

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0148	Period: From 10/01/2017 To 09/30/2018	Worksheet S Parts I-III Date/Time Prepared: 2/27/2019 10:50 am
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**PART I - COST REPORT STATUS**

Provider use only 1.  Electronically filed cost report Date: 2/27/2019 Time: 10:50 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:  
 (1) As Submitted 7. Contractor No. 10. NPR Date:  
 (2) Settled without Audit 8.  Initial Report for this Provider CCN 11. Contractor's Vendor Code: 4  
 (3) Settled with Audit 9.  Final Report for this Provider CCN 12.  If line 5, column 1 is 4: Enter number of times reopened = 0-9.  
 (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 MEMORIAL MEDICAL CENTER ( 14-0148 ) for the cost reporting period beginning 10/01/2017 and ending 09/30/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	250,239	13,774	0	0	1.00
2.00 Subprovider - IPF	0	160,328	0		0	2.00
3.00 Subprovider - IRF	0	63,808	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	474,375	13,774	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0148	Period: From 10/01/2017 To 09/30/2018	Worksheet S-2 Part I Date/Time Prepared: 2/27/2019 10:50 am
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1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 701 NORTH FIRST STREET			PO Box:						1.00	
2.00	City: SPRINGFIELD			State: IL		Zip Code: 62781		County: SANGAMON		2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
		Hospital and Hospital-Based Component Identification:									
3.00	Hospital		MEMORIAL MEDICAL CENTER	140148	44100	1	10/01/1966	N	P	0	3.00
4.00	Subprovider - IPF		MEMORIAL MEDICAL CENTER	14S148	44100	4	10/01/1966	N	P	0	4.00
5.00	Subprovider - IRF		PSYCH UNIT								
			MEMORIAL MEDICAL CENTER	14T148	44100	5	10/01/1966	N	P	0	5.00
			REHAB UNIT								
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
18.00	Renal Dialysis		MEMORIAL MEDICAL CENTER	142315	44100		10/01/1966				18.00
19.00	Other		RENAL UNIT								19.00
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					10/01/2017	09/30/2018		20.00		
21.00	Type of Control (see instructions)					2			21.00		
						1.00	2.00	3.00			

Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	Y			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N			23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0148			Period: From 10/01/2017 To 09/30/2018		Worksheet S-2 Part I Date/Time Prepared: 2/27/2019 10:50 am			
		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.	13,224	3,349	0	24	1,397	162		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.	1,114	238	0	0	52			25.00	
						Urban/Rural S		Date of Geogr		
						1.00		2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00	
						Beginning:		Ending:		
						1.00		2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0			37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								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)	Y				60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		20.00	1		60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.01	1		60.02	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted FTE Count	IME	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	5.00	
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
		ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
		Teaching Hospitals that Claim Residents in Nonprovider Settings					
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00

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			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		22.93	58.05	0.283156		64.00
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	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)	FAMI LY PRACTICE	1350	7.69	8.97	0.461585	
65.01		INTERNAL MEDI CINE	1400	6.21	24.15	0.204545	
65.02		PEDI ATRI CS	2000	0.51	0.17	0.750000	
			Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		25.92	89.68	0.224221		66.00
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMI LY PRACTICE	1350	11.95	10.63	0.529229	
67.01		INTERNAL MEDI CINE	1400	8.97	39.36	0.185599	
67.02		PEDI ATRI CS	2000	0.02	0.21	0.086957	

