00	18.55	2.00
3.00	Subtotal salaries (line 1 minus line 2)	53,096,284	191,904	53,288,188	4,039,130.29	13.19	3.00
4.00	Subtotal other wages & related costs (see inst.)	225,300	0	225,300	3,749.00	60.10	4.00
5.00	Subtotal wage-related costs (see inst.)	12,285,798	0	12,285,798	0.00	23.06	5.00
6.00	Total (sum of lines 3 thru 5)	65,607,382	191,904	65,799,286	4,042,879.29	16.28	6.00
7.00	Total overhead cost (see instructions)	15,255,509	199,587	15,455,096	565,212.29	27.34	7.00

		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	2,104,977	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration fees	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
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	5,186,191	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)	16,708	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)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'workers' Compensation Insurance	400,167	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	3,853,296	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	72,358	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	136,332	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	11,770,029	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0065

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/28/2019 6:43 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	63,199	11,770,029	1.00
2.00	Hospital	63,199	11,770,029	2.00
3.00	Subprovider - IPF			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			8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

				1.00		
<b>Uncompensated and indigent care cost computation</b>						
1.00	Cost to charge ratio (worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.230262	1.00	
<b>Medicaid (see instructions for each line)</b>						
2.00	Net revenue from Medicaid			6,816,435	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?				3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?				4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00	
6.00	Medicaid charges			54,912,409	6.00	
7.00	Medicaid cost (line 1 times line 6)			12,644,241	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)			5,827,806	8.00	
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>						
9.00	Net revenue from stand-alone CHIP			0	9.00	
10.00	Stand-alone CHIP charges			0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00	
<b>Other state or local government indigent care program (see instructions for each line)</b>						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00	
<b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b>						
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations			32,540	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			5,827,806	19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
<b>Uncompensated Care (see instructions for each line)</b>						
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	5,688,503	327,452	6,015,955	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,309,846	325,744	1,635,590	21.00	
22.00	Payments received from patients for amounts previously written off as charity care	36,440	20,638	57,078	22.00	
23.00	Cost of charity care (line 21 minus line 22)	1,273,406	305,106	1,578,512	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?			Y	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			2,219	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)			4,578,416	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			276,900	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			425,999	27.01	
28.00	Non-Medicare bad debt expense (see instructions)			4,152,417	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			1,105,243	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			2,683,755	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			8,511,561	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 14-0065		Period: From 01/01/2018 To 12/31/2018		Worksheet A	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	Date/Time Prepared: 5/28/2019 6:43 am
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100		0	0	12,366,251	12,366,251	1.00
2.00	00200		0	0	3,923,581	3,923,581	2.00
4.00	00400	-191,904	7,985,221	7,793,317	0	7,793,317	4.00
5.00	00500	3,833,074	36,459,577	40,292,651	-34,897	40,257,754	5.00
6.00	00600	0	0	0	0	0	6.00
7.00	00700	1,631,010	5,916,940	7,547,950	-27,438	7,520,512	7.00
8.00	00800	0	0	0	374,532	374,532	8.00
9.00	00900	0	3,217,220	3,217,220	-390,182	2,827,038	9.00
10.00	01000	0	3,093,473	3,093,473	-1,899,472	1,194,001	10.00
11.00	01100	0	0	0	1,887,569	1,887,569	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	1,828,744	527,427	2,356,171	-249,341	2,106,830	13.00
14.00	01400	314,651	-1,561,252	-1,246,601	1,572,617	326,016	14.00
15.00	01500	2,258,784	4,627,865	6,886,649	-4,409,488	2,477,161	15.00
16.00	01600	515,329	185,073	700,402	-10	700,392	16.00
17.00	01700	818,420	237,288	1,055,708	0	1,055,708	17.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	1,197,423	120,294	1,317,717	0	1,317,717	21.00
22.00	02200	1,737,805	831,765	2,569,570	-5,390	2,564,180	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	12,342,485	2,004,446	14,346,931	-871,987	13,474,944	30.00
31.00	03100	2,726,280	1,197,510	3,923,790	-375,927	3,547,863	31.00
41.00	04100	1,908,665	1,033,639	2,942,304	-72,281	2,870,023	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	206,343	206,343	-15,890	190,453	43.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	4,910,018	15,654,829	20,564,847	-10,896,688	9,668,159	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	05002	0	0	0	0	0	50.02
51.00	05100	522,544	69,762	592,306	-29,166	563,140	51.00
52.00	05200	0	0	0	392,925	392,925	52.00
54.00	05400	2,520,208	860,864	3,381,072	-886,717	2,494,355	54.00
54.01	05401	203,650	21,276	224,926	28,223	253,149	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	0	0	0	0	0	54.05
55.00	05500	0	0	0	0	0	55.00
57.00	05700	558,910	158,987	717,897	221,327	939,224	57.00
58.00	05800	331,913	62,784	394,697	75,317	470,014	58.00
59.00	05900	508,246	1,540,100	2,048,346	-1,374,324	674,022	59.00
60.00	06000	2,107,005	2,603,945	4,710,950	-955,091	3,755,859	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	1,337,362	612,785	1,950,147	-307,223	1,642,924	65.00
66.00	06600	1,349,163	2,492,958	3,842,121	-172,977	3,669,144	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	0	0	0	0	0	66.02
66.03	06603	0	0	0	0	0	66.03
67.00	06700	912,094	67,569	979,663	-321	979,342	67.00
68.00	06800	230,782	21,588	252,370	0	252,370	68.00
69.00	06900	830,543	830,868	1,661,411	-56,784	1,604,627	69.00
69.01	06901	0	0	0	0	0	69.01
69.02	06902	419,287	42,834	462,121	-4,536	457,585	69.02
70.00	07000	26,614	76,375	102,989	-20	102,969	70.00
71.00	07100	0	0	0	8,013,402	8,013,402	71.00
72.00	07200	0	0	0	5,737,564	5,737,564	72.00
73.00	07300	0	0	0	4,339,693	4,339,693	73.00
76.00	03020	0	461,439	461,439	0	461,439	76.00
76.01	03952	0	0	0	0	0	76.01
76.02	03950	523,242	589,186	1,112,428	-526,691	585,737	76.02
76.98	07698	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
89.00	08900	0	0	0	0	0	89.00
90.00	09000	190,813	17,139	207,952	-2,102	205,850	90.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	3,578,757	1,424,033	5,002,790	-479,566	4,523,224	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	0	0	0	0	0	91.02
92.00	09200	0	0	0	0	0	92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0065

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

Worksheet A

Date/Time Prepared:  
5/28/2019 6:43 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	233,494	-30,073	203,421	26,464	229,885	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE		12,901,519	12,901,519	-14,329,054	-1,427,535	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	52,215,411	106,563,596	158,779,007	585,902	159,364,909	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	135,993	103,250	239,243	0	239,243	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	396,220	396,220	0	396,220	192.00
192.01	19201 CFPC CLINIC	589,093	461,126	1,050,219	-257,610	792,609	192.01
194.00	07950 OFFICE BUILDINGS	6,282	773,141	779,423	-328,292	451,131	194.00
194.01	07951 MARKETING	0	0	0	0	0	194.01
194.02	07952 FOUNDATION	148,540	19,524	168,064	0	168,064	194.02
194.03	07953 OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	194.03
194.04	07954 HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00	TOTAL (SUM OF LINES 118 through 199)	53,095,319	108,316,857	161,412,176	0	161,412,176	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES	Provider CCN: 14-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet A Date/Time Prepared: 5/28/2019 6:43 am
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100 CAP REL COSTS-BLDG & FIXT	-1,890,091	10,476,160	1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP	565,322	4,488,903	2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	-206,646	7,586,671	4.00
5.00	00500 ADMINISTRATIVE & GENERAL	-5,799,762	34,457,992	5.00
6.00	00600 MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700 OPERATION OF PLANT	-72,006	7,448,506	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	374,532	8.00
9.00	00900 HOUSEKEEPING	0	2,827,038	9.00
10.00	01000 DIETARY	-477,944	716,057	10.00
11.00	01100 CAFETERIA	0	1,887,569	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300 NURSING ADMINISTRATION	-4,108	2,102,722	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	-125	325,891	14.00
15.00	01500 PHARMACY	551	2,477,712	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	33,296	733,688	16.00
17.00	01700 SOCIAL SERVICE	-57,789	997,919	17.00
20.00	02000 NURSING SCHOOL	0	0	20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV	0	1,317,717	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV	-917,473	1,646,707	22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS	-579,787	12,895,157	30.00
31.00	03100 INTENSIVE CARE UNIT	-2,911	3,544,952	31.00
41.00	04100 SUBPROVIDER - IRF	-4,750	2,865,273	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	-200,400	-9,947	43.00
45.00	04500 NURSING FACILITY	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	-2,105,706	7,562,453	50.00
50.01	05001 ENDOSCOPY	0	0	50.01
50.02	05002 DAY SURGERY	0	0	50.02
51.00	05100 RECOVERY ROOM	0	563,140	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	392,925	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-170,871	2,323,484	54.00
54.01	05401 NUCLEAR MEDICINE	0	253,149	54.01
54.02	05402 ULTRASOUND	0	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0	0	54.04
54.05	05407 PET SCAN	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700 CT SCAN	0	939,224	57.00
58.00	05800 MRI	0	470,014	58.00
59.00	05900 CARDIAC CATHETERIZATION	9	674,031	59.00
60.00	06000 LABORATORY	-227	3,755,632	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	-8,499	1,634,425	65.00
66.00	06600 PHYSICAL THERAPY	-547	3,668,597	66.00
66.01	06601 FAIRVIEW REHAB CTR	0	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	-100	979,242	67.00
68.00	06800 SPEECH PATHOLOGY	0	252,370	68.00
69.00	06900 ELECTROCARDIOLOGY	-496,538	1,108,089	69.00
69.01	06901 VASCULAR LAB	0	0	69.01
69.02	06902 CARDIAC REHAB	-22,848	434,737	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	102,969	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,013,402	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	5,737,564	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	-134,533	4,205,160	73.00
76.00	03020 HEMODIALYSIS	0	461,439	76.00
76.01	03952 LITHOTRIPSY	0	0	76.01
76.02	03950 WOUND CARE	-7,594	578,143	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	205,850	90.00
90.01	09001 PAIN MGMT CLINIC	0	0	90.01
91.00	09100 EMERGENCY	-640,160	3,883,064	91.00
91.01	09101 OP DEPARTMENT	0	0	91.01
91.02	09102 MEDICAL ONCOLOGY	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART			92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	386	230,271	92.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES	Provider CCN: 14-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet A Date/Time Prepared: 5/28/2019 6:43 am
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910 CORF	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE	1,427,535	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-11,774,316	147,590,593	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	239,243	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	396,220	192.00
192.01	19201 CFPC CLINIC	0	792,609	192.01
194.00	07950 OFFICE BUILDINGS	0	451,131	194.00
194.01	07951 MARKETING	0	0	194.01
194.02	07952 FOUNDATION	0	168,064	194.02
194.03	07953 OTHER NONREIMBURSABLE HINSDALE HHA	0	0	194.03
194.04	07954 HHA TRANSITIONAL CARE	0	0	194.04
200.00	TOTAL (SUM OF LINES 118 through 199)	-11,774,316	149,637,860	200.00

		Increases			
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
<b>A - RENT AND LEASES</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	148,221	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	992,032	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
0			0	1,140,253	
<b>B - PROPERTY TAXES</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	496,976	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
0			0	496,976	
<b>C - MEDICAL SUPPLIES</b>					
1.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	26,276	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	8,013,402	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
0			0	8,039,678	
<b>D - DRUGS CHARGED TO PATIENTS</b>					
1.00	LABORATORY	60.00	0	3,750	1.00
2.00	WOUND CARE	76.02	0	1,103	2.00
3.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	184	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,339,693	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

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
0			0	4,344,730	
<b>E - DEPRECIATION</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,959,592	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,464,909	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
0			0	9,424,501	
<b>F - RECRUITMENT</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	4,000	0	1.00
0			4,000	0	
<b>G - MISC NON SUPPLY RELATED EXPENSES</b>					
1.00	CENTRAL SERVICES & SUPPLY	14.00	7,683	221,861	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
0			7,683	221,861	
<b>H - RADIOLOGY SALARIES</b>					
1.00	OPERATING ROOM	50.00	41,345	25,368	1.00
2.00	NUCLEAR MEDICINE	54.01	18,277	11,215	2.00
3.00	CT SCAN	57.00	203,914	125,117	3.00
4.00	MRI	58.00	57,762	35,441	4.00
0			321,298	197,141	
<b>I - NURSERY</b>					
1.00	NURSERY	43.00	108,194	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	217,647	175,278	2.00
0			325,841	175,278	
<b>J - CAFETERIA</b>					
1.00	CAFETERIA	11.00	0	1,887,569	1.00
0			0	1,887,569	
<b>K - INTEREST EXPENSE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,761,462	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	466,640	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	2,495	3.00
0			0	5,230,597	
<b>M - IMPLANTIBLES</b>					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,045,560	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,276	2.00
3.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	4	3.00
4.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	5,737,564	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
TOTALS			0	7,785,404	
<b>N - LAUNDRY SERVICES</b>					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	374,532	1.00
0			0	374,532	
<b>O - CLEAR NEGATIVE SALARIES</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	187,904	0	1.00
TOTALS			187,904	0	
500.00	Grand Total: Increases		846,726	39,318,520	500.00

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - RENT AND LEASES</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	23,230	10	1.00	
2.00	OPERATION OF PLANT	7.00	0	3,251	10	2.00	
3.00	HOUSEKEEPING	9.00	0	2,140	0	3.00	
4.00	DIETARY	10.00	0	460	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	249,341	0	5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	16,493	0	6.00	
7.00	PHARMACY	15.00	0	356,727	0	7.00	
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	10	0	8.00	
9.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	5,390	0	9.00	
10.00	ADULTS & PEDIATRICS	30.00	0	25	0	10.00	
11.00	INTENSIVE CARE UNIT	31.00	0	120	0	11.00	
12.00	OPERATING ROOM	50.00	0	42,895	0	12.00	
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	16,871	0	13.00	
14.00	NUCLEAR MEDICINE	54.01	0	220	0	14.00	
15.00	CT SCAN	57.00	0	120	0	15.00	
16.00	MRI	58.00	0	60	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0	2,310	0	17.00	
18.00	LABORATORY	60.00	0	163,715	0	18.00	
19.00	RESPIRATORY THERAPY	65.00	0	119,227	0	19.00	
20.00	PHYSICAL THERAPY	66.00	0	131,790	0	20.00	
21.00	ELECTROCARDIOLOGY	69.00	0	1,090	0	21.00	
22.00	CARDIAC REHAB	69.02	0	150	0	22.00	
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	20	0	23.00	
24.00	EMERGENCY	91.00	0	4,488	0	24.00	
25.00	CFPC CLINIC	192.01	0	110	0	25.00	
	0		0	1,140,253			
<b>B - PROPERTY TAXES</b>							
1.00	INTEREST EXPENSE	113.00	0	154,682	13	1.00	
2.00	PHYSICAL THERAPY	66.00	0	19,105	0	2.00	
3.00	OFFICE BUILDINGS	194.00	0	323,189	0	3.00	
	0		0	496,976			
<b>C - MEDICAL SUPPLIES</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	684,614	0	1.00	
2.00	PHARMACY	15.00	0	43,403	0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	465,222	0	3.00	
4.00	INTENSIVE CARE UNIT	31.00	0	351,056	0	4.00	
5.00	SUBPROVIDER - IRF	41.00	0	63,953	0	5.00	
6.00	NURSERY	43.00	0	4,824	0	6.00	
7.00	OPERATING ROOM	50.00	0	3,699,670	0	7.00	
8.00	RECOVERY ROOM	51.00	0	28,057	0	8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	218,128	0	9.00	
10.00	NUCLEAR MEDICINE	54.01	0	1,049	0	10.00	
11.00	CT SCAN	57.00	0	107,205	0	11.00	
12.00	MRI	58.00	0	13,211	0	12.00	
13.00	CARDIAC CATHETERIZATION	59.00	0	672,403	0	13.00	
14.00	LABORATORY	60.00	0	793,326	0	14.00	
15.00	RESPIRATORY THERAPY	65.00	0	187,996	0	15.00	
16.00	PHYSICAL THERAPY	66.00	0	20,225	0	16.00	
17.00	OCCUPATIONAL THERAPY	67.00	0	321	0	17.00	
18.00	ELECTROCARDIOLOGY	69.00	0	17,703	0	18.00	
19.00	CARDIAC REHAB	69.02	0	4,386	0	19.00	
20.00	WOUND CARE	76.02	0	191,616	0	20.00	
21.00	CLINIC	90.00	0	2,102	0	21.00	
22.00	EMERGENCY	91.00	0	468,774	0	22.00	
23.00	CFPC CLINIC	192.01	0	434	0	23.00	
	0		0	8,039,678			
<b>D - DRUGS CHARGED TO PATIENTS</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,380	0	1.00	
2.00	PHARMACY	15.00	0	4,009,358	0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	1,983	0	3.00	
4.00	INTENSIVE CARE UNIT	31.00	0	607	0	4.00	
5.00	SUBPROVIDER - IRF	41.00	0	238	0	5.00	
6.00	NURSERY	43.00	0	49	0	6.00	
7.00	OPERATING ROOM	50.00	0	71,386	0	7.00	
8.00	RECOVERY ROOM	51.00	0	44	0	8.00	
9.00	CT SCAN	57.00	0	379	0	9.00	
10.00	MRI	58.00	0	130	0	10.00	
11.00	PHYSICAL THERAPY	66.00	0	61	0	11.00	
12.00	EMERGENCY	91.00	0	2,049	0	12.00	
13.00	CFPC CLINIC	192.01	0	257,066	0	13.00	
	0		0	4,344,730			

		Decreases					
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>E - DEPRECIATION</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	14,162	9		1.00
2.00	OPERATION OF PLANT	7.00	0	24,187	9		2.00
3.00	HOUSEKEEPING	9.00	0	13,510	0		3.00
4.00	DIETARY	10.00	0	11,443	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	22,812	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	24,135	0		6.00
7.00	SUBPROVIDER - IRF	41.00	0	8,054	0		7.00
8.00	OPERATING ROOM	50.00	0	179,364	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	102,792	0		9.00
10.00	MRI	58.00	0	4,485	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	25,088	0		11.00
12.00	LABORATORY	60.00	0	1,800	0		12.00
13.00	PHYSICAL THERAPY	66.00	0	1,796	0		13.00
14.00	ELECTROCARDIOLOGY	69.00	0	37,991	0		14.00
15.00	WOUND CARE	76.02	0	657	0		15.00
16.00	EMERGENCY	91.00	0	3,347	0		16.00
17.00	INTEREST EXPENSE	113.00	0	8,943,775	0		17.00
18.00	OFFICE BUILDINGS	194.00	0	5,103	0		18.00
0			0	9,424,501			
<b>F - RECRUITMENT</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,000	0		1.00
0			0	4,000			
<b>G - MISC NON SUPPLY RELATED EXPENSES</b>							
1.00	OPERATING ROOM	50.00	0	196,536	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	7,455	25,308	0		2.00
3.00	CARDIAC CATHETERIZATION	59.00	228	17	0		3.00
0			7,683	221,861			
<b>H - RADIOLOGY SALARIES</b>							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	321,298	197,141	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
0			321,298	197,141			
<b>I - NURSERY</b>							
1.00	ADULTS & PEDIATRICS	30.00	325,841	56,067	0		1.00
2.00	NURSERY	43.00	0	119,211	0		2.00
0			325,841	175,278			
<b>J - CAFETERIA</b>							
1.00	DIETARY	10.00	0	1,887,569	0		1.00
0			0	1,887,569			
<b>K - INTEREST EXPENSE</b>							
1.00	INTEREST EXPENSE	113.00	0	5,230,597	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	0		3.00
0			0	5,230,597			
<b>M - IMPLANTIBLES</b>							
1.00	ADULTS & PEDIATRICS	30.00	0	37	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	9	0		2.00
3.00	SUBPROVIDER - IRF	41.00	0	36	0		3.00
4.00	OPERATING ROOM	50.00	0	6,773,550	0		4.00
5.00	RECOVERY ROOM	51.00	0	1,065	0		5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	674,278	0		6.00
7.00	WOUND CARE	76.02	0	335,521	0		7.00
8.00	EMERGENCY	91.00	0	908	0		8.00
0	TOTALS		0	7,785,404			
<b>N - LAUNDRY SERVICES</b>							
1.00	HOUSEKEEPING	9.00	0	374,532	0		1.00
0			0	374,532			
<b>O - CLEAR NEGATIVE SALARIES</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	187,904	0		1.00
0	TOTALS		0	187,904			
500.00	Grand Total: Decreases		654,822	39,510,424			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0065

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/28/2019 6:43 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	9,779,429	0	0	0	1.00
2.00	Land Improvements	6,813,116	0	0	0	2.00
3.00	Buildings and Fixtures	217,150,476	2,779,887	0	2,779,887	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	32,898,218	25,264	0	25,264	5.00
6.00	Movable Equipment	56,965,707	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	323,606,946	2,805,151	0	2,805,151	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	323,606,946	2,805,151	0	2,805,151	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	9,779,429	0			1.00
2.00	Land Improvements	6,813,116	0			2.00
3.00	Buildings and Fixtures	219,930,363	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	32,923,482	0			5.00
6.00	Movable Equipment	54,956,265	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	324,402,655	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	324,402,655	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0065

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/28/2019 6:43 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	
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>							
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				
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>							
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: 14-0065

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/28/2019 6:43 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		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT	269,446,390	0	269,446,390	0.830592	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	54,956,265	0	54,956,265	0.169408	0	2.00
3.00	Total (sum of lines 1-2)	324,402,655	0	324,402,655	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		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	7,199,556	148,221	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,030,231	992,032	2.00
3.00	Total (sum of lines 1-2)	0	0	0	10,229,787	1,140,253	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		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT	4,761,462	0	1	-1,633,080	10,476,160	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	466,640	0	0	0	4,488,903	2.00
3.00	Total (sum of lines 1-2)	5,228,102	0	1	-1,633,080	14,965,063	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0 2.00
3.00 Investment income - other (chapter 2)			0		0.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-56,113		ADMINISTRATIVE & GENERAL	5.00	0 7.00
8.00 Television and radio service (chapter 21)	A	-47,200		OPERATION OF PLANT	7.00	0 8.00
9.00 Parking lot (chapter 21)			0		0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-2,281,859				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	5,450,171				0 12.00
13.00 Laundry and linen service			0		0.00	0 13.00
14.00 Cafeteria-employees and guests	B		0	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	B		0	MEDICAL RECORDS & LIBRARY	16.00	0 18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0 19.00
19.01 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0 19.01
20.00 Vending machines			0		0.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00	0 23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00	0 24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00	0 25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0 27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00	0 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	0 30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00	0 30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00	0 31.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Ref.
			Cost Center	Line #	wkst. A-7	
			1.00	2.00	3.00	
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00
33.00 COMMUNITY BENEFIT	A	-3,750	ADMINISTRATIVE & GENERAL	5.00		0 33.00
33.01 COMMUNITY BENEFIT	A	-7,276	SOCIAL SERVICE	17.00		0 33.01
33.02 ENTERTAINMENT	A	-1,565	ADMINISTRATIVE & GENERAL	5.00		0 33.02
33.03 ENTERTAINMENT	A	-125	CENTRAL SERVICES & SUPPLY	14.00		0 33.03
33.04 ENTERTAINMENT	A	551	PHARMACY	15.00		0 33.04
33.05 ENTERTAINMENT	A	-131	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00		0 33.05
33.06 ENTERTAINMENT	A	-1,453	ADULTS & PEDIATRICS	30.00		0 33.06
33.08 ENTERTAINMENT	A		CARDIAC CATHETERIZATION	59.00		0 33.08
33.09 ENTERTAINMENT	A	-37	ELECTROCARDIOLOGY	69.00		0 33.09
36.00 ENTERTAINMENT	A	-291	EMERGENCY	91.00		0 36.00
37.00 ENTERTAINMENT	A	386	OBSERVATION BEDS (DISTINCT PART)	92.01		0 37.00
38.00 OTHER OPERATING REVENUE	B	-1,633,080	CAP REL COSTS-BLDG & FIXT	1.00		14 38.00
38.01 OTHER OPERATING REVENUE	B	-646,667	ADMINISTRATIVE & GENERAL	5.00		0 38.01
41.00 OTHER OPERATING REVENUE	B	-24,745	OPERATION OF PLANT	7.00		0 41.00
42.00 OTHER OPERATING REVENUE	B	-477,944	DIETARY	10.00		0 42.00
43.00 OTHER OPERATING REVENUE	B	-10,208	MEDICAL RECORDS & LIBRARY	16.00		0 43.00
43.01 OTHER OPERATING REVENUE	B	-32,464	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00		0 43.01
43.02 OTHER OPERATING REVENUE	B	-14,587	ADULTS & PEDIATRICS	30.00		0 43.02
44.00 OTHER OPERATING REVENUE	B	-1,027	INTENSIVE CARE UNIT	31.00		0 44.00
44.01 OTHER OPERATING REVENUE	B	-4,750	SUBPROVIDER - IRF	41.00		0 44.01
44.02 OTHER OPERATING REVENUE	B	419	OPERATING ROOM	50.00		0 44.02
44.03 OTHER OPERATING REVENUE	B	-38,728	RADIOLOGY-DIAGNOSTIC	54.00		0 44.03
44.04 OTHER OPERATING REVENUE	B	-62	PHYSICAL THERAPY	66.00		0 44.04
44.07 OTHER OPERATING REVENUE	B	-1,365	ELECTROCARDIOLOGY	69.00		0 44.07
44.08 OTHER OPERATING REVENUE	B	-22,848	CARDIAC REHAB	69.02		0 44.08
44.09 OTHER OPERATING REVENUE	B	-52,728	DRUGS CHARGED TO PATIENTS	73.00		0 44.09
45.00 OTHER OPERATING REVENUE	B	-62,503	EMERGENCY	91.00		0 45.00
45.01 INCOME TAX	A	-10	INTEREST EXPENSE	113.00		0 45.01
45.02 PROPERTY TAX	A	-496,975	CAP REL COSTS-BLDG & FIXT	1.00		13 45.02
45.03 NON ALLOW PHYS FEES	A	-795	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00		0 45.03
45.04 NON ALLOW PHYS FEES	A	-195,192	ADULTS & PEDIATRICS	30.00		0 45.04
45.05 NON ALLOW PHYS FEES	A	-200,400	NURSERY	43.00		0 45.05
45.06 NON ALLOW PHYS FEES	A	-1,551,508	OPERATING ROOM	50.00		0 45.06
45.07 NON ALLOW PHYS FEES	A	-15,500	ELECTROCARDIOLOGY	69.00		0 45.07
45.08 NON ALLOW PHYS FEES	A	-543,257	EMERGENCY	91.00		0 45.08
45.09 LOBBYING	A	-53,537	ADMINISTRATIVE & GENERAL	5.00		0 45.09
45.10 LOBBYING	A	-61	OPERATION OF PLANT	7.00		0 45.10
45.11 LOBBYING	A	-4,108	NURSING ADMINISTRATION	13.00		0 45.11
45.12 LOBBYING	A	-114	MEDICAL RECORDS & LIBRARY	16.00		0 45.12
45.13 LOBBYING	A	-10,096	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00		0 45.13
45.14 LOBBYING	A	-8,219	ELECTROCARDIOLOGY	69.00		0 45.14
45.15 LOBBYING	A	-33	EMERGENCY	91.00		0 45.15
45.16 MALPRACTICE	A	-1,349,800	ADMINISTRATIVE & GENERAL	5.00		0 45.16
45.17 MALPRACTICE	A	-313,303	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00		0 45.17
45.18 PROVIDER TAX	A	-6,369,908	ADMINISTRATIVE & GENERAL	5.00		0 45.18
45.19 HOSPICE	A	-278	OPERATING ROOM	50.00		0 45.19
45.20 HOSPICE	A	-227	LABORATORY	60.00		0 45.20
45.21 HOSPICE	A	-8,499	RESPIRATORY THERAPY	65.00		0 45.21
45.22 HOSPICE	A	-485	PHYSICAL THERAPY	66.00		0 45.22
45.23 HOSPICE	A	-100	OCCUPATIONAL THERAPY	67.00		0 45.23
45.24 HOSPICE	A	-81,805	DRUGS CHARGED TO PATIENTS	73.00		0 45.24
45.25 HOSPICE	A	-369,350	ADULTS & PEDIATRICS	30.00		0 45.25
45.26 HOSPICE	A	-1,884	INTENSIVE CARE UNIT	31.00		0 45.26
45.27 ADVERTISING & MARKETING	A	-14,617	ADMINISTRATIVE & GENERAL	5.00		0 45.27
45.28 ADVERTISING & MARKETING	A	795	ADULTS & PEDIATRICS	30.00		0 45.28
45.29 ADVERTISING & MARKETING	A	186	ELECTROCARDIOLOGY	69.00		0 45.29
45.30 SELF INSURANCE	A	-201,819	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 45.30
45.31 NON ALLOWABLE BORROWING	A	-11,447	INTEREST EXPENSE	113.00		0 45.31
45.32 PROVIDER TAX	A	0	ADMINISTRATIVE & GENERAL	5.00		0 45.32
45.33 HOSPICE	A	0	LABORATORY	60.00		0 45.33
45.34 HOSPICE	A	0	RESPIRATORY THERAPY	65.00		0 45.34

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on worksheet A To/From which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7	Ref.
			1.00	2.00	3.00	4.00
45.35 HOSPICE	A		0 SPEECH PATHOLOGY	68.00	0	45.35
45.36 HOSPICE	A		0 DRUGS CHARGED TO PATIENTS	73.00	0	45.36
45.37 HOSPICE	A		0 CT SCAN	57.00	0	45.37
45.38 HOSPICE	A		0 LABORATORY	60.00	0	45.38
45.39 HOSPICE	A		0 DRUGS CHARGED TO PATIENTS	73.00	0	45.39
45.40 HOSPICE	A		0 EMERGENCY	91.00	0	45.40
45.41 HOSPICE	A		0 OBSERVATION BEDS (DISTINCT PART)	92.01	0	45.41
45.42 HOSPICE	A		0 ADULTS & PEDIATRICS	30.00	0	45.42
45.43 HOSPICE	A		0 INTENSIVE CARE UNIT	31.00	0	45.43
45.44 ADVERTISING & MARKETING	A		0 ADMINISTRATIVE & GENERAL	5.00	0	45.44
45.45 ADVERTISING & MARKETING	A		0 ADULTS & PEDIATRICS	30.00	0	45.45
45.46 ADVERTISING & MARKETING	A		0 ELECTROCARDIOLOGY	69.00	0	45.46
45.47 SELF INSURED	A		0 EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.47
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-11,774,316				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: 14-0065

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

Worksheet A-8-1

Date/Time Prepared:  
5/28/2019 6:43 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	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED</b>					
<b>HOME OFFICE COSTS:</b>					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	AHS HOME OFFICE	170,413	0
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	AHS HOME OFFICE	565,322	0
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	AHS HOME OFFICE	22,425	27,252
3.01	5.00	ADMINISTRATIVE & GENERAL	AHS HOME OFFICE	8,161,856	6,842,761
3.02	16.00	MEDICAL RECORDS & LIBRARY	AHS HOME OFFICE	43,618	0
4.00	113.00	INTEREST EXPENSE	AHS HOME OFFICE	5,242,045	3,803,053
4.01	5.00	ADMINISTRATIVE & GENERAL	AHS HOME OFFICE	6,178,026	4,625,897
4.02	5.00	ADMINISTRATIVE & GENERAL	AHS HOME OFFICE	40,104	0
4.03	1.00	CAP REL COSTS-BLDG & FIXT	AMITA HOME OFFICE	69,551	0
4.04	5.00	ADMINISTRATIVE & GENERAL	AMITA HOME OFFICE	1,126,021	870,247
4.05	5.00	ADMINISTRATIVE & GENERAL	MIDWEST REGIONAL SHARED SERV	17,859,450	17,859,450
4.06	5.00	ADMINISTRATIVE & GENERAL	HINSDALE SHARED SERVICES	2,823,635	2,823,635
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			42,302,466	36,852,295

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

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

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

6.00	B		0.00	ADVENTHEALTH	0.00	6.00
7.00	B		0.00	AMITA HEALTH	0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0065

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

Worksheet A-8-1

Date/Time Prepared:  
5/28/2019 6:43 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>			
1.00	170,413	9	1.00
2.00	565,322	9	2.00
3.00	-4,827	0	3.00
3.01	1,319,095	0	3.01
3.02	43,618	0	3.02
4.00	1,438,992	0	4.00
4.01	1,552,129	0	4.01
4.02	40,104	0	4.02
4.03	69,551	9	4.03
4.04	255,774	0	4.04
4.05	0	0	4.05
4.06	0	0	4.06
5.00	5,450,171		5.00

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

Related Organization(s) and/or Home Office	Type of Business
	6.00

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

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

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

6.00	HOME OFFICE	6.00
7.00	HOME OFFICE	7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0065

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

Worksheet A-8-2

Date/Time Prepared:  
5/28/2019 6:43 am

1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	200.00	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	200.00	
1.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	181,294	181,294	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.00
2.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	200	200	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	182,711	182,711	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	66,072	66,072	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4.00
5.00	76.02	AGGREGATE-WOUND CARE	2,203	2,203	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5.00
6.00	91.00	AGGREGATE-EMERGENCY	17,038	17,038	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6.00
7.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	12,625	12,625	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7.00
8.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	244,628	180,258	64,370	179,000	2,536	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	200.00
9.00	76.02	AGGREGATE-WOUND CARE	3,188	3,188	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9.00
10.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	458,282	458,282	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10.00
11.00	17.00	AGGREGATE-SOCIAL SERVICE	50,513	50,513	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11.00
12.00	50.00	AGGREGATE-OPERATING ROOM	188,917	188,917	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	12.00
13.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	471,203	471,203	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13.00
15.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	200	200	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15.00
16.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	199,132	199,132	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	16.00
17.00	50.00	AGGREGATE-OPERATING ROOM	182,711	182,711	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17.00
18.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	66,071	66,071	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	18.00
19.00	76.02	AGGREGATE-WOUND CARE	2,203	2,203	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	19.00
20.00	91.00	AGGREGATE-EMERGENCY	17,038	17,038	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	20.00
200.00			2,346,229	2,281,859	64,370		2,536	200.00													

1.00	2.00	8.00	9.00	12.00	13.00	14.00	1.00	2.00	8.00	9.00	12.00	13.00	14.00	1.00	2.00	8.00	9.00	12.00	13.00	14.00	1.00	
1.00	2.00	8.00	9.00	12.00	13.00	14.00	1.00	2.00	8.00	9.00	12.00	13.00	14.00	1.00	2.00	8.00	9.00	12.00	13.00	14.00	1.00	
1.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.00
2.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4.00
5.00	76.02	AGGREGATE-WOUND CARE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5.00
6.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6.00
7.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7.00
8.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	218,242	10,912	0	0	0	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	200.00	
9.00	76.02	AGGREGATE-WOUND CARE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9.00	
10.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10.00	
11.00	17.00	AGGREGATE-SOCIAL SERVICE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11.00
12.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	12.00
13.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13.00
15.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15.00
16.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	16.00
17.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17.00
18.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	18.00
19.00	76.02	AGGREGATE-WOUND CARE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	19.00
20.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	20.00
200.00			218,242	10,912	0	0	0	200.00														

1.00	2.00	15.00	16.00	17.00	18.00	1.00	2.00	15.00	16.00	17.00	18.00	1.00	2.00	15.00	16.00	17.00	18.00	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	2.00	15.00	16.00	17.00	18.00	1.00	2.00	15.00	16.00	17.00	18.00	1.00	2.00	15.00	16.00	17.00	18.00	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	0	0	181,294	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1.00
2.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	200	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	182,711	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	66,072	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4.00
5.00	76.02	AGGREGATE-WOUND CARE	0	0	0	2,203	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5.00
6.00	91.00	AGGREGATE-EMERGENCY	0	0	0	17,038	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6.00
7.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	12,625	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7.00

	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		
8.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	218,242	0	180,258		8.00
9.00	76.02	AGGREGATE-WOUND CARE	0	0	0	3,188		9.00
10.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	458,282		10.00
11.00	17.00	AGGREGATE-SOCIAL SERVICE	0	0	0	50,513		11.00
12.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	188,917		12.00
13.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	471,203		13.00
15.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	200		15.00
16.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	0	0	199,132		16.00
17.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	182,711		17.00
18.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	66,071		18.00
19.00	76.02	AGGREGATE-WOUND CARE	0	0	0	2,203		19.00
20.00	91.00	AGGREGATE-EMERGENCY	0	0	0	17,038		20.00
200.00			0	218,242	0	2,281,859		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2019 6:43 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	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT	10,476,160	10,476,160				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	4,488,903		4,488,903			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	7,586,671	0	0	7,586,671		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	34,457,992	139,512	59,779	545,726	35,203,009	5.00
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	7,448,506	4,386,788	1,879,684	232,212	13,947,190	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	374,532	18,878	8,089	0	401,499	8.00
9.00 00900 HOUSEKEEPING	2,827,038	176,593	75,668	0	3,079,299	9.00
10.00 01000 DIETARY	716,057	49,742	21,314	0	787,113	10.00
11.00 01100 CAFETERIA	1,887,569	126,313	54,124	0	2,068,006	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	2,102,722	15,348	6,576	260,364	2,385,010	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	325,891	184,758	79,166	45,892	635,707	14.00
15.00 01500 PHARMACY	2,477,712	56,787	24,333	321,590	2,880,422	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	733,688	83,339	35,710	73,369	926,106	16.00
17.00 01700 SOCIAL SERVICE	997,919	40,610	17,401	116,521	1,172,451	17.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	1,317,717	0	0	170,481	1,488,198	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	1,646,707	576,143	246,870	247,417	2,717,137	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	12,895,157	1,721,570	737,671	1,710,854	17,065,252	30.00
31.00 03100 INTENSIVE CARE UNIT	3,544,952	162,687	69,709	388,149	4,165,497	31.00
41.00 04100 SUBPROVIDER - IRF	2,865,273	221,009	94,700	271,742	3,452,724	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	-9,947	0	0	15,404	5,457	43.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	7,562,453	531,143	227,588	704,940	9,026,124	50.00
50.01 05001 ENDOSCOPY	0	0	0	0	0	50.01
50.02 05002 DAY SURGERY	0	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	563,140	49,881	21,373	74,396	708,790	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	392,925	0	0	30,987	423,912	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,323,484	468,355	200,684	312,004	3,304,527	54.00
54.01 05401 NUCLEAR MEDICINE	253,149	16,883	7,234	31,596	308,862	54.01
54.02 05402 ULTRASOUND	0	0	0	0	0	54.02
54.03 05405 GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04 05406 WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05 05407 PET SCAN	0	0	0	0	0	54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 CT SCAN	939,224	26,091	11,180	108,606	1,085,101	57.00
58.00 05800 MRI	470,014	23,022	9,865	55,479	558,380	58.00
59.00 05900 CARDIAC CATHETERIZATION	674,031	141,200	60,503	72,328	948,062	59.00
60.00 06000 LABORATORY	3,755,632	127,387	54,584	299,981	4,237,584	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	1,634,425	46,044	19,729	190,404	1,890,602	65.00
66.00 06600 PHYSICAL THERAPY	3,668,597	153,479	65,764	192,084	4,079,924	66.00
66.01 06601 FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02 06602 WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03 06603 LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00 06700 OCCUPATIONAL THERAPY	979,242	12,708	5,445	129,858	1,127,253	67.00
68.00 06800 SPEECH PATHOLOGY	252,370	0	0	32,857	285,227	68.00
69.00 06900 ELECTROCARDIOLOGY	1,108,089	41,439	17,756	118,247	1,285,531	69.00
69.01 06901 VASCULAR LAB	0	0	0	0	0	69.01
69.02 06902 CARDIAC REHAB	434,737	58,322	24,990	59,695	577,744	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	102,969	0	0	3,789	106,758	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	8,013,402	0	0	0	8,013,402	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	5,737,564	0	0	0	5,737,564	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	4,205,160	0	0	0	4,205,160	73.00
76.00 03020 HEMODIALYSIS	461,439	0	0	0	461,439	76.00
76.01 03952 LITHOTRIPSY	0	0	0	0	0	76.01
76.02 03950 WOUND CARE	578,143	0	0	74,496	652,639	76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	205,850	130,457	55,899	27,167	419,373	90.00
90.01 09001 PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	3,883,064	287,235	123,077	509,518	4,802,894	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

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

Worksheet B  
Part 1  
Date/Time Prepared:  
5/28/2019 6:43 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	
91.01 09101 OP DEPARTMENT	0	0	0	0	0	91.01
91.02 09102 MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	230,271	0	0	33,243	263,514	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	147,590,593	10,073,723	4,316,465	7,461,396	146,890,443	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	239,243	28,394	12,166	19,362	299,165	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	396,220	0	0	0	396,220	192.00
192.01 19201 CFPC CLINIC	792,609	222,544	95,357	83,871	1,194,381	192.01
194.00 07950 OFFICE BUILDINGS	451,131	33,320	14,277	894	499,622	194.00
194.01 07951 MARKETING	0	0	0	0	0	194.01
194.02 07952 FOUNDATION	168,064	10,744	4,603	21,148	204,559	194.02
194.03 07953 OTHER NONREIMBURSABLE HINSDALE HHA	0	107,435	46,035	0	153,470	194.03
194.04 07954 HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
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)	149,637,860	10,476,160	4,488,903	7,586,671	149,637,860	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2019 6:43 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	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500	35,203,009					5.00
6.00	00600	0	0				6.00
7.00	00700	4,296,265		18,243,455			7.00
8.00	00800	123,677		57,883	583,059		8.00
9.00	00900	948,541		541,468	0	4,569,308	9.00
10.00	01000	242,461		152,520	0	39,498	10.00
11.00	01100	637,024		387,301	0	100,300	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	734,674		47,060	0	12,187	13.00
14.00	01400	195,822		566,504	0	146,708	14.00
15.00	01500	887,279		174,121	0	45,092	15.00
16.00	01600	285,276		255,534	0	66,176	16.00
17.00	01700	361,159		124,520	0	32,247	17.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	458,422		0	0	0	21.00
22.00	02200	836,981		1,766,570	0	457,490	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	5,256,747	0	5,278,675	441,439	1,367,022	30.00
31.00	03100	1,283,131	0	498,832	50,633	129,183	31.00
41.00	04100	1,063,570	0	677,658	86,173	175,494	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	1,681	0	0	4,814	0	43.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	2,780,389	0	1,628,592	0	421,758	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	05002	0	0	0	0	0	50.02
51.00	05100	218,334	0	152,944	0	39,608	51.00
52.00	05200	130,581	0	0	0	0	52.00
54.00	05400	1,017,920	0	1,436,071	0	371,900	54.00
54.01	05401	95,141	0	51,766	0	13,406	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	0	0	0	0	0	54.05
55.00	05500	0	0	0	0	0	55.00
57.00	05700	334,252	0	80,001	0	20,718	57.00
58.00	05800	172,002	0	70,589	0	18,281	58.00
59.00	05900	292,039	0	432,948	0	112,121	59.00
60.00	06000	1,305,337	0	390,595	0	101,153	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	582,377	0	141,179	0	36,561	65.00
66.00	06600	1,256,772	0	470,596	0	121,871	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	0	0	0	0	0	66.02
66.03	06603	0	0	0	0	0	66.03
67.00	06700	347,237	0	38,965	0	10,091	67.00
68.00	06800	87,861	0	0	0	0	68.00
69.00	06900	395,992	0	127,061	0	32,905	69.00
69.01	06901	0	0	0	0	0	69.01
69.02	06902	177,967	0	178,826	0	46,311	69.02
70.00	07000	32,886	0	0	0	0	70.00
71.00	07100	2,468,432	0	0	0	0	71.00
72.00	07200	1,767,388	0	0	0	0	72.00
73.00	07300	1,295,349	0	0	0	0	73.00
76.00	03020	142,141	0	0	0	0	76.00
76.01	03952	0	0	0	0	0	76.01
76.02	03950	201,038	0	0	0	0	76.02
76.98	07698	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
89.00	08900	0	0	0	0	0	89.00
90.00	09000	129,183	0	400,007	0	103,590	90.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	1,479,474	0	880,720	0	228,081	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	0	0	0	0	0	91.02
92.00	09200	0	0	0	0	0	92.00
92.01	09201	81,172	0	0	0	0	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2019 6:43 am

Cost Center Description		ADMINISTRATIVE	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPING	
		& GENERAL	REPAIRS	PLANT	LINEN SERVICE		
		5.00	6.00	7.00	8.00	9.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	34,403,974	0	17,009,506	583,059	4,249,752	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	92,154	0	87,060	0	22,546	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	122,051	0	0	0	0	192.00
192.01	19201 CFPC CLINIC	367,915	0	682,364	0	176,712	192.01
194.00	07950 OFFICE BUILDINGS	153,903	0	102,166	0	26,458	194.00
194.01	07951 MARKETING	0	0	0	0	0	194.01
194.02	07952 FOUNDATION	63,012	0	32,942	0	8,531	194.02
194.03	07953 OTHER NONREIMBURSABLE HINSDALE HHA	0	0	329,417	0	85,309	194.03
194.04	07954 HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	35,203,009	0	18,243,455	583,059	4,569,308	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0065		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part I Date/Time Prepared: 5/28/2019 6:43 am	
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
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	1,221,592					10.00
11.00	01100		3,192,631				11.00
12.00	01200			0			12.00
13.00	01300		122,085		3,301,016		13.00
14.00	01400		21,519		0	1,566,260	14.00
15.00	01500		150,794		0	8,335	15.00
16.00	01600		34,403		0	159	16.00
17.00	01700		54,637		0	7,746	17.00
20.00	02000			0	0	0	20.00
21.00	02100		79,939		0	1,679	21.00
22.00	02200		116,014		0	31	22.00
23.00	02300		0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	924,878	802,225	0	2,499,227	90,086	30.00
31.00	03100	106,083	182,004	0	286,660	67,978	31.00
41.00	04100	180,545	127,421	0	487,874	12,384	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	10,086	7,223	0	27,255	934	43.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	330,548	0	0	716,400	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	05002	0	0	0	0	0	50.02
51.00	05100	0	34,885	0	0	5,433	51.00
52.00	05200	0	14,530	0	0	0	52.00
54.00	05400	0	146,299	0	0	42,238	54.00
54.01	05401	0	14,816	0	0	203	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05405	0	0	0	0	0	54.03
54.04	05406	0	0	0	0	0	54.04
54.05	05407	0	0	0	0	0	54.05
55.00	05500	0	0	0	0	0	55.00
57.00	05700	0	50,925	0	0	20,759	57.00
58.00	05800	0	26,014	0	0	2,558	58.00
59.00	05900	0	33,915	0	0	130,204	59.00
60.00	06000	0	140,662	0	0	153,620	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	89,281	0	0	36,404	65.00
66.00	06600	0	90,069	0	0	3,916	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	0	0	0	0	0	66.02
66.03	06603	0	0	0	0	0	66.03
67.00	06700	0	60,890	0	0	62	67.00
68.00	06800	0	15,407	0	0	0	68.00
69.00	06900	0	55,446	0	0	3,428	69.00
69.01	06901	0	0	0	0	0	69.01
69.02	06902	0	27,991	0	0	849	69.02
70.00	07000	0	1,777	0	0	0	70.00
71.00	07100	0	0	0	0	132,569	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03952	0	0	0	0	0	76.01
76.02	03950	0	34,931	0	0	37,105	76.02
76.98	07698	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	12,738	0	0	407	90.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	0	238,914	0	0	90,773	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	0	0	0	0	0	91.02
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	15,588	0	0	0	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2019 6:43 am

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,221,592	3,133,890	0	3,301,016	1,566,260	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,079	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 CFPC CLINIC	0	39,327	0	0	0	192.01
194.00	07950 OFFICE BUILDINGS	0	419	0	0	0	194.00
194.01	07951 MARKETING	0	0	0	0	0	194.01
194.02	07952 FOUNDATION	0	9,916	0	0	0	194.02
194.03	07953 OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	194.03
194.04	07954 HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,221,592	3,192,631	0	3,301,016	1,566,260	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2019 6:43 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
		15.00	16.00	17.00	20.00	21.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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						15.00
16.00	01600	4,146,043	1,567,654				16.00
17.00	01700	0	0	1,752,760			17.00
20.00	02000	0	0	0	0		20.00
21.00	02100	0	0	0		2,028,238	21.00
22.00	02200	0	0	0			22.00
23.00	02300	0	0	0			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	1,635	125,130	1,327,029	0	1,412,625	30.00
31.00	03100	500	20,222	152,210	0	35,954	31.00
41.00	04100	196	21,063	259,049	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	825	14,472	0	0	43.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	58,747	219,418	0	0	160,487	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	05002	0	0	0	0	0	50.02
51.00	05100	36	20,538	0	0	0	51.00
52.00	05200	0	1,649	0	0	0	52.00
54.00	05400	0	97,628	0	0	19,383	54.00
54.01	05401	0	15,943	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05405	0	0	0	0	0	54.03
54.04	05406	0	0	0	0	0	54.04
54.05	05407	0	0	0	0	0	54.05
55.00	05500	0	0	0	0	0	55.00
57.00	05700	312	177,866	0	0	0	57.00
58.00	05800	107	50,383	0	0	0	58.00
59.00	05900	0	28,043	0	0	0	59.00
60.00	06000	0	185,209	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	47,170	0	0	0	65.00
66.00	06600	0	39,862	0	0	67,421	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	0	0	0	0	0	66.02
66.03	06603	0	0	0	0	0	66.03
67.00	06700	0	10,418	0	0	0	67.00
68.00	06800	0	3,752	0	0	0	68.00
69.00	06900	0	52,411	0	0	106,235	69.00
69.01	06901	0	0	0	0	0	69.01
69.02	06902	0	4,882	0	0	0	69.02
70.00	07000	0	2,137	0	0	0	70.00
71.00	07100	0	34,244	0	0	0	71.00
72.00	07200	0	82,925	0	0	0	72.00
73.00	07300	3,871,276	115,518	0	0	0	73.00
76.00	03020	0	4,193	0	0	0	76.00
76.01	03952	0	0	0	0	0	76.01
76.02	03950	0	18,123	0	0	0	76.02
76.98	07698	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	547	0	0	91,045	90.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	1,682	187,553	0	0	135,088	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	0	0	0	0	0	91.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2019 6:43 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
		15.00	16.00	17.00	20.00	21.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	2	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	3,934,491	1,567,654	1,752,760	0	2,028,238	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 CFPC CLINIC	211,552	0	0	0	0	192.01
194.00	07950 OFFICE BUILDINGS	0	0	0	0	0	194.00
194.01	07951 MARKETING	0	0	0	0	0	194.01
194.02	07952 FOUNDATION	0	0	0	0	0	194.02
194.03	07953 OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	194.03
194.04	07954 HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	4,146,043	1,567,654	1,752,760	0	2,028,238	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

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

Worksheet B  
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Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS APPRV					
	22.00	23.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
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
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	5,894,223					22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)		0				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	4,105,202	0	40,697,172	-5,517,827	35,179,345	30.00
31.00 03100 INTENSIVE CARE UNIT	104,486	0	7,083,373	-140,440	6,942,933	31.00
41.00 04100 SUBPROVIDER - IRF	0	0	6,544,151	0	6,544,151	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	72,747	0	72,747	43.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	466,389	0	15,808,852	-626,876	15,181,976	50.00
50.01 05001 ENDOSCOPY	0	0	0	0	0	50.01
50.02 05002 DAY SURGERY	0	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	1,180,568	0	1,180,568	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	570,672	0	570,672	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	56,328	0	6,492,294	-75,711	6,416,583	54.00
54.01 05401 NUCLEAR MEDICINE	0	0	500,137	0	500,137	54.01
54.02 05402 ULTRASOUND	0	0	0	0	0	54.02
54.03 05405 GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04 05406 WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05 05407 PET SCAN	0	0	0	0	0	54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0	0	1,769,934	0	1,769,934	57.00
58.00 05800 MRI	0	0	898,314	0	898,314	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	1,977,332	0	1,977,332	59.00
60.00 06000 LABORATORY	0	0	6,514,160	0	6,514,160	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	2,823,574	0	2,823,574	65.00
66.00 06600 PHYSICAL THERAPY	195,929	0	6,326,360	-263,350	6,063,010	66.00
66.01 06601 FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02 06602 WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03 06603 LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00 06700 OCCUPATIONAL THERAPY	0	0	1,594,916	0	1,594,916	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	392,247	0	392,247	68.00
69.00 06900 ELECTROCARDIOLOGY	308,729	0	2,367,738	-414,964	1,952,774	69.00
69.01 06901 VASCULAR LAB	0	0	0	0	0	69.01
69.02 06902 CARDIAC REHAB	0	0	1,014,570	0	1,014,570	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	143,558	0	143,558	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	10,648,647	0	10,648,647	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	7,587,877	0	7,587,877	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	9,487,303	0	9,487,303	73.00
76.00 03020 HEMODIALYSIS	0	0	607,773	0	607,773	76.00
76.01 03952 LITHOTRIPSY	0	0	0	0	0	76.01
76.02 03950 WOUND CARE	0	0	943,836	0	943,836	76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	264,584	0	1,421,474	-355,629	1,065,845	90.00
90.01 09001 PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	392,576	0	8,437,755	-527,664	7,910,091	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0065

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

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Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS APPRV					
	22.00					
91.01 09101 OP DEPARTMENT	0	0	0	0	0	91.01
91.02 09102 MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	360,276	0	360,276	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	5,894,223	0	144,267,610	-7,922,461	136,345,149	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	510,004	0	510,004	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	518,271	0	518,271	192.00
192.01 19201 CFPC CLINIC	0	0	2,672,251	0	2,672,251	192.01
194.00 07950 OFFICE BUILDINGS	0	0	782,568	0	782,568	194.00
194.01 07951 MARKETING	0	0	0	0	0	194.01
194.02 07952 FOUNDATION	0	0	318,960	0	318,960	194.02
194.03 07953 OTHER NONREIMBURSABLE HINSDALE HHA	0	0	568,196	0	568,196	194.03
194.04 07954 HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	5,894,223	0	149,637,860	-7,922,461	141,715,399	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0065

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2019 6:43 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	139,512	59,779	199,291	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	4,386,788	1,879,684	6,266,472	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	18,878	8,089	26,967	8.00
9.00 00900	HOUSEKEEPING	0	176,593	75,668	252,261	9.00
10.00 01000	DIETARY	0	49,742	21,314	71,056	10.00
11.00 01100	CAFETERIA	0	126,313	54,124	180,437	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	15,348	6,576	21,924	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	184,758	79,166	263,924	14.00
15.00 01500	PHARMACY	0	56,787	24,333	81,120	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	83,339	35,710	119,049	16.00
17.00 01700	SOCIAL SERVICE	0	40,610	17,401	58,011	17.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	576,143	246,870	823,013	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	1,721,570	737,671	2,459,241	30.00
31.00 03100	INTENSIVE CARE UNIT	0	162,687	69,709	232,396	31.00
41.00 04100	SUBPROVIDER - IRF	0	221,009	94,700	315,709	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	0	43.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	531,143	227,588	758,731	50.00
50.01 05001	ENDOSCOPY	0	0	0	0	50.01
50.02 05002	DAY SURGERY	0	0	0	0	50.02
51.00 05100	RECOVERY ROOM	0	49,881	21,373	71,254	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	468,355	200,684	669,039	54.00
54.01 05401	NUCLEAR MEDICINE	0	16,883	7,234	24,117	54.01
54.02 05402	ULTRASOUND	0	0	0	0	54.02
54.03 05405	GRANT SQUARE IMAGING	0	0	0	0	54.03
54.04 05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	54.04
54.05 05407	PET SCAN	0	0	0	0	54.05
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00 05700	CT SCAN	0	26,091	11,180	37,271	57.00
58.00 05800	MRI	0	23,022	9,865	32,887	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	141,200	60,503	201,703	59.00
60.00 06000	LABORATORY	0	127,387	54,584	181,971	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	46,044	19,729	65,773	65.00
66.00 06600	PHYSICAL THERAPY	0	153,479	65,764	219,243	66.00
66.01 06601	FAIRVIEW REHAB CTR	0	0	0	0	66.01
66.02 06602	WESTCHESTER REHAB CTR	0	0	0	0	66.02
66.03 06603	LAGRANGE REHAB CTR	0	0	0	0	66.03
67.00 06700	OCCUPATIONAL THERAPY	0	12,708	5,445	18,153	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	41,439	17,756	59,195	69.00
69.01 06901	VASCULAR LAB	0	0	0	0	69.01
69.02 06902	CARDIAC REHAB	0	58,322	24,990	83,312	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00 03020	HEMODIALYSIS	0	0	0	0	76.00
76.01 03952	LITHOTRIPSY	0	0	0	0	76.01
76.02 03950	WOUND CARE	0	0	0	0	76.02
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	130,457	55,899	186,356	90.00
90.01 09001	PAIN MGMT CLINIC	0	0	0	0	90.01
91.00 09100	EMERGENCY	0	287,235	123,077	410,312	91.00
91.01 09101	OP DEPARTMENT	0	0	0	0	91.01

Cost Center Description	CAPITAL RELATED COSTS				Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
	Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00	2A			
91.02 09102 MEDICAL ONCOLOGY	0	0	0	0	0	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10 09910 CORF	0	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	0	113.00
118.00	0	10,073,723	4,316,465	14,390,188	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	28,394	12,166	40,560	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01 19201 CFPC CLINIC	0	222,544	95,357	317,901	0	0	192.01
194.00 07950 OFFICE BUILDINGS	0	33,320	14,277	47,597	0	0	194.00
194.01 07951 MARKETING	0	0	0	0	0	0	194.01
194.02 07952 FOUNDATION	0	10,744	4,603	15,347	0	0	194.02
194.03 07953 OTHER NONREIMBURSABLE HINSDALE HHA	0	107,435	46,035	153,470	0	0	194.03
194.04 07954 HHA TRANSITIONAL CARE	0	0	0	0	0	0	194.04
200.00 Cross Foot Adjustments	0	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	10,476,160	4,488,903	14,965,063	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0065		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/28/2019 6:43 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	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	199,291				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	24,324		6,290,796		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	700	0	19,960	47,627	8.00
9.00	00900	HOUSEKEEPING	5,370	0	186,712	0	444,343
10.00	01000	DIETARY	1,373	0	52,593	0	3,841
11.00	01100	CAFETERIA	3,607	0	133,551	0	9,754
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	4,159	0	16,227	0	1,185
14.00	01400	CENTRAL SERVICES & SUPPLY	1,109	0	195,344	0	14,267
15.00	01500	PHARMACY	5,023	0	60,041	0	4,385
16.00	01600	MEDICAL RECORDS & LIBRARY	1,615	0	88,114	0	6,435
17.00	01700	SOCIAL SERVICE	2,045	0	42,937	0	3,136
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,595	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,739	0	609,157	0	44,489
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	29,747	0	1,820,219	36,059	132,934
31.00	03100	INTENSIVE CARE UNIT	7,265	0	172,010	4,136	12,562
41.00	04100	SUBPROVIDER - IRF	6,022	0	233,673	7,039	17,066
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	10	0	0	393	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	15,742	0	561,579	0	41,014
50.01	05001	ENDOSCOPY	0	0	0	0	0
50.02	05002	DAY SURGERY	0	0	0	0	0
51.00	05100	RECOVERY ROOM	1,236	0	52,739	0	3,852
52.00	05200	DELIVERY ROOM & LABOR ROOM	739	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,763	0	495,193	0	36,166
54.01	05401	NUCLEAR MEDICINE	539	0	17,850	0	1,304
54.02	05402	ULTRASOUND	0	0	0	0	0
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0
54.05	05407	PET SCAN	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
57.00	05700	CT SCAN	1,892	0	27,586	0	2,015
58.00	05800	MRI	974	0	24,341	0	1,778
59.00	05900	CARDIAC CATHETERIZATION	1,653	0	149,291	0	10,903
60.00	06000	LABORATORY	7,390	0	134,687	0	9,837
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	3,297	0	48,682	0	3,555
66.00	06600	PHYSICAL THERAPY	7,115	0	162,273	0	11,851
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	1,966	0	13,436	0	981
68.00	06800	SPEECH PATHOLOGY	497	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	2,242	0	43,814	0	3,200
69.01	06901	VASCULAR LAB	0	0	0	0	0
69.02	06902	CARDIAC REHAB	1,008	0	61,664	0	4,504
70.00	07000	ELECTROENCEPHALOGRAPHY	186	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,975	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,006	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	7,334	0	0	0	0
76.00	03020	HEMODIALYSIS	805	0	0	0	0
76.01	03952	LITHOTRIPSY	0	0	0	0	0
76.02	03950	WOUND CARE	1,138	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	731	0	137,932	0	10,074
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	8,376	0	303,694	0	22,180
91.01	09101	OP DEPARTMENT	0	0	0	0	0
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	460	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0065

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2019 6:43 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	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	194,767	0	5,865,299	47,627	413,268	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	522	0	30,021	0	2,192	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	691	0	0	0	0	192.00
192.01	19201 CFPC CLINIC	2,083	0	235,296	0	17,184	192.01
194.00	07950 OFFICE BUILDINGS	871	0	35,230	0	2,573	194.00
194.01	07951 MARKETING	0	0	0	0	0	194.01
194.02	07952 FOUNDATION	357	0	11,359	0	830	194.02
194.03	07953 OTHER NONREIMBURSABLE HINSDALE HHA	0	0	113,591	0	8,296	194.03
194.04	07954 HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	199,291	0	6,290,796	47,627	444,343	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0065		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/28/2019 6:43 am	
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
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	128,863					10.00
11.00	01100	0	327,349				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	12,518	0	56,013		13.00
14.00	01400	0	2,206	0	0	476,850	14.00
15.00	01500	0	15,461	0	0	2,538	15.00
16.00	01600	0	3,527	0	0	48	16.00
17.00	01700	0	5,602	0	0	2,358	17.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	8,196	0	0	511	21.00
22.00	02200	0	11,895	0	0	9	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	97,564	82,255	0	42,409	27,427	30.00
31.00	03100	11,190	18,661	0	4,864	20,696	31.00
41.00	04100	19,045	13,065	0	8,278	3,770	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	1,064	741	0	462	284	43.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	33,892	0	0	218,108	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	05002	0	0	0	0	0	50.02
51.00	05100	0	3,577	0	0	1,654	51.00
52.00	05200	0	1,490	0	0	0	52.00
54.00	05400	0	15,001	0	0	12,860	54.00
54.01	05401	0	1,519	0	0	62	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	0	0	0	0	0	54.05
55.00	05500	0	0	0	0	0	55.00
57.00	05700	0	5,222	0	0	6,320	57.00
58.00	05800	0	2,667	0	0	779	58.00
59.00	05900	0	3,477	0	0	39,641	59.00
60.00	06000	0	14,422	0	0	46,770	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	9,154	0	0	11,083	65.00
66.00	06600	0	9,235	0	0	1,192	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	0	0	0	0	0	66.02
66.03	06603	0	0	0	0	0	66.03
67.00	06700	0	6,243	0	0	19	67.00
68.00	06800	0	1,580	0	0	0	68.00
69.00	06900	0	5,685	0	0	1,044	69.00
69.01	06901	0	0	0	0	0	69.01
69.02	06902	0	2,870	0	0	259	69.02
70.00	07000	0	182	0	0	0	70.00
71.00	07100	0	0	0	0	40,361	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03952	0	0	0	0	0	76.01
76.02	03950	0	3,582	0	0	11,297	76.02
76.98	07698	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	1,306	0	0	124	90.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	0	24,497	0	0	27,636	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	0	0	0	0	0	91.02
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	1,598	0	0	0	92.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0065

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

Worksheet B  
Part II  
Date/Time Prepared:  
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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	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	128,863	321,326	0	56,013	476,850	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	931	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 CFPC CLINIC	0	4,032	0	0	0	192.01
194.00	07950 OFFICE BUILDINGS	0	43	0	0	0	194.00
194.01	07951 MARKETING	0	0	0	0	0	194.01
194.02	07952 FOUNDATION	0	1,017	0	0	0	194.02
194.03	07953 OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	194.03
194.04	07954 HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	128,863	327,349	0	56,013	476,850	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0065		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/28/2019 6:43 am	
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
		15.00	16.00	17.00	20.00	21.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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						15.00
16.00	01600	168,568	218,788				16.00
17.00	01700	0	0	114,089			17.00
20.00	02000	0	0	0	0		20.00
21.00	02100	0	0	0		11,302	21.00
22.00	02200	0	0	0			22.00
23.00	02300	0	0	0			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	66	17,443	86,378			30.00
31.00	03100	20	2,819	9,907			31.00
41.00	04100	8	2,936	16,862			41.00
42.00	04200	0	0	0			42.00
43.00	04300	0	115	942			43.00
45.00	04500	0	0	0			45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	2,389	30,840	0			50.00
50.01	05001	0	0	0			50.01
50.02	05002	0	0	0			50.02
51.00	05100	1	2,863	0			51.00
52.00	05200	0	230	0			52.00
54.00	05400	0	13,610	0			54.00
54.01	05401	0	2,222	0			54.01
54.02	05402	0	0	0			54.02
54.03	05405	0	0	0			54.03
54.04	05406	0	0	0			54.04
54.05	05407	0	0	0			54.05
55.00	05500	0	0	0			55.00
57.00	05700	13	24,795	0			57.00
58.00	05800	4	7,024	0			58.00
59.00	05900	0	3,909	0			59.00
60.00	06000	0	25,819	0			60.00
60.01	06001	0	0	0			60.01
65.00	06500	0	6,576	0			65.00
66.00	06600	0	5,557	0			66.00
66.01	06601	0	0	0			66.01
66.02	06602	0	0	0			66.02
66.03	06603	0	0	0			66.03
67.00	06700	0	1,452	0			67.00
68.00	06800	0	523	0			68.00
69.00	06900	0	7,306	0			69.00
69.01	06901	0	0	0			69.01
69.02	06902	0	681	0			69.02
70.00	07000	0	298	0			70.00
71.00	07100	0	4,774	0			71.00
72.00	07200	0	11,560	0			72.00
73.00	07300	157,398	16,104	0			73.00
76.00	03020	0	585	0			76.00
76.01	03952	0	0	0			76.01
76.02	03950	0	2,526	0			76.02
76.98	07698	0	0	0			76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
89.00	08900	0	0	0			89.00
90.00	09000	0	76	0			90.00
90.01	09001	0	0	0			90.01
91.00	09100	68	26,145	0			91.00
91.01	09101	0	0	0			91.01
91.02	09102	0	0	0			91.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0065

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
		15.00	16.00	17.00	20.00	21.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0			92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0	0	0			99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100 ISLET ACQUISITION	0	0	0			111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	159,967	218,788	114,089	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01	19201 CFPC CLINIC	8,601	0	0			192.01
194.00	07950 OFFICE BUILDINGS	0	0	0			194.00
194.01	07951 MARKETING	0	0	0			194.01
194.02	07952 FOUNDATION	0	0	0			194.02
194.03	07953 OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0			194.03
194.04	07954 HHA TRANSITIONAL CARE	0	0	0			194.04
200.00	Cross Foot Adjustments				0	11,302	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	168,568	218,788	114,089	0	11,302	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/28/2019 6:43 am	
Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS APPRV					
	22.00	23.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
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
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	1,493,302			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS		4,831,742	0	30.00
31.00	03100	INTENSIVE CARE UNIT		496,526	0	31.00
41.00	04100	SUBPROVIDER - IRF		643,473	0	41.00
42.00	04200	SUBPROVIDER		0	0	42.00
43.00	04300	NURSERY		4,011	0	43.00
45.00	04500	NURSING FACILITY		0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM		1,662,295	0	50.00
50.01	05001	ENDOSCOPY		0	0	50.01
50.02	05002	DAY SURGERY		0	0	50.02
51.00	05100	RECOVERY ROOM		137,176	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		2,459	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		1,247,632	0	54.00
54.01	05401	NUCLEAR MEDICINE		47,613	0	54.01
54.02	05402	ULTRASOUND		0	0	54.02
54.03	05403	GRANT SQUARE IMAGING		0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY		0	0	54.04
54.05	05407	PET SCAN		0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	55.00
57.00	05700	CT SCAN		105,114	0	57.00
58.00	05800	MRI		70,454	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		410,577	0	59.00
60.00	06000	LABORATORY		420,896	0	60.00
60.01	06001	BLOOD LABORATORY		0	0	60.01
65.00	06500	RESPIRATORY THERAPY		148,120	0	65.00
66.00	06600	PHYSICAL THERAPY		416,466	0	66.00
66.01	06601	FAIRVIEW REHAB CTR		0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR		0	0	66.02
66.03	06603	LAGRANGE REHAB CTR		0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY		42,250	0	67.00
68.00	06800	SPEECH PATHOLOGY		2,600	0	68.00
69.00	06900	ELECTROCARDIOLOGY		122,486	0	69.00
69.01	06901	VASCULAR LAB		0	0	69.01
69.02	06902	CARDIAC REHAB		154,298	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY		666	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		59,110	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		21,566	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		180,836	0	73.00
76.00	03020	HEMODIALYSIS		1,390	0	76.00
76.01	03952	LITHOTRIPSY		0	0	76.01
76.02	03950	WOUND CARE		18,543	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	89.00
90.00	09000	CLINIC		336,599	0	90.00
90.01	09001	PAIN MGMT CLINIC		0	0	90.01
91.00	09100	EMERGENCY		822,908	0	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0065

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2019 6:43 am

Cost Center Description		INTERNS & RESIDENTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		SERVICES-OTHER PRGM COSTS APPRV					
91.01	09101	OP DEPARTMENT		24.00	25.00	26.00	91.01
91.02	09102	MEDICAL ONCOLOGY		0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		2,058	0	2,058	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF		0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100	ISLET ACQUISITION		0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	12,409,864	0	12,409,864	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		74,226	0	74,226	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		691	0	691	192.00
192.01	19201	CFPC CLINIC		585,097	0	585,097	192.01
194.00	07950	OFFICE BUILDINGS		86,314	0	86,314	194.00
194.01	07951	MARKETING		0	0	0	194.01
194.02	07952	FOUNDATION		28,910	0	28,910	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA		275,357	0	275,357	194.03
194.04	07954	HHA TRANSITIONAL CARE		0	0	0	194.04
200.00		Cross Foot Adjustments	1,493,302	0	0	1,504,604	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,493,302	0	14,965,063	14,965,063	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0065

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	CAPITAL RELATED COSTS			Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQARE FEET)	MVBLE EQUIP (SQ FT)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIE)			
	1.00	2.00	4.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	682,581				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		682,581			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	53,287,223		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	9,090	9,090	3,833,074	-35,203,009	114,281,381 5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	285,824	285,824	1,631,010	0	13,947,190 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,230	1,230	0	0	401,499 8.00
9.00 00900	HOUSEKEEPING	11,506	11,506	0	0	3,079,299 9.00
10.00 01000	DIETARY	3,241	3,241	0	0	787,113 10.00
11.00 01100	CAFETERIA	8,230	8,230	0	0	2,068,006 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	1,000	1,000	1,828,744	0	2,385,010 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	12,038	12,038	322,334	0	635,707 14.00
15.00 01500	PHARMACY	3,700	3,700	2,258,784	0	2,880,422 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,430	5,430	515,329	0	926,106 16.00
17.00 01700	SOCIAL SERVICE	2,646	2,646	818,420	0	1,172,451 17.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	1,197,423	0	1,488,198 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	37,539	37,539	1,737,805	0	2,717,137 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	112,170	112,170	12,016,644	0	17,065,252 30.00
31.00 03100	INTENSIVE CARE UNIT	10,600	10,600	2,726,280	0	4,165,497 31.00
41.00 04100	SUBPROVIDER - IRF	14,400	14,400	1,908,665	0	3,452,724 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	0	108,194	0	5,457 43.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	34,607	34,607	4,951,363	0	9,026,124 50.00
50.01 05001	ENDOSCOPY	0	0	0	0	50.01
50.02 05002	DAY SURGERY	0	0	0	0	50.02
51.00 05100	RECOVERY ROOM	3,250	3,250	522,544	0	708,790 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	217,647	0	423,912 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	30,516	30,516	2,191,455	0	3,304,527 54.00
54.01 05401	NUCLEAR MEDICINE	1,100	1,100	221,927	0	308,862 54.01
54.02 05402	ULTRASOUND	0	0	0	0	54.02
54.03 05403	GRANT SQUARE IMAGING	0	0	0	0	54.03
54.04 05404	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	54.04
54.05 05405	PET SCAN	0	0	0	0	54.05
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00 05700	CT SCAN	1,700	1,700	762,824	0	1,085,101 57.00
58.00 05800	MRI	1,500	1,500	389,675	0	558,380 58.00
59.00 05900	CARDIAC CATHETERIZATION	9,200	9,200	508,018	0	948,062 59.00
60.00 06000	LABORATORY	8,300	8,300	2,107,005	0	4,237,584 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	3,000	3,000	1,337,362	0	1,890,602 65.00
66.00 06600	PHYSICAL THERAPY	10,000	10,000	1,349,163	0	4,079,924 66.00
66.01 06601	FAIRVIEW REHAB CTR	0	0	0	0	66.01
66.02 06602	WESTCHESTER REHAB CTR	0	0	0	0	66.02
66.03 06603	LAGRANGE REHAB CTR	0	0	0	0	66.03
67.00 06700	OCCUPATIONAL THERAPY	828	828	912,094	0	1,127,253 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	230,782	0	285,227 68.00
69.00 06900	ELECTROCARDIOLOGY	2,700	2,700	830,543	0	1,285,531 69.00
69.01 06901	VASCULAR LAB	0	0	0	0	69.01
69.02 06902	CARDIAC REHAB	3,800	3,800	419,287	0	577,744 69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	26,614	0	106,758 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	8,013,402 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	5,737,564 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,205,160 73.00
76.00 03020	HEMODIALYSIS	0	0	0	0	461,439 76.00
76.01 03952	LITHOTRIPSY	0	0	0	0	76.01
76.02 03950	WOUND CARE	0	0	523,242	0	652,639 76.02
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	8,500	8,500	190,813	0	419,373 90.00
90.01 09001	PAIN MGMT CLINIC	0	0	0	0	90.01
91.00 09100	EMERGENCY	18,715	18,715	3,578,757	0	4,802,894 91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0065

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		CAPITAL RELATED COSTS			Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQARE FEET)	MVBLE EQUIP (SQ FT)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIE)			
		1.00	2.00	4.00	5A	5.00	
91.01	09101	OP DEPARTMENT	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	233,494	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	656,360	656,360	52,407,315	-35,203,009	111,687,434
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,850	1,850	135,993	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	CFPC CLINIC	14,500	14,500	589,093	0	192.01
194.00	07950	OFFICE BUILDINGS	2,171	2,171	6,282	0	194.00
194.01	07951	MARKETING	0	0	0	0	194.01
194.02	07952	FOUNDATION	700	700	148,540	0	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	7,000	7,000	0	-153,470	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	194.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per wkst. B, Part I)	10,476,160	4,488,903	7,586,671		202.00
203.00		Unit cost multiplier (wkst. B, Part I)	15.347863	6.576367	0.142373		203.00
204.00		Cost to be allocated (per wkst. B, Part II)			0		204.00
205.00		Unit cost multiplier (wkst. B, Part II)			0.000000		205.00
206.00		NAHE adjustment amount to be allocated (per wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0065

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

Worksheet B-1  
Date/Time Prepared:  
5/28/2019 6:43 am

Cost Center Description		MAINTENANCE & REPAIRS (SQARE FEET)	OPERATION OF PLANT (SQ FT)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQ FT)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	0					6.00
7.00	00700	0	387,667				7.00
8.00	00800	0	1,230	37,667			8.00
9.00	00900	0	11,506	0	374,931		9.00
10.00	01000	0	3,241	0	3,241	37,667	10.00
11.00	01100	0	8,230	0	8,230	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	0	1,000	0	1,000	0	13.00
14.00	01400	0	12,038	0	12,038	0	14.00
15.00	01500	0	3,700	0	3,700	0	15.00
16.00	01600	0	5,430	0	5,430	0	16.00
17.00	01700	0	2,646	0	2,646	0	17.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	37,539	0	37,539	0	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	112,170	28,518	112,170	28,518	30.00
31.00	03100	0	10,600	3,271	10,600	3,271	31.00
41.00	04100	0	14,400	5,567	14,400	5,567	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	311	0	311	43.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	34,607	0	34,607	0	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	05002	0	0	0	0	0	50.02
51.00	05100	0	3,250	0	3,250	0	51.00
52.00	05200	0	0	0	0	0	52.00
54.00	05400	0	30,516	0	30,516	0	54.00
54.01	05401	0	1,100	0	1,100	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05405	0	0	0	0	0	54.03
54.04	05406	0	0	0	0	0	54.04
54.05	05407	0	0	0	0	0	54.05
55.00	05500	0	0	0	0	0	55.00
57.00	05700	0	1,700	0	1,700	0	57.00
58.00	05800	0	1,500	0	1,500	0	58.00
59.00	05900	0	9,200	0	9,200	0	59.00
60.00	06000	0	8,300	0	8,300	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	3,000	0	3,000	0	65.00
66.00	06600	0	10,000	0	10,000	0	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	0	0	0	0	0	66.02
66.03	06603	0	0	0	0	0	66.03
67.00	06700	0	828	0	828	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	2,700	0	2,700	0	69.00
69.01	06901	0	0	0	0	0	69.01
69.02	06902	0	3,800	0	3,800	0	69.02
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03952	0	0	0	0	0	76.01
76.02	03950	0	0	0	0	0	76.02
76.98	07698	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	8,500	0	8,500	0	90.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	0	18,715	0	18,715	0	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	0	0	0	0	0	91.02
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0065

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		MAINTENANCE & REPAIRS (SQ FT) 6.00	OPERATION OF PLANT (SQ FT) 7.00	LAUNDRY & LINEN SERVICE (PATIENT DAYS) 8.00	HOUSEKEEPING (SQ FT) 9.00	DIETARY (PATIENT DAYS) 10.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	0	361,446	37,667	348,710	37,667	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,850	0	1,850	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 CFPC CLINIC	0	14,500	0	14,500	0	192.01
194.00	07950 OFFICE BUILDINGS	0	2,171	0	2,171	0	194.00
194.01	07951 MARKETING	0	0	0	0	0	194.01
194.02	07952 FOUNDATION	0	700	0	700	0	194.02
194.03	07953 OTHER NONREIMBURSABLE HINSDALE HHA	0	7,000	0	7,000	0	194.03
194.04	07954 HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	18,243,455	583,059	4,569,308	1,221,592	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	47.059603	15.479305	12.187064	32.431359	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	6,290,796	47,627	444,343	128,863	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	16.227319	1.264422	1.185133	3.421111	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: 14-0065

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description			CAFETERIA (GROSS SALARIE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
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	47,823,139					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	1,828,744	0	37,667			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	322,334	0	0	8,088,532		14.00
15.00	01500	PHARMACY	2,258,784	0	0	43,043	5,038,044	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	515,329	0	0	821	0	16.00
17.00	01700	SOCIAL SERVICE	818,420	0	0	40,000	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,197,423	0	0	8,670	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,737,805	0	0	158	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	12,016,644	0	28,518	465,222	1,987	30.00
31.00	03100	INTENSIVE CARE UNIT	2,726,280	0	3,271	351,056	607	31.00
41.00	04100	SUBPROVIDER - IRF	1,908,665	0	5,567	63,953	238	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	108,194	0	311	4,824	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,951,363	0	0	3,699,670	71,386	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	522,544	0	0	28,057	44	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	217,647	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,191,455	0	0	218,128	0	54.00
54.01	05401	NUCLEAR MEDICINE	221,927	0	0	1,048	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	762,824	0	0	107,205	379	57.00
58.00	05800	MRI	389,675	0	0	13,211	130	58.00
59.00	05900	CARDIAC CATHETERIZATION	508,018	0	0	672,403	0	59.00
60.00	06000	LABORATORY	2,107,005	0	0	793,326	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,337,362	0	0	187,996	0	65.00
66.00	06600	PHYSICAL THERAPY	1,349,163	0	0	20,225	0	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	912,094	0	0	321	0	67.00
68.00	06800	SPEECH PATHOLOGY	230,782	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	830,543	0	0	17,703	0	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	419,287	0	0	4,386	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	26,614	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	684,614	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	4,704,163	73.00
76.00	03020	HEMODIALYSIS	0	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0	76.01
76.02	03950	WOUND CARE	523,242	0	0	191,616	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	190,813	0	0	2,102	0	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	3,578,757	0	0	468,774	2,044	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0065

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

Worksheet B-1

Date/Time Prepared:  
5/28/2019 6:43 am

Cost Center Description		CAFETERIA (GROSS SALARIE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	233,494	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	46,943,231	0	37,667	8,088,532	4,780,978
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	135,994	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	CFPC CLINIC	589,094	0	0	257,066	192.01
194.00	07950	OFFICE BUILDINGS	6,214	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	194.01
194.02	07952	FOUNDATION	148,540	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	194.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per wkst. B, Part I)	3,192,611	0	3,301,016	1,566,260	4,146,043
203.00		Unit cost multiplier (wkst. B, Part I)	0.06675	0.000000	87.636817	0.193640	0.822947
204.00		Cost to be allocated (per wkst. B, Part II)	327,344	0	56,013	476,850	168,568
205.00		Unit cost multiplier (wkst. B, Part II)	0.00684	0.000000	1.487058	0.058954	0.033459
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 Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS	
				SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)
				16.00	17.00
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
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	592,129,784				16.00
17.00 01700 SOCIAL SERVICE	0	37,667			17.00
20.00 02000 NURSING SCHOOL	0	0	0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0		41,124	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	47,272,317	28,518	0	28,642	30.00
31.00 03100 INTENSIVE CARE UNIT	7,639,547	3,271	0	729	31.00
41.00 04100 SUBPROVIDER - IRF	7,957,194	5,567	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	42.00
43.00 04300 NURSERY	311,832	311	0	0	43.00
45.00 04500 NURSING FACILITY	0	0	0	0	45.00
<b>ANCLLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	82,784,886	0	0	3,254	50.00
50.01 05001 ENDOSCOPY	0	0	0	0	50.01
50.02 05002 DAY SURGERY	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	7,758,903	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	623,151	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	36,882,408	0	0	393	54.00
54.01 05401 NUCLEAR MEDICINE	6,022,930	0	0	0	54.01
54.02 05402 ULTRASOUND	0	0	0	0	54.02
54.03 05405 GRANT SQUARE IMAGING	0	0	0	0	54.03
54.04 05406 WINDSOR MEDICAL RADIOLOGY	0	0	0	0	54.04
54.05 05407 PET SCAN	0	0	0	0	54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00 05700 CT SCAN	67,195,155	0	0	0	57.00
58.00 05800 MRI	19,034,161	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	10,594,379	0	0	0	59.00
60.00 06000 LABORATORY	69,969,495	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	17,820,086	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	15,059,239	0	0	1,367	66.00
66.01 06601 FAIRVIEW REHAB CTR	0	0	0	0	66.01
66.02 06602 WESTCHESTER REHAB CTR	0	0	0	0	66.02
66.03 06603 LAGRANGE REHAB CTR	0	0	0	0	66.03
67.00 06700 OCCUPATIONAL THERAPY	3,935,863	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	1,417,429	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	19,800,144	0	0	2,154	69.00
69.01 06901 VASCULAR LAB	0	0	0	0	69.01
69.02 06902 CARDIAC REHAB	1,844,517	0	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	807,423	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	12,936,819	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	31,328,087	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	43,640,947	0	0	0	73.00
76.00 03020 HEMODIALYSIS	1,584,062	0	0	0	76.00
76.01 03952 LITHOTRIPSY	0	0	0	0	76.01
76.02 03950 WOUND CARE	6,846,631	0	0	0	76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000 CLINIC	206,614	0	0	1,846	90.00
90.01 09001 PAIN MGMT CLINIC	0	0	0	0	90.01
91.00 09100 EMERGENCY	70,854,845	0	0	2,739	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0065

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

Worksheet B-1

Date/Time Prepared:  
5/28/2019 6:43 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
	16.00	17.00	20.00	21.00	22.00	
91.01 09101 OP DEPARTMENT	0	0	0	0	0	91.01
91.02 09102 MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	720	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	592,129,784	37,667	0	41,124	41,124	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 CFPC CLINIC	0	0	0	0	0	192.01
194.00 07950 OFFICE BUILDINGS	0	0	0	0	0	194.00
194.01 07951 MARKETING	0	0	0	0	0	194.01
194.02 07952 FOUNDATION	0	0	0	0	0	194.02
194.03 07953 OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	194.03
194.04 07954 HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per wkst. B, Part I)	1,567,654	1,752,760	0	2,028,238	5,894,223	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	0.002647	46.533040	0.000000	49.320056	143.328057	203.00
204.00 Cost to be allocated (per wkst. B, Part II)	218,788	114,089	0	11,302	1,493,302	204.00
205.00 Unit cost multiplier (wkst. B, Part II)	0.000369	3.028885	0.000000	0.274827	36.312178	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0065

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

worksheet B-1

Date/Time Prepared:  
5/28/2019 6:43 am

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	
		23.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
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
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
41.00	04100	SUBPROVIDER - IRF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
45.00	04500	NURSING FACILITY	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	ENDOSCOPY	50.01
50.02	05002	DAY SURGERY	50.02
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	NUCLEAR MEDICINE	54.01
54.02	05402	ULTRASOUND	54.02
54.03	05403	GRANT SQUARE IMAGING	54.03
54.04	05404	WINDSOR MEDICAL RADIOLOGY	54.04
54.05	05405	PET SCAN	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
66.01	06601	FAIRVIEW REHAB CTR	66.01
66.02	06602	WESTCHESTER REHAB CTR	66.02
66.03	06603	LAGRANGE REHAB CTR	66.03
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
69.01	06901	VASCULAR LAB	69.01
69.02	06902	CARDIAC REHAB	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03020	HEMODIALYSIS	76.00
76.01	03952	LITHOTRIPSY	76.01
76.02	03950	WOUND CARE	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>			
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	09001	PAIN MGMT CLINIC	90.01
91.00	09100	EMERGENCY	91.00
91.01	09101	OP DEPARTMENT	91.01
91.02	09102	MEDICAL ONCOLOGY	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0065

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

Worksheet B-1

Date/Time Prepared:  
5/28/2019 6:43 am

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	23.00	0
<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.10	09910 CORF		0
101.00	10100 HOME HEALTH AGENCY		0
<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00	10900 PANCREAS ACQUISITION		0
110.00	11000 INTESTINAL ACQUISITION		0
111.00	11100 ISLET ACQUISITION		0
113.00	11300 INTEREST EXPENSE		0
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		0
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN		0
192.00	19200 PHYSICIANS' PRIVATE OFFICES		0
192.01	19201 CFPC CLINIC		0
194.00	07950 OFFICE BUILDINGS		0
194.01	07951 MARKETING		0
194.02	07952 FOUNDATION		0
194.03	07953 OTHER NONREIMBURSABLE HINSDALE HHA		0
194.04	07954 HHA TRANSITIONAL CARE		0
200.00	Cross Foot Adjustments		0
201.00	Negative Cost Centers		0
202.00	Cost to be allocated (per wkst. B, Part I)		0
203.00	Unit cost multiplier (wkst. B, Part I)	0.000000	0
204.00	Cost to be allocated (per wkst. B, Part II)		0
205.00	Unit cost multiplier (wkst. B, Part II)	0.000000	0
206.00	NAHE adjustment amount to be allocated (per wkst. B-2)		0
207.00	NAHE unit cost multiplier (wkst. D, Parts III and IV)	0.000000	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0065

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/28/2019 6:43 am

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	35,179,345		35,179,345	0	35,179,345	30.00
31.00	03100 INTENSIVE CARE UNIT	6,942,933		6,942,933	0	6,942,933	31.00
41.00	04100 SUBPROVIDER - IRF	6,544,151		6,544,151	0	6,544,151	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	72,747		72,747	0	72,747	43.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	15,181,976		15,181,976	0	15,181,976	50.00
50.01	05001 ENDOSCOPY	0		0	0	0	50.01
50.02	05002 DAY SURGERY	0		0	0	0	50.02
51.00	05100 RECOVERY ROOM	1,180,568		1,180,568	0	1,180,568	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	570,672		570,672	0	570,672	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,416,583		6,416,583	0	6,416,583	54.00
54.01	05401 NUCLEAR MEDICINE	500,137		500,137	0	500,137	54.01
54.02	05402 ULTRASOUND	0		0	0	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0		0	0	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0		0	0	0	54.04
54.05	05407 PET SCAN	0		0	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
57.00	05700 CT SCAN	1,769,934		1,769,934	0	1,769,934	57.00
58.00	05800 MRI	898,314		898,314	0	898,314	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,977,332		1,977,332	0	1,977,332	59.00
60.00	06000 LABORATORY	6,514,160		6,514,160	0	6,514,160	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	2,823,574	0	2,823,574	0	2,823,574	65.00
66.00	06600 PHYSICAL THERAPY	6,063,010	0	6,063,010	0	6,063,010	66.00
66.01	06601 FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	1,594,916	0	1,594,916	0	1,594,916	67.00
68.00	06800 SPEECH PATHOLOGY	392,247	0	392,247	0	392,247	68.00
69.00	06900 ELECTROCARDIOLOGY	1,952,774	0	1,952,774	0	1,952,774	69.00
69.01	06901 VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902 CARDIAC REHAB	1,014,570	0	1,014,570	0	1,014,570	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	143,558	0	143,558	0	143,558	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	10,648,647	0	10,648,647	0	10,648,647	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	7,587,877	0	7,587,877	0	7,587,877	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	9,487,303	0	9,487,303	0	9,487,303	73.00
76.00	03020 HEMODIALYSIS	607,773	0	607,773	0	607,773	76.00
76.01	03952 LITHOTRIPSY	0	0	0	0	0	76.01
76.02	03950 WOUND CARE	943,836	0	943,836	0	943,836	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	1,065,845		1,065,845	0	1,065,845	90.00
90.01	09001 PAIN MGMT CLINIC	0		0	0	0	90.01
91.00	09100 EMERGENCY	7,910,091		7,910,091	0	7,910,091	91.00
91.01	09101 OP DEPARTMENT	0		0	0	0	91.01
91.02	09102 MEDICAL ONCOLOGY	0		0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	4,306,463		4,306,463	0	4,306,463	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	360,276		360,276	0	360,276	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
200.00	Subtotal (see instructions)	140,651,612	0	140,651,612	0	140,651,612	200.00
201.00	Less Observation Beds	4,306,463		4,306,463	0	4,306,463	201.00
202.00	Total (see instructions)	136,345,149	0	136,345,149	0	136,345,149	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0065		Period: From 01/01/2018 To 12/31/2018		Worksheet C Part I Date/Time Prepared: 5/28/2019 6:43 am	
			Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00					
9.00	10.00							
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	38,465,748		38,465,748			30.00
31.00	03100	INTENSIVE CARE UNIT	7,639,547		7,639,547			31.00
41.00	04100	SUBPROVIDER - IRF	7,957,194		7,957,194			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	311,832		311,832			43.00
45.00	04500	NURSING FACILITY	0		0			45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	36,030,266	46,754,620	82,784,886	0.183391	0.000000	50.00
50.01	05001	ENDOSCOPY	0	0	0	0.000000	0.000000	50.01
50.02	05002	DAY SURGERY	0	0	0	0.000000	0.000000	50.02
51.00	05100	RECOVERY ROOM	3,508,057	4,250,846	7,758,903	0.152157	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	484,296	138,855	623,151	0.915784	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,242,776	26,639,632	36,882,408	0.173974	0.000000	54.00
54.01	05401	NUCLEAR MEDICINE	2,325,695	3,697,235	6,022,930	0.083039	0.000000	54.01
54.02	05402	ULTRASOUND	0	0	0	0.000000	0.000000	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0.000000	0.000000	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0.000000	0.000000	54.04
54.05	05407	PET SCAN	0	0	0	0.000000	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
57.00	05700	CT SCAN	21,271,454	45,923,701	67,195,155	0.026340	0.000000	57.00
58.00	05800	MRI	5,094,400	13,939,761	19,034,161	0.047195	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,586,499	4,007,880	10,594,379	0.186640	0.000000	59.00
60.00	06000	LABORATORY	40,577,620	29,391,875	69,969,495	0.093100	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	16,768,344	1,051,742	17,820,086	0.158449	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	5,595,740	9,463,499	15,059,239	0.402611	0.000000	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0.000000	0.000000	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0.000000	0.000000	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0.000000	0.000000	66.03
67.00	06700	OCCUPATIONAL THERAPY	3,775,267	160,596	3,935,863	0.405227	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,377,205	40,224	1,417,429	0.276731	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	9,320,491	10,479,653	19,800,144	0.098624	0.000000	69.00
69.01	06901	VASCULAR LAB	0	0	0	0.000000	0.000000	69.01
69.02	06902	CARDIAC REHAB	66,897	1,777,620	1,844,517	0.550046	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	305,538	501,885	807,423	0.177798	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,474,079	7,462,740	12,936,819	0.823127	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,160,635	12,167,452	31,328,087	0.242207	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,770,118	8,870,829	43,640,947	0.217395	0.000000	73.00
76.00	03020	HEMODIALYSIS	1,584,062	0	1,584,062	0.383680	0.000000	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.01
76.02	03950	WOUND CARE	38,349	6,808,282	6,846,631	0.137854	0.000000	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	3,803	202,811	206,614	5.158629	0.000000	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0.000000	0.000000	90.01
91.00	09100	EMERGENCY	20,476,714	50,378,131	70,854,845	0.111638	0.000000	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0.000000	0.000000	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0.000000	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,119,714	6,686,855	8,806,569	0.489006	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	720	720	500.383333	0.000000	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0			99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	301,332,340	290,797,444	592,129,784			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	301,332,340	290,797,444	592,129,784			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0065

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/28/2019 6:43 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000				30.00
31.00	03100				31.00
41.00	04100				41.00
42.00	04200				42.00
43.00	04300				43.00
45.00	04500				45.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	0.183391			50.00
50.01	05001	0.000000			50.01
50.02	05002	0.000000			50.02
51.00	05100	0.152157			51.00
52.00	05200	0.915784			52.00
54.00	05400	0.173974			54.00
54.01	05401	0.083039			54.01
54.02	05402	0.000000			54.02
54.03	05403	0.000000			54.03
54.04	05404	0.000000			54.04
54.05	05405	0.000000			54.05
55.00	05500	0.000000			55.00
57.00	05700	0.026340			57.00
58.00	05800	0.047195			58.00
59.00	05900	0.186640			59.00
60.00	06000	0.093100			60.00
60.01	06001	0.000000			60.01
65.00	06500	0.158449			65.00
66.00	06600	0.402611			66.00
66.01	06601	0.000000			66.01
66.02	06602	0.000000			66.02
66.03	06603	0.000000			66.03
67.00	06700	0.405227			67.00
68.00	06800	0.276731			68.00
69.00	06900	0.098624			69.00
69.01	06901	0.000000			69.01
69.02	06902	0.550046			69.02
70.00	07000	0.177798			70.00
71.00	07100	0.823127			71.00
72.00	07200	0.242207			72.00
73.00	07300	0.217395			73.00
76.00	03020	0.383680			76.00
76.01	03952	0.000000			76.01
76.02	03950	0.137854			76.02
76.98	07698	0.000000			76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
89.00	08900				89.00
90.00	09000	5.158629			90.00
90.01	09001	0.000000			90.01
91.00	09100	0.111638			91.00
91.01	09101	0.000000			91.01
91.02	09102	0.000000			91.02
92.00	09200	0.489006			92.00
92.01	09201	500.383333			92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910				99.10
101.00	10100				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900				109.00
110.00	11000				110.00
111.00	11100				111.00
113.00	11300				113.00
200.00					200.00
201.00					201.00
202.00					202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0065		Period: From 01/01/2018 To 12/31/2018		Worksheet C Part I Date/Time Prepared: 5/28/2019 6:43 am		
		Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Costs		Total Costs		
	1.00			RCE Disallowance	5.00			
	1.00	2.00	3.00	4.00	5.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	35,179,345		35,179,345	0	35,179,345	30.00
31.00	03100	INTENSIVE CARE UNIT	6,942,933		6,942,933	0	6,942,933	31.00
41.00	04100	SUBPROVIDER - IRF	6,544,151		6,544,151	0	6,544,151	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	72,747		72,747	0	72,747	43.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	15,181,976		15,181,976	0	15,181,976	50.00
50.01	05001	ENDOSCOPY	0		0	0	0	50.01
50.02	05002	DAY SURGERY	0		0	0	0	50.02
51.00	05100	RECOVERY ROOM	1,180,568		1,180,568	0	1,180,568	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	570,672		570,672	0	570,672	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,416,583		6,416,583	0	6,416,583	54.00
54.01	05401	NUCLEAR MEDICINE	500,137		500,137	0	500,137	54.01
54.02	05402	ULTRASOUND	0		0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0		0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0		0	0	0	54.04
54.05	05407	PET SCAN	0		0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
57.00	05700	CT SCAN	1,769,934		1,769,934	0	1,769,934	57.00
58.00	05800	MRI	898,314		898,314	0	898,314	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,977,332		1,977,332	0	1,977,332	59.00
60.00	06000	LABORATORY	6,514,160		6,514,160	0	6,514,160	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	2,823,574	0	2,823,574	0	2,823,574	65.00
66.00	06600	PHYSICAL THERAPY	6,063,010	0	6,063,010	0	6,063,010	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	1,594,916	0	1,594,916	0	1,594,916	67.00
68.00	06800	SPEECH PATHOLOGY	392,247	0	392,247	0	392,247	68.00
69.00	06900	ELECTROCARDIOLOGY	1,952,774	0	1,952,774	0	1,952,774	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	1,014,570	0	1,014,570	0	1,014,570	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	143,558	0	143,558	0	143,558	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,648,647	0	10,648,647	0	10,648,647	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,587,877	0	7,587,877	0	7,587,877	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,487,303	0	9,487,303	0	9,487,303	73.00
76.00	03020	HEMODIALYSIS	607,773	0	607,773	0	607,773	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0	76.01
76.02	03950	WOUND CARE	943,836	0	943,836	0	943,836	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	1,065,845		1,065,845	0	1,065,845	90.00
90.01	09001	PAIN MGMT CLINIC	0		0	0	0	90.01
91.00	09100	EMERGENCY	7,910,091		7,910,091	0	7,910,091	91.00
91.01	09101	OP DEPARTMENT	0		0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0		0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,306,463		4,306,463	0	4,306,463	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	360,276		360,276	0	360,276	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0		0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
200.00		Subtotal (see instructions)	140,651,612	0	140,651,612	0	140,651,612	200.00
201.00		Less Observation Beds	4,306,463		4,306,463		4,306,463	201.00
202.00		Total (see instructions)	136,345,149	0	136,345,149	0	136,345,149	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0065		Period: From 01/01/2018 To 12/31/2018		Worksheet C Part I Date/Time Prepared: 5/28/2019 6:43 am	
			Title XIX		Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	38,465,748		38,465,748			30.00
31.00	03100	INTENSIVE CARE UNIT	7,639,547		7,639,547			31.00
41.00	04100	SUBPROVIDER - IRF	7,957,194		7,957,194			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	311,832		311,832			43.00
45.00	04500	NURSING FACILITY	0		0			45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	36,030,266	46,754,620	82,784,886	0.183391	0.000000	50.00
50.01	05001	ENDOSCOPY	0	0	0	0.000000	0.000000	50.01
50.02	05002	DAY SURGERY	0	0	0	0.000000	0.000000	50.02
51.00	05100	RECOVERY ROOM	3,508,057	4,250,846	7,758,903	0.152157	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	484,296	138,855	623,151	0.915784	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,242,776	26,639,632	36,882,408	0.173974	0.000000	54.00
54.01	05401	NUCLEAR MEDICINE	2,325,695	3,697,235	6,022,930	0.083039	0.000000	54.01
54.02	05402	ULTRASOUND	0	0	0	0.000000	0.000000	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0.000000	0.000000	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0.000000	0.000000	54.04
54.05	05407	PET SCAN	0	0	0	0.000000	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
57.00	05700	CT SCAN	21,271,454	45,923,701	67,195,155	0.026340	0.000000	57.00
58.00	05800	MRI	5,094,400	13,939,761	19,034,161	0.047195	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,586,499	4,007,880	10,594,379	0.186640	0.000000	59.00
60.00	06000	LABORATORY	40,577,620	29,391,875	69,969,495	0.093100	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	16,768,344	1,051,742	17,820,086	0.158449	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	5,595,740	9,463,499	15,059,239	0.402611	0.000000	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0.000000	0.000000	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0.000000	0.000000	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0.000000	0.000000	66.03
67.00	06700	OCCUPATIONAL THERAPY	3,775,267	160,596	3,935,863	0.405227	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,377,205	40,224	1,417,429	0.276731	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	9,320,491	10,479,653	19,800,144	0.098624	0.000000	69.00
69.01	06901	VASCULAR LAB	0	0	0	0.000000	0.000000	69.01
69.02	06902	CARDIAC REHAB	66,897	1,777,620	1,844,517	0.550046	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	305,538	501,885	807,423	0.177798	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,474,079	7,462,740	12,936,819	0.823127	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,160,635	12,167,452	31,328,087	0.242207	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,770,118	8,870,829	43,640,947	0.217395	0.000000	73.00
76.00	03020	HEMODIALYSIS	1,584,062	0	1,584,062	0.383680	0.000000	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.01
76.02	03950	WOUND CARE	38,349	6,808,282	6,846,631	0.137854	0.000000	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	3,803	202,811	206,614	5.158629	0.000000	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0.000000	0.000000	90.01
91.00	09100	EMERGENCY	20,476,714	50,378,131	70,854,845	0.111638	0.000000	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0.000000	0.000000	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0.000000	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,119,714	6,686,855	8,806,569	0.489006	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	720	720	500.383333	0.000000	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0			99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	301,332,340	290,797,444	592,129,784			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	301,332,340	290,797,444	592,129,784			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/28/2019 6:43 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Cost
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
45.00	04500 NURSING FACILITY			45.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	05001 ENDOSCOPY	0.000000		50.01
50.02	05002 DAY SURGERY	0.000000		50.02
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 NUCLEAR MEDICINE	0.000000		54.01
54.02	05402 ULTRASOUND	0.000000		54.02
54.03	05405 GRANT SQUARE IMAGING	0.000000		54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0.000000		54.04
54.05	05407 PET SCAN	0.000000		54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
66.01	06601 FAIRVIEW REHAB CTR	0.000000		66.01
66.02	06602 WESTCHESTER REHAB CTR	0.000000		66.02
66.03	06603 LAGRANGE REHAB CTR	0.000000		66.03
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 VASCULAR LAB	0.000000		69.01
69.02	06902 CARDIAC REHAB	0.000000		69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03020 HEMODIALYSIS	0.000000		76.00
76.01	03952 LITHOTRIPSY	0.000000		76.01
76.02	03950 WOUND CARE	0.000000		76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 PAIN MGMT CLINIC	0.000000		90.01
91.00	09100 EMERGENCY	0.000000		91.00
91.01	09101 OP DEPARTMENT	0.000000		91.01
91.02	09102 MEDICAL ONCOLOGY	0.000000		91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0065

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

Worksheet D  
Part I  
Date/Time Prepared:  
5/28/2019 6:43 am

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	4,831,742	0	4,831,742	32,496	148.69	30.00
31.00	INTENSIVE CARE UNIT	496,526		496,526	3,271	151.80	31.00
41.00	SUBPROVIDER - IRF	643,473	0	643,473	5,567	115.59	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	4,011		4,011	311	12.90	43.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	5,975,752		5,975,752	41,645		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	14,838	2,206,262				
31.00	INTENSIVE CARE UNIT	1,660	251,988				
41.00	SUBPROVIDER - IRF	3,753	433,809				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	20,251	2,892,059				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0065

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

Worksheet D  
Part II  
Date/Time Prepared:  
5/28/2019 6:43 am

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from wkst. B, Part II, col. 26)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,662,295	82,784,886	0.020080	17,435,189	350,099	50.00
50.01	05001	ENDOSCOPY	0	0	0.000000	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0.000000	0	0	50.02
51.00	05100	RECOVERY ROOM	137,176	7,758,903	0.017680	1,612,152	28,503	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,459	623,151	0.003946	5,199	21	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,247,632	36,882,408	0.033827	5,267,346	178,179	54.00
54.01	05401	NUCLEAR MEDICINE	47,613	6,022,930	0.007905	1,237,570	9,783	54.01
54.02	05402	ULTRASOUND	0	0	0.000000	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0.000000	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0.000000	0	0	54.04
54.05	05407	PET SCAN	0	0	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
57.00	05700	CT SCAN	105,114	67,195,155	0.001564	10,315,643	16,134	57.00
58.00	05800	MRI	70,454	19,034,161	0.003701	2,553,475	9,450	58.00
59.00	05900	CARDIAC CATHETERIZATION	410,577	10,594,379	0.038754	2,889,081	111,963	59.00
60.00	06000	LABORATORY	420,896	69,969,495	0.006015	19,918,948	119,812	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	148,120	17,820,086	0.008312	9,119,429	75,801	65.00
66.00	06600	PHYSICAL THERAPY	416,466	15,059,239	0.027655	1,875,211	51,859	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0.000000	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0.000000	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0.000000	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	42,250	3,935,863	0.010735	840,775	9,026	67.00
68.00	06800	SPEECH PATHOLOGY	2,600	1,417,429	0.001834	399,443	733	68.00
69.00	06900	ELECTROCARDIOLOGY	122,486	19,800,144	0.006186	5,020,692	31,058	69.00
69.01	06901	VASCULAR LAB	0	0	0.000000	0	0	69.01
69.02	06902	CARDIAC REHAB	154,298	1,844,517	0.083652	28,983	2,424	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	666	807,423	0.000825	143,437	118	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	59,110	12,936,819	0.004569	2,591,291	11,840	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,566	31,328,087	0.000688	9,942,563	6,840	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	180,836	43,640,947	0.004144	15,996,294	66,289	73.00
76.00	03020	HEMODIALYSIS	1,390	1,584,062	0.000877	856,881	751	76.00
76.01	03952	LITHOTRIPSY	0	0	0.000000	0	0	76.01
76.02	03950	WOUND CARE	18,543	6,846,631	0.002708	29,447	80	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	336,599	206,614	1.629120	2,071	3,374	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0.000000	0	0	90.01
91.00	09100	EMERGENCY	822,908	70,854,845	0.011614	10,218,808	118,681	91.00
91.01	09101	OP DEPARTMENT	0	0	0.000000	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0.000000	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	591,475	8,806,569	0.067163	1,185,288	79,607	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,058	720	2.858333	0	0	92.01
200.00		Total (lines 50 through 199)	7,025,587	537,755,463		119,485,216	1,282,425	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS Provider CCN: 14-0065  
 Period: From 01/01/2018 To 12/31/2018  
 Worksheet D Part III Date/Time Prepared: 5/28/2019 6:43 am

Cost Center Description		Title XVIII		Hospital		All Other Medical Education Cost		
		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost			PPS
		1A	1.00	2A	2.00	3.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
45.00	04500	NURSING FACILITY	0	0	0	0	45.00	
200.00		Total (lines 30 through 199)	0	0	0	0	200.00	
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	32,496	0.00	14,838	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	3,271	0.00	1,660	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	5,567	0.00	3,753	41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00
43.00	04300	NURSERY	0	0	311	0.00	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0.00	0	45.00
200.00		Total (lines 30 through 199)	0	0	41,645		20,251	200.00
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
42.00	04200	SUBPROVIDER	0					42.00
43.00	04300	NURSERY	0					43.00
45.00	04500	NURSING FACILITY	0					45.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS  
 Provider CCN: 14-0065  
 Period: From 01/01/2018 To 12/31/2018  
 Worksheet D Part IV  
 Date/Time Prepared: 5/28/2019 6:43 am

Cost Center Description	Title XVIII			Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	54.02
54.03	05403	GRANT SQUARE IMAGING	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03020	HEMODIALYSIS	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	76.01
76.02	03950	WOUND CARE	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
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: 14-0065

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/28/2019 6:43 am

Cost Center Description		Title XVIII			Hospital	PPS		
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	82,784,886	0.000000	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0.000000	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	0	7,758,903	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	623,151	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	36,882,408	0.000000	54.00
54.01	05401	NUCLEAR MEDICINE	0	0	0	6,022,930	0.000000	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0.000000	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0.000000	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0.000000	54.04
54.05	05407	PET SCAN	0	0	0	0	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	67,195,155	0.000000	57.00
58.00	05800	MRI	0	0	0	19,034,161	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	10,594,379	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	69,969,495	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	17,820,086	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	15,059,239	0.000000	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0.000000	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0.000000	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0.000000	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,935,863	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,417,429	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	19,800,144	0.000000	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0.000000	69.01
69.02	06902	CARDIAC REHAB	0	0	0	1,844,517	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	807,423	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	12,936,819	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	31,328,087	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	43,640,947	0.000000	73.00
76.00	03020	HEMODIALYSIS	0	0	0	1,584,062	0.000000	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0.000000	76.01
76.02	03950	WOUND CARE	0	0	0	6,846,631	0.000000	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	206,614	0.000000	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	0	0	0	70,854,845	0.000000	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0.000000	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	8,806,569	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	720	0.000000	92.01
200.00		Total (lines 50 through 199)	0	0	0	537,755,463		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0065

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/28/2019 6:43 am

		Title XVIII			Hospital		PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0.000000	17,435,189	0	15,118,472	0 50.00
50.01	05001	ENDOSCOPY	0.000000	0	0	0	0 50.01
50.02	05002	DAY SURGERY	0.000000	0	0	0	0 50.02
51.00	05100	RECOVERY ROOM	0.000000	1,612,152	0	956,593	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	5,199	0	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	5,267,346	0	6,797,555	0 54.00
54.01	05401	NUCLEAR MEDICINE	0.000000	1,237,570	0	1,683,015	0 54.01
54.02	05402	ULTRASOUND	0.000000	0	0	0	0 54.02
54.03	05405	GRANT SQUARE IMAGING	0.000000	0	0	0	0 54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0.000000	0	0	0	0 54.04
54.05	05407	PET SCAN	0.000000	0	0	0	0 54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0 55.00
57.00	05700	CT SCAN	0.000000	10,315,643	0	14,440,317	0 57.00
58.00	05800	MRI	0.000000	2,553,475	0	4,422,067	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	2,889,081	0	1,699,135	0 59.00
60.00	06000	LABORATORY	0.000000	19,918,948	0	6,282,086	0 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	0.000000	9,119,429	0	382,567	0 65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,875,211	0	178,276	0 66.00
66.01	06601	FAIRVIEW REHAB CTR	0.000000	0	0	0	0 66.01
66.02	06602	WESTCHESTER REHAB CTR	0.000000	0	0	0	0 66.02
66.03	06603	LAGRANGE REHAB CTR	0.000000	0	0	0	0 66.03
67.00	06700	OCCUPATIONAL THERAPY	0.000000	840,775	0	67,986	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	399,443	0	7,312	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	5,020,692	0	3,472,072	0 69.00
69.01	06901	VASCULAR LAB	0.000000	0	0	0	0 69.01
69.02	06902	CARDIAC REHAB	0.000000	28,983	0	878,605	0 69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	143,437	0	170,797	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	2,591,291	0	2,625,500	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	9,942,563	0	5,467,460	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	15,996,294	0	2,578,117	0 73.00
76.00	03020	HEMODIALYSIS	0.000000	856,881	0	0	0 76.00
76.01	03952	LITHOTRIPSY	0.000000	0	0	0	0 76.01
76.02	03950	WOUND CARE	0.000000	29,447	0	3,928,374	0 76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0 89.00
90.00	09000	CLINIC	0.000000	2,071	0	99,557	0 90.00
90.01	09001	PAIN MGMT CLINIC	0.000000	0	0	0	0 90.01
91.00	09100	EMERGENCY	0.000000	10,218,808	0	10,305,594	0 91.00
91.01	09101	OP DEPARTMENT	0.000000	0	0	0	0 91.01
91.02	09102	MEDICAL ONCOLOGY	0.000000	0	0	0	0 91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,185,288	0	2,645,881	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0 92.01
200.00		Total (lines 50 through 199)		119,485,216	0	84,207,338	0 200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0065		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part V Date/Time Prepared: 5/28/2019 6:43 am		
Title XVIII		Hospital		PPS				
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.183391	15,118,472	0	0	2,772,592	50.00
50.01	05001	ENDOSCOPY	0.000000	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0.000000	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.152157	956,593	0	0	145,552	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.915784	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.173974	6,797,555	0	0	1,182,598	54.00
54.01	05401	NUCLEAR MEDICINE	0.083039	1,683,015	0	0	139,756	54.01
54.02	05402	ULTRASOUND	0.000000	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0.000000	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0.000000	0	0	0	0	54.04
54.05	05407	PET SCAN	0.000000	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700	CT SCAN	0.026340	14,440,317	0	0	380,358	57.00
58.00	05800	MRI	0.047195	4,422,067	0	0	208,699	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.186640	1,699,135	0	0	317,127	59.00
60.00	06000	LABORATORY	0.093100	6,282,086	0	0	584,862	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.158449	382,567	0	0	60,617	65.00
66.00	06600	PHYSICAL THERAPY	0.402611	178,276	0	0	71,776	66.00
66.01	06601	FAIRVIEW REHAB CTR	0.000000	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0.000000	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0.000000	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0.405227	67,986	0	0	27,550	67.00
68.00	06800	SPEECH PATHOLOGY	0.276731	7,312	0	0	2,023	68.00
69.00	06900	ELECTROCARDIOLOGY	0.098624	3,472,072	0	0	342,430	69.00
69.01	06901	VASCULAR LAB	0.000000	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0.550046	878,605	0	0	483,273	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.177798	170,797	0	0	30,367	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.823127	2,625,500	0	0	2,161,120	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.242207	5,467,460	0	0	1,324,257	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.217395	2,578,117	298	105,801	560,470	73.00
76.00	03020	HEMODIALYSIS	0.383680	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0.000000	0	0	0	0	76.01
76.02	03950	WOUND CARE	0.137854	3,928,374	0	0	541,542	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	5.158629	99,557	0	0	513,578	90.00
90.01	09001	PAIN MGMT CLINIC	0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.111638	10,305,594	0	0	1,150,496	91.00
91.01	09101	OP DEPARTMENT	0.000000	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0.000000	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.489006	2,645,881	0	0	1,293,852	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	500.383333	0	0	0	0	92.01
200.00		Subtotal (see instructions)		84,207,338	298	105,801	14,294,895	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		84,207,338	298	105,801	14,294,895	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/28/2019 6:43 am
Title XVIII		Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.) 6.00	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) 7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
50.01	05001 ENDOSCOPY	0	0	50.01
50.02	05002 DAY SURGERY	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401 NUCLEAR MEDICINE	0	0	54.01
54.02	05402 ULTRASOUND	0	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0	0	54.04
54.05	05407 PET SCAN	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
66.01	06601 FAIRVIEW REHAB CTR	0	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0	0	66.03
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 VASCULAR LAB	0	0	69.01
69.02	06902 CARDIAC REHAB	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	65	23,001	73.00
76.00	03020 HEMODIALYSIS	0	0	76.00
76.01	03952 LITHOTRIPSY	0	0	76.01
76.02	03950 WOUND CARE	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 PAIN MGMT CLINIC	0	0	90.01
91.00	09100 EMERGENCY	0	0	91.00
91.01	09101 OP DEPARTMENT	0	0	91.01
91.02	09102 MEDICAL ONCOLOGY	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
200.00	Subtotal (see instructions)	65	23,001	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	65	23,001	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0065 Component CCN: 14-T065		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 5/28/2019 6:43 am	
Cost Center Description		Capital Related Cost (from wkst. B, Part II, col. 26)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	1,662,295	82,784,886	0.020080	85,508	1,717	50.00
50.01	05001 ENDOSCOPY	0	0	0.000000	0	0	50.01
50.02	05002 DAY SURGERY	0	0	0.000000	0	0	50.02
51.00	05100 RECOVERY ROOM	137,176	7,758,903	0.017680	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,459	623,151	0.003946	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,247,632	36,882,408	0.033827	144,730	4,896	54.00
54.01	05401 NUCLEAR MEDICINE	47,613	6,022,930	0.007905	7,835	62	54.01
54.02	05402 ULTRASOUND	0	0	0.000000	0	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0	0	0.000000	0	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0	0	0.000000	0	0	54.04
54.05	05407 PET SCAN	0	0	0.000000	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
57.00	05700 CT SCAN	105,114	67,195,155	0.001564	246,001	385	57.00
58.00	05800 MRI	70,454	19,034,161	0.003701	63,585	235	58.00
59.00	05900 CARDIAC CATHETERIZATION	410,577	10,594,379	0.038754	0	0	59.00
60.00	06000 LABORATORY	420,896	69,969,495	0.006015	1,076,610	6,476	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	148,120	17,820,086	0.008312	446,762	3,713	65.00
66.00	06600 PHYSICAL THERAPY	416,466	15,059,239	0.027655	1,616,103	44,693	66.00
66.01	06601 FAIRVIEW REHAB CTR	0	0	0.000000	0	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0	0	0.000000	0	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0	0	0.000000	0	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	42,250	3,935,863	0.010735	1,576,710	16,926	67.00
68.00	06800 SPEECH PATHOLOGY	2,600	1,417,429	0.001834	456,098	836	68.00
69.00	06900 ELECTROCARDIOLOGY	122,486	19,800,144	0.006186	51,420	318	69.00
69.01	06901 VASCULAR LAB	0	0	0.000000	0	0	69.01
69.02	06902 CARDIAC REHAB	154,298	1,844,517	0.083652	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	666	807,423	0.000825	9,643	8	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	59,110	12,936,819	0.004569	28,926	132	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	21,566	31,328,087	0.000688	5,408	4	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	180,836	43,640,947	0.004144	1,402,009	5,810	73.00
76.00	03020 HEMODIALYSIS	1,390	1,584,062	0.000877	100,750	88	76.00
76.01	03952 LITHOTRIPSY	0	0	0.000000	0	0	76.01
76.02	03950 WOUND CARE	18,543	6,846,631	0.002708	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	336,599	206,614	1.629120	0	0	90.00
90.01	09001 PAIN MGMT CLINIC	0	0	0.000000	0	0	90.01
91.00	09100 EMERGENCY	822,908	70,854,845	0.011614	15,596	181	91.00
91.01	09101 OP DEPARTMENT	0	0	0.000000	0	0	91.01
91.02	09102 MEDICAL ONCOLOGY	0	0	0.000000	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	8,806,569	0.000000	25,854	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	2,058	720	2.858333	0	0	92.01
200.00	Total (lines 50 through 199)	6,434,112	537,755,463		7,359,548	86,480	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0065  
Component CCN: 14-T065

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/28/2019 6:43 am

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03020	HEMODIALYSIS	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	76.01
76.02	03950	WOUND CARE	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
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: 14-0065 Component CCN: 14-T065	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 6:43 am
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
		4.00	5.00	6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	82,784,886	0.000000	50.00
50.01	05001 ENDOSCOPY	0	0	0	0	0.000000	50.01
50.02	05002 DAY SURGERY	0	0	0	0	0.000000	50.02
51.00	05100 RECOVERY ROOM	0	0	0	7,758,903	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	623,151	0.000000	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	36,882,408	0.000000	54.00
54.01	05401 NUCLEAR MEDICINE	0	0	0	6,022,930	0.000000	54.01
54.02	05402 ULTRASOUND	0	0	0	0	0.000000	54.02
54.03	05405 GRANT SQUARE IMAGING	0	0	0	0	0.000000	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0.000000	54.04
54.05	05407 PET SCAN	0	0	0	0	0.000000	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
57.00	05700 CT SCAN	0	0	0	67,195,155	0.000000	57.00
58.00	05800 MRI	0	0	0	19,034,161	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	10,594,379	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	69,969,495	0.000000	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	17,820,086	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	15,059,239	0.000000	66.00
66.01	06601 FAIRVIEW REHAB CTR	0	0	0	0	0.000000	66.01
66.02	06602 WESTCHESTER REHAB CTR	0	0	0	0	0.000000	66.02
66.03	06603 LAGRANGE REHAB CTR	0	0	0	0	0.000000	66.03
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	3,935,863	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	1,417,429	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	19,800,144	0.000000	69.00
69.01	06901 VASCULAR LAB	0	0	0	0	0.000000	69.01
69.02	06902 CARDIAC REHAB	0	0	0	1,844,517	0.000000	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	807,423	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	12,936,819	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	31,328,087	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	43,640,947	0.000000	73.00
76.00	03020 HEMODIALYSIS	0	0	0	1,584,062	0.000000	76.00
76.01	03952 LITHOTRIPSY	0	0	0	0	0.000000	76.01
76.02	03950 WOUND CARE	0	0	0	6,846,631	0.000000	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000 CLINIC	0	0	0	206,614	0.000000	90.00
90.01	09001 PAIN MGMT CLINIC	0	0	0	0	0.000000	90.01
91.00	09100 EMERGENCY	0	0	0	70,854,845	0.000000	91.00
91.01	09101 OP DEPARTMENT	0	0	0	0	0.000000	91.01
91.02	09102 MEDICAL ONCOLOGY	0	0	0	0	0.000000	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	8,806,569	0.000000	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	720	0.000000	92.01
200.00	Total (lines 50 through 199)	0	0	0	537,755,463		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0065 Component CCN: 14-T065	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 6:43 am
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Cost Center Description	Outpatient	Inpatient	Inpatient	Outpatient	Outpatient
	Ratio of Cost to Charges (col. 6 ÷ col. 7)	Program Charges	Program Pass-Through Costs (col. 8 x col. 10)	Program Charges	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	85,508	0	0	0	50.00
50.01	05001	ENDOSCOPY	0.000000	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0.000000	0	0	0	0	50.02
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
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	144,730	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	0.000000	7,835	0	0	0	54.01
54.02	05402	ULTRASOUND	0.000000	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0.000000	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0.000000	0	0	0	0	54.04
54.05	05407	PET SCAN	0.000000	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700	CT SCAN	0.000000	246,001	0	0	0	57.00
58.00	05800	MRI	0.000000	63,585	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	1,076,610	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.000000	446,762	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,616,103	0	0	0	66.00
66.01	06601	FAIRVIEW REHAB CTR	0.000000	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0.000000	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0.000000	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,576,710	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	456,098	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	51,420	0	0	0	69.00
69.01	06901	VASCULAR LAB	0.000000	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0.000000	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	9,643	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	28,926	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	5,408	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	1,402,009	0	0	0	73.00
76.00	03020	HEMODIALYSIS	0.000000	100,750	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0.000000	0	0	0	0	76.01
76.02	03950	WOUND CARE	0.000000	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	PAIN MGMT CLINIC	0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.000000	15,596	0	0	0	91.00
91.01	09101	OP DEPARTMENT	0.000000	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0.000000	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	25,854	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00		Total (lines 50 through 199)		7,359,548	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0065

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

Worksheet D-1

Date/Time Prepared:  
5/28/2019 6:43 am

Cost Center Description		Title XVIII	Hospital	PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			32,496 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			32,496 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)			28,518 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)			14,838 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			35,179,345 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)			35,179,345 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			35,179,345 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,082.57 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			16,063,174 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)			16,063,174 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0065		Period: From 01/01/2018 To 12/31/2018		worksheet D-1	
Date/Time Prepared: 5/28/2019 6:43 am		Title XVIII		Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00	INTENSIVE CARE UNIT	6,942,933	3,271	2,122.57	1,660	3,523,466	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
<b>Cost Center Description</b>							
						1.00	
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					20,522,922	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					40,109,562	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00	Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)					2,458,250	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					1,282,425	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,740,675	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					36,368,887	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00	Total observation bed days (see instructions)					3,978	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,082.57	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,306,463	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0065

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

Worksheet D-1

Date/Time Prepared:  
5/28/2019 6:43 am

Cost Center Description	Title XVIII			Hospital	PPS	
	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	
<b>COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>						
90.00 Capital-related cost	4,831,742	35,179,345	0.137346	4,306,463	591,475	90.00
91.00 Nursing School cost	0	35,179,345	0.000000	4,306,463	0	91.00
92.00 Allied health cost	0	35,179,345	0.000000	4,306,463	0	92.00
93.00 All other Medical Education	0	35,179,345	0.000000	4,306,463	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0065 Component CCN: 14-T065	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/28/2019 6:43 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		1.00	
<b>PART I - ALL PROVIDER COMPONENTS</b>			
<b>INPATIENT DAYS</b>			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	5,567	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,567	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	5,567	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)	3,753	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
<b>SWING BED ADJUSTMENT</b>			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	6,544,151	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)	6,544,151	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>			
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	6,544,151	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>			
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,175.53	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	4,411,764	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)	4,411,764	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0065		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1	
		Component CCN: 14-T065		Subprovider - IRF		Date/Time Prepared: 5/28/2019 6:43 am	
Title XVIII						PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
<b>Cost Center Description</b>							
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					1.00	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,027,551	48.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00	Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)					433,809	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					86,480	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					520,289	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,919,026	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable inpatient cost plus incentive payment (see instructions)					0	63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0065  
Component CCN: 14-T065

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

Worksheet D-1  
Date/Time Prepared:  
5/28/2019 6:43 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	
<b>COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>						
90.00 Capital-related cost	643,473	6,544,151	0.098328	0	0	90.00
91.00 Nursing School cost	0	6,544,151	0.000000	0	0	91.00
92.00 Allied health cost	0	6,544,151	0.000000	0	0	92.00
93.00 All other Medical Education	0	6,544,151	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 14-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/28/2019 6:43 am
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Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		17,864,764		30.00
31.00	03100 INTENSIVE CARE UNIT		3,411,431		31.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.183391	17,435,189	3,197,457	50.00
50.01	05001 ENDOSCOPY	0.000000	0	0	50.01
50.02	05002 DAY SURGERY	0.000000	0	0	50.02
51.00	05100 RECOVERY ROOM	0.152157	1,612,152	245,300	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.915784	5,199	4,761	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.173974	5,267,346	916,381	54.00
54.01	05401 NUCLEAR MEDICINE	0.083039	1,237,570	102,767	54.01
54.02	05402 ULTRASOUND	0.000000	0	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0.000000	0	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0.000000	0	0	54.04
54.05	05407 PET SCAN	0.000000	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
57.00	05700 CT SCAN	0.026340	10,315,643	271,714	57.00
58.00	05800 MRI	0.047195	2,553,475	120,511	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.186640	2,889,081	539,218	59.00
60.00	06000 LABORATORY	0.093100	19,918,948	1,854,454	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.158449	9,119,429	1,444,964	65.00
66.00	06600 PHYSICAL THERAPY	0.402611	1,875,211	754,981	66.00
66.01	06601 FAIRVIEW REHAB CTR	0.000000	0	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0.000000	0	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0.000000	0	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	0.405227	840,775	340,705	67.00
68.00	06800 SPEECH PATHOLOGY	0.276731	399,443	110,538	68.00
69.00	06900 ELECTROCARDIOLOGY	0.098624	5,020,692	495,161	69.00
69.01	06901 VASCULAR LAB	0.000000	0	0	69.01
69.02	06902 CARDIAC REHAB	0.550046	28,983	15,942	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.177798	143,437	25,503	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.823127	2,591,291	2,132,962	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.242207	9,942,563	2,408,158	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.217395	15,996,294	3,477,514	73.00
76.00	03020 HEMODIALYSIS	0.383680	856,881	328,768	76.00
76.01	03952 LITHOTRIPSY	0.000000	0	0	76.01
76.02	03950 WOUND CARE	0.137854	29,447	4,059	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	5.158629	2,071	10,684	90.00
90.01	09001 PAIN MGMT CLINIC	0.000000	0	0	90.01
91.00	09100 EMERGENCY	0.111638	10,218,808	1,140,807	91.00
91.01	09101 OP DEPARTMENT	0.000000	0	0	91.01
91.02	09102 MEDICAL ONCOLOGY	0.000000	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.489006	1,185,288	579,613	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	500.383333	0	0	92.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		119,485,216	20,522,922	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)		119,485,216		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0065	Period: From 01/01/2018 To 12/31/2018	worksheet D-3	
		Component CCN: 14-T065		Date/Time Prepared: 5/28/2019 6:43 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
41.00	04100	SUBPROVIDER - IRF		5,359,400	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.183391	85,508	50.00
50.01	05001	ENDOSCOPY	0.000000	0	50.01
50.02	05002	DAY SURGERY	0.000000	0	50.02
51.00	05100	RECOVERY ROOM	0.152157	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.915784	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.173974	144,730	54.00
54.01	05401	NUCLEAR MEDICINE	0.083039	7,835	54.01
54.02	05402	ULTRASOUND	0.000000	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0.000000	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0.000000	0	54.04
54.05	05407	PET SCAN	0.000000	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
57.00	05700	CT SCAN	0.026340	246,001	57.00
58.00	05800	MRI	0.047195	63,585	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.186640	0	59.00
60.00	06000	LABORATORY	0.093100	1,076,610	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.158449	446,762	65.00
66.00	06600	PHYSICAL THERAPY	0.402611	1,616,103	66.00
66.01	06601	FAIRVIEW REHAB CTR	0.000000	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0.000000	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0.000000	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0.405227	1,576,710	67.00
68.00	06800	SPEECH PATHOLOGY	0.276731	456,098	68.00
69.00	06900	ELECTROCARDIOLOGY	0.098624	51,420	69.00
69.01	06901	VASCULAR LAB	0.000000	0	69.01
69.02	06902	CARDIAC REHAB	0.550046	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.177798	9,643	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.823127	28,926	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.242207	5,408	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.217395	1,402,009	73.00
76.00	03020	HEMODIALYSIS	0.383680	100,750	76.00
76.01	03952	LITHOTRIPSY	0.000000	0	76.01
76.02	03950	WOUND CARE	0.137854	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	5.158629	0	90.00
90.01	09001	PAIN MGMT CLINIC	0.000000	0	90.01
91.00	09100	EMERGENCY	0.111638	15,596	91.00
91.01	09101	OP DEPARTMENT	0.000000	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0.000000	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.489006	25,854	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	500.383333	0	92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		7,359,548	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)		7,359,548	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0065

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

Worksheet E  
Part A  
Date/Time Prepared:  
5/28/2019 6:43 am

		Title XVIII	Hospital	PPS
				1.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments			0 1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			23,428,433 1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			7,960,262 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)			395,658 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			9,941,719 3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			149.79 4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)			19.00 5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00 6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.35 7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00 7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00 8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00 8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00 8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			18.65 9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			19.77 10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00 11.00
12.00	Current year allowable FTE (see instructions)			18.65 12.00
13.00	Total allowable FTE count for the prior year.			18.65 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.			18.65 14.00
15.00	Sum of lines 12 through 14 divided by 3.			18.65 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			18.65 18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.124508 19.00
20.00	Prior year resident to bed ratio (see instructions)			0.117926 20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.117926 21.00
22.00	IME payment adjustment (see instructions)			1,956,960 22.00
22.01	IME payment adjustment - Managed Care (see instructions)			619,826 22.01
<b>Indirect Medical Education Adjustment for the Add-on for §422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00 23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			1.12 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)			1,956,960 29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			619,826 29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			0.00 30.00
31.00	Percentage of Medicaid patient days (see instructions)			9.56 31.00
32.00	Sum of lines 30 and 31			9.56 32.00
33.00	Allowable disproportionate share percentage (see instructions)			0.00 33.00
34.00	Disproportionate share adjustment (see instructions)			0 34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0065

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

Worksheet E  
Part A  
Date/Time Prepared:  
5/28/2019 6:43 am

		Title XVIII		Hospital	
		Prior to 10/1	On/After 10/1	1.00	2.00
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 3603)		0	0	36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges on worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
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)		33,741,313		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)		34,361,139		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,810,631		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).		1,456,594		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)		38,628,364		59.00
60.00	Primary payer payments		66,157		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		38,562,207		61.00
62.00	Deductibles billed to program beneficiaries		3,319,608		62.00
63.00	Coinsurance billed to program beneficiaries		130,267		63.00
64.00	Allowable bad debts (see instructions)		240,569		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		156,370		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		149,645		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		35,268,702		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 99. (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)		283,749		70.93
70.94	HRR adjustment amount (see instructions)		-56,318		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/28/2019 6:43 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	1.00	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)		35,496,133	71.00
71.01	Sequestration adjustment (see instructions)		709,923	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		34,762,065	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)		24,145	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		156,370	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>				
90.00	Operating outlier amount from wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			90.00
91.00	Capital outlier from wkst. L, Pt. I, line 2			91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			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)			95.00
96.00	Time value of money for capital related expenses (see instructions)			96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>HSP Bonus Payment Amount</b>				
100.00	HSP bonus amount (see instructions)		0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>				
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
<b>HRR Adjustment for HSP Bonus Payment</b>				
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
<b>Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment</b>				
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
<b>Cost Reimbursement</b>				
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
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>				
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
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>				
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
<b>Comparison of PPS versus Cost Reimbursement</b>				
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

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	23,428,433	0	23,428,433		23,428,433	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,960,262	0		7,960,262	7,960,262	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	395,658	0	229,421	166,237	395,658	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	9,941,719	0	7,435,859	2,505,860	9,941,719	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from worksheet E, Part A, line 21 (see instructions)	21.00	0.117926	0.117926	0.117926	0.117926		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,956,960	0	1,460,670	496,290	1,956,960	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	619,826	0	619,826	0	619,826	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,956,960	0	1,460,670	496,290	1,956,960	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	619,826	0	619,826	0	619,826	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000	0.0000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	0	11.00
11.01	Uncompensated care payments	36.00	0	0	0	0	0	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	33,741,313	0	25,118,524	8,622,789	33,741,313	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	34,361,139	0	25,738,350	8,622,789	34,361,139	15.00
16.00	Payment for inpatient program capital (from wkst. L, Pt. I, if applicable)	50.00	2,810,631	0	2,092,984	717,647	2,810,631	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

		Title XVIII			Hospital		PPS	
	w/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL		0	27,831,334	9,340,436	37,171,770		19.00
	w/S L, line	(Amounts from L)						
	0	1.00	2.00	3.00	4.00	5.00		
20.00	Capital DRG other than outlier	1.00	2,555,733	0	1,908,130	647,603	2,555,733	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	45,584	0	28,579	17,005	45,584	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0623	0.0623	0.0623	0.0623		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	159,222	0	118,876	40,346	159,222	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0196	0.0196	0.0196	0.0196		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	50,092	0	37,399	12,693	50,092	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,810,631	0	2,092,984	717,647	2,810,631	26.00
	w/S E, Part A line	(Amounts to E, Part A)						
	0	1.00	2.00	3.00	4.00	5.00		
27.00	Low volume adjustment factor			0.000000	0.000000			27.00
28.00	Low volume adjustment (transfer amount to wkst. E, Pt. A, line)	70.96		0			0	28.00
29.00	Low volume adjustment (transfer amount to wkst. E, Pt. A, line)	70.97			0		0	29.00
100.00	Transfer low volume adjustments to wkst. E, Pt. A.		Y					100.00

		Title XVIII			Hospital	PPS	
		Wkst. E, Pt. A, line	Amt. from wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	23,428,433	23,428,433		23,428,433	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,960,262		7,960,262	7,960,262	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	395,658	229,421	166,237	395,658	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.01	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	9,941,719	7,480,745	2,460,973	9,941,718	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.117926	0.117926	0.117926		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,956,960	1,460,670	496,290	1,956,960	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	619,826	466,394	153,432	619,826	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,956,960	1,460,670	496,290	1,956,960	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	619,826	466,394	153,432	619,826	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	11.00
11.01	Uncompensated care payments	36.00	0	0	0	0	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	33,741,313	25,118,524	8,622,789	33,741,313	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	34,361,139	25,584,918	8,776,221	34,361,139	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,810,631	2,092,984	717,647	2,810,631	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			27,677,902	9,493,868	37,171,770	19.00

		Title XVIII				Hospital		PPS
		wkst. L, line	(Amt. from wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	2,555,733	1,908,130	647,603	2,555,733	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	45,584	28,579	17,005	45,584	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0623	0.0623	0.0623		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	159,222	118,876	40,346	159,222	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0196	0.0196	0.0196		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	50,092	37,399	12,693	50,092	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	2,810,631	2,092,984	717,647	2,810,631	26.00	
		wkst. E, Pt. A, line	(Amt. from wkst. E, Pt. A)					
		0	1.00	2.00	3.00	4.00		
27.00		70.96	0	0			27.00	
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00	
29.00	Low volume adjustment on or after October 1	70.97	0			0	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	283,749	207,108	76,641	283,749	30.00	
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01	
31.00	HRR adjustment (see instructions)	70.94	-56,318	-51,541	-4,777	-56,318	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
						(Amt. to wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/28/2019 6:43 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		23,066	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		14,294,895	2.00
3.00	OPPS payments		13,758,535	3.00
4.00	Outlier payment (see instructions)		23,836	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)		23,066	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		106,099	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)		106,099	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		106,099	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		83,033	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)		23,066	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)		13,782,371	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		60	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,619,452	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)		11,185,925	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		448,544	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)		11,634,469	30.00
31.00	Primary payer payments		4,044	31.00
32.00	Subtotal (line 30 minus line 31)		11,630,425	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		185,430	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		120,530	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		124,483	36.00
37.00	Subtotal (see instructions)		11,750,955	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-14	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)		11,750,969	40.00
40.01	Sequestration adjustment (see instructions)		235,019	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		11,525,616	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-9,666	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		120,530	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0065

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/28/2019 6:43 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		34,760,550		11,514,224	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
<b>Program to Provider</b>						
3.01	ADJUSTMENTS TO PROVIDER	12/20/2018	4,496	12/20/2018	1,465	3.01
3.02			0	10/23/2018	9,927	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
<b>Provider to Program</b>						
3.50	ADJUSTMENTS TO PROGRAM	10/23/2018	2,981		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)		1,515		11,392	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)		34,762,065		11,525,616	4.00
<b>TO BE COMPLETED BY CONTRACTOR</b>						
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
<b>Program to Provider</b>						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
<b>Provider to Program</b>						
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		24,145		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		9,666	6.02
7.00	Total Medicare program liability (see instructions)		34,786,210		11,515,950	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: 14-0065 Component CCN: 14-T065	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part I Date/Time Prepared: 5/28/2019 6:43 am	
		Title XVIII	Subprovider - IRF	PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider		6,570,902		0
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				0
<b>Program to Provider</b>					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
<b>Provider to Program</b>					
3.50	ADJUSTMENTS TO PROGRAM	11/30/2018	1,342		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-1,342		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to wkst. E or wkst. E-3, line and column as appropriate)		6,569,560		0
<b>TO BE COMPLETED BY CONTRACTOR</b>					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				0
<b>Program to Provider</b>					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
<b>Provider to Program</b>					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				0
6.01	SETTLEMENT TO PROVIDER		0		0
6.02	SETTLEMENT TO PROGRAM		11,277		0
7.00	Total Medicare program liability (see instructions)		6,558,283		0
				Contractor Number	NPR Date (Mo/Day/Yr)
				1.00	2.00
8.00	Name of Contractor		0		0

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 14-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part II Date/Time Prepared: 5/28/2019 6:43 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
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>		
30.00	Initial/interim HIT payment adjustment (see instructions)	30.00
31.00	Other Adjustment (specify)	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0065 Component CCN: 14-T065	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part III Date/Time Prepared: 5/28/2019 6:43 am
	Title XVIII	Subprovider - IRF	PPS

			1.00	
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)		6,501,725	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0000	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		20,155	3.00
4.00	Outlier Payments		226,837	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	5.01
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		15.252055	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)		6,748,717	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)		6,748,717	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		6,748,717	19.00
20.00	Deductibles		33,476	20.00
21.00	Subtotal (line 19 minus line 20)		6,715,241	21.00
22.00	Coinsurance		23,115	22.00
23.00	Subtotal (line 21 minus line 22)		6,692,126	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)		6,692,126	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)		6,692,126	32.00
32.01	Sequestration adjustment (see instructions)		133,843	32.01
32.02	Demonstration payment adjustment amount after sequestration		0	32.02
33.00	Interim payments		6,569,560	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)		-11,277	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from wkst. E-3, Pt. III, line 4		226,837	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 14-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4
			Date/Time Prepared: 5/28/2019 6:43 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.			19.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.35	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (F))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			18.65	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			19.77	6.00
7.00	Enter the lesser of line 5 or line 6			18.65	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.	19.77	0.00	19.77	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.	18.65	0.00	18.65	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	18.65	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	18.65	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	18.65	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	18.65	0.00		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	18.65	0.00		17.00
18.00	Per resident amount	150,500.43	0.00		18.00
19.00	Approved amount for resident costs	2,806,833	0	2,806,833	19.00

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)			1.12	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)			2,806,833	25.00

	Inpatient Part A	Managed care		
	1.00	2.00	3.00	

COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	20,251	5,957		26.00
27.00	Total Inpatient Days (see instructions)	37,372	37,372		27.00
28.00	Ratio of inpatient days to total inpatient days	0.541876	0.159397		28.00
29.00	Program direct GME amount	1,520,955	447,401		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		63,218		30.00
31.00	Net Program direct GME amount			1,905,138	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/28/2019 6:43 am
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		46,548,877	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)		66,157	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		46,482,720	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		14,317,961	42.00
43.00	Primary payer payments (see instructions)		4,044	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		14,313,917	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		60,796,637	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.764561	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.235439	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		1,905,138	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		1,456,594	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		448,544	50.00

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

Provider CCN: 14-0065

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

worksheet G

Date/Time Prepared:  
5/28/2019 6:43 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	5,486,832	0	0	0	1.00
2.00	Temporary investments	12,203	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	70,247,142	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-47,288,286	0	0	0	6.00
7.00	Inventory	4,098,753	0	0	0	7.00
8.00	Prepaid expenses	762,589	0	0	0	8.00
9.00	Other current assets	0	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)	33,319,233	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	9,779,429	0	0	0	12.00
13.00	Land improvements	6,813,116	0	0	0	13.00
14.00	Accumulated depreciation	-6,529,300	0	0	0	14.00
15.00	Buildings	219,930,363	0	0	0	15.00
16.00	Accumulated depreciation	-133,946,679	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	32,923,482	0	0	0	19.00
20.00	Accumulated depreciation	-28,026,276	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	54,956,265	0	0	0	23.00
24.00	Accumulated depreciation	-49,792,535	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	106,107,865	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	1,336,297	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	15,448,265	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	16,784,562	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	156,211,660	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	9,124,870	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,550,509	0	0	0	38.00
39.00	Payroll taxes payable	3,382,557	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	28,774,228	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	42,832,164	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	112,897,896	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	66,707	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	112,964,603	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	155,796,767	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	414,893	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	414,893	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	156,211,660	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0065

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

Worksheet G-1

Date/Time Prepared:  
5/28/2019 6:43 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		14,932,492			0	1.00
2.00	Net income (loss) (from wkst. G-3, line 29)		-2,867,289				2.00
3.00	Total (sum of line 1 and line 2)		12,065,203			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)		12,065,203			0	11.00
12.00	UNRESTRICTED NET ASSETS	-11,650,311		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)		-11,650,311			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		23,715,514			0	19.00
		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 NET ASSETS		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: 14-0065

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/28/2019 6:43 am

Cost Center Description	Inpatient	Outpatient	Total	
	1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>				
<b>General Inpatient Routine Services</b>				
1.00 Hospital	39,686,151		39,686,151	1.00
2.00 SUBPROVIDER - IPF				2.00
3.00 SUBPROVIDER - IRF	7,959,438		7,959,438	3.00
4.00 SUBPROVIDER	0		0	4.00
5.00 Swing bed - SNF	0		0	5.00
6.00 Swing bed - NF	0		0	6.00
7.00 SKILLED NURSING FACILITY				7.00
8.00 NURSING FACILITY	0		0	8.00
9.00 OTHER LONG TERM CARE				9.00
10.00 Total general inpatient care services (sum of lines 1-9)	47,645,589		47,645,589	10.00
<b>Intensive Care Type Inpatient Hospital Services</b>				
11.00 INTENSIVE CARE UNIT	7,665,712		7,665,712	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)	7,665,712		7,665,712	16.00
17.00 Total inpatient routine care services (sum of lines 10 and 16)	55,311,301		55,311,301	17.00
18.00 Ancillary services	224,249,814	242,528,993	466,778,807	18.00
19.00 Outpatient services	20,476,714	50,378,131	70,854,845	19.00
20.00 RURAL HEALTH CLINIC	0	0	0	20.00
21.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00 HOME HEALTH AGENCY		0	0	22.00
23.00 AMBULANCE SERVICES				23.00
24.00 CMHC				24.00
24.10 CORF	0	0	0	24.10
25.00 AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00 HOSPICE				26.00
27.00 PHYSICIAN REVENUE	0	4,952,405	4,952,405	27.00
28.00 Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	300,037,829	297,859,529	597,897,358	28.00
<b>PART II - OPERATING EXPENSES</b>				
29.00 Operating expenses (per wkst. A, column 3, line 200)		161,412,176		29.00
30.00 BAD DEBT	7,732,277			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)		7,732,277		36.00
37.00 NON RECURRING EXPENSES	644,810			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)		644,810		42.00
43.00 Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to wkst. G-3, line 4)		168,499,643		43.00

STATEMENT OF REVENUES AND EXPENSES		Provider CCN: 14-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet G-3 Date/Time Prepared: 5/28/2019 6:43 am
				1.00
1.00	Total patient revenues (from wkst. G-2, Part I, column 3, line 28)		597,897,358	1.00
2.00	Less contractual allowances and discounts on patients' accounts		434,484,004	2.00
3.00	Net patient revenues (line 1 minus line 2)		163,413,354	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)		168,499,643	4.00
5.00	Net income from service to patients (line 3 minus line 4)		-5,086,289	5.00
<b>OTHER INCOME</b>				
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		0	8.00
9.00	Revenue from television and radio service		0	9.00
10.00	Purchase discounts		0	10.00
11.00	Rebates and refunds of expenses		0	11.00
12.00	Parking lot receipts		0	12.00
13.00	Revenue from laundry and linen service		0	13.00
14.00	Revenue from meals sold to employees and guests		0	14.00
15.00	Revenue from rental of living quarters		0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients		0	16.00
17.00	Revenue from sale of drugs to other than patients		0	17.00
18.00	Revenue from sale of medical records and abstracts		0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)		0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen		0	20.00
21.00	Rental of vending machines		0	21.00
22.00	Rental of hospital space		0	22.00
23.00	Governmental appropriations		0	23.00
24.00	EHR REVENUE, OTHER OPER, NON OPER		2,219,000	24.00
25.00	Total other income (sum of lines 6-24)		2,219,000	25.00
26.00	Total (line 5 plus line 25)		-2,867,289	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)		-2,867,289	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0065	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/28/2019 6:43 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		2,555,733	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		45,584	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)		87.14	3.00
4.00	Number of interns & residents (see instructions)		18.65	4.00
5.00	Indirect medical education percentage (see instructions)		6.23	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)		159,222	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)		9.56	8.00
9.00	Sum of lines 7 and 8		9.56	9.00
10.00	Allowable disproportionate share percentage (see instructions)		1.96	10.00
11.00	Disproportionate share adjustment (see instructions)		50,092	11.00
12.00	Total prospective capital payments (see instructions)		2,810,631	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00