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		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.	Y				70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	Y	N	0		71.00
<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)	Y	N	0		76.00
					1.00	
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0148		Period: From 10/01/2017 To 09/30/2018		Worksheet S-2 Part I Date/Time Prepared: 2/27/2019 10:50 am		
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00			
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00	
					1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00	
					1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.				N		111.00	
					1.00	2.00	3.00	
Miscellaneous Cost Reporting Information								
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.				N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.				N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.				N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.				1			118.00
		Premiums		Losses		Insurance		
		1.00		2.00		3.00		
118.01	List amounts of malpractice premiums and paid losses:	0		0		0		118.01
					1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.				N			118.02
119.00	DO NOT USE THIS LINE							119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.				N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.				Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.				Y	5.00		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.				Y			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.				10/01/1966			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.				07/01/1999			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	14H058		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0148	Period: From 10/01/2017 To 09/30/2018	Worksheet S-2 Part I Date/Time Prepared: 2/27/2019 10:50 am	
1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: MEMORIAL HEALTH SYSTEM	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 131	
142.00	Street: 701 NORTH FIRST STREET	PO Box:			
143.00	City: SPRINGFIELD	State: IL		Zip Code: 62781	
144.00 Are provider based physicians' costs included in Worksheet A?					
				1.00	
				Y	
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					
				1.00	
				N	
146.00 Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					
				2.00	
				Y	
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					
				1.00	
				N	
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					
				2.00	
				N	
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					
				3.00	
				N	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
		Part A		Part B	
		1.00		2.00	
		N		N	
155.00 Hospital		N		N	
156.00 Subprovider - IPF		N		N	
157.00 Subprovider - IRF		N		N	
158.00 SUBPROVIDER		N		N	
159.00 SNF		N		N	
160.00 HOME HEALTH AGENCY		N		N	
161.00 CMHC		N		N	
Multi campus					
				3.00	
				N	
165.00 Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					
		Name		County	
		0		1.00	
		State		Zip Code	
		2.00		3.00	
		CBSA		FTE/Campus	
		4.00		5.00	
166.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				0.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
				1.00	
				Y	
167.00 Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					
				2.00	
				0	
168.00 If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					
				3.00	
				168.01	
168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					
				4.00	
				0.00	
169.00 If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					
				5.00	
				170.00	
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					
				1.00	
				04/01/2017	
				2.00	
				06/30/2017	
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					
				1.00	
				N	
				0	
				171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0148		Period: From 10/01/2017 To 09/30/2018		Worksheet S-2 Part II Date/Time Prepared: 2/27/2019 10:50 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				Y		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	02/13/2019	Y	02/13/2019		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0148	Period: From 10/01/2017 To 09/30/2018	Worksheet S-2 Part II Date/Time Prepared: 2/27/2019 10:50 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BOB		URBANCE	41.00
42.00	Enter the employer/company name of the cost report preparer.	MEMORIAL MEDICAL CENTER			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	217-788-3138		URBANCE.BOB@MHSI.L.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet S-2  
Part II  
Date/Time Prepared:  
2/27/2019 10:50 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.	DIRECTOR OF REIMBURSEMENT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet S-3  
Part I  
Date/Time Prepared:  
2/27/2019 10:50 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	352	128,298	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)		352	128,298	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	38	13,870	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	10	3,650	0.00	0	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)		400	145,818	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	36	13,140		0	16.00
17.00 SUBPROVIDER - IRF	41.00	30	10,950		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		466				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet S-3  
Part I  
Date/Time Prepared:  
2/27/2019 10:50 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	42,241	12,178	90,355			1.00
2.00 HMO and other (see instructions)	16,194	4,795				2.00
3.00 HMO IPF Subprovider	398	1,470				3.00
4.00 HMO IRF Subprovider	500	290				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)	42,241	12,178	90,355			7.00
8.00 INTENSIVE CARE UNIT	4,812	328	10,646			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	723	67	2,021			10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		626	2,884			13.00
14.00 Total (see instructions)	47,776	13,199	105,906	179.43	3,229.67	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	3,015	2,948	10,391	5.20	71.00	16.00
17.00 SUBPROVIDER - IRF	2,725	1,114	6,049	0.38	31.20	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				185.01	3,331.87	27.00
28.00 Observation Bed Days		0	1,632			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			1,370			30.00
31.00 Employee discount days - IRF			95			31.00
32.00 Labor & delivery days (see instructions)	0	162	397			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet S-3  
Part I  
Date/Time Prepared:  
2/27/2019 10:50 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	9,217	3,322	22,232	1.00
2.00 HMO and other (see instructions)			3,229	1,047		2.00
3.00 HMO IPF Subprovider				230		3.00
4.00 HMO IRF Subprovider				23		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	9,217	3,322	22,232	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	289	392	1,306	16.00
17.00 SUBPROVIDER - IRF	0.00	0	243	91	540	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet S-3  
Part II  
Date/Time Prepared:  
2/27/2019 10:50 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	214,981,568	-4,034,028	210,947,540	7,329,791.00	28.78
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		12,251,428	0	12,251,428	151,958.00	80.62
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		1,989,003	0	1,989,003	38,332.00	51.89
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	8,746,705	273	8,746,978	326,334.00	26.80
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		6,650,103	237,205	6,887,308	263,630.00	26.12
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		4,043,573	0	4,043,573	54,213.00	74.59
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		3,963,877	0	3,963,877	18,458.00	214.75
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		19,802,225	0	19,802,225	403,556.00	49.07
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		234,127	0	234,127	1,352.00	173.17
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		69,705,731	0	69,705,731		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		2,703,415	0	2,703,415		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		3,286,193	0	3,286,193		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		5,501,257	0	5,501,257		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		1,977,625	0	1,977,625		
25.50	Home office wage-related (core)		5,927,338	0	5,927,338		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	6,249,294	-2,556,029	3,693,265	122,649.97	30.11
27.00	Administrative & General	5.00	26,642,484	38,113	26,680,597	956,942.47	27.88

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet S-3  
Part II  
Date/Time Prepared:  
2/27/2019 10:50 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	2,293,045	0	2,293,045	13,532.00	169.45	28.00
29.00	Maintenance & Repairs	6,055,304	95,346	6,150,650	197,776.60	31.10	29.00
30.00	Operation of Plant	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	125,882	1,231	127,113	10,167.11	12.50	31.00
32.00	Housekeeping	4,454,756	63,567	4,518,323	316,581.26	14.27	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	3,922,149	-2,713,433	1,208,716	80,031.54	15.10	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	95,265	2,768,509	2,863,774	205,070.21	13.96	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	2,464,103	97,218	2,561,321	62,207.08	41.17	38.00
39.00	Central Services and Supply	2,223,084	23,210	2,246,294	146,390.76	15.34	39.00
40.00	Pharmacy	7,693,438	-145,334	7,548,104	170,543.38	44.26	40.00
41.00	Medical Records & Medical Records Library	3,879,955	-248,972	3,630,983	177,029.27	20.51	41.00
42.00	Social Service	0	693,718	693,718	31,631.37	21.93	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet S-3  
Part III  
Date/Time Prepared:  
2/27/2019 10:50 am

	Worksheet A Line Number	Amount Reported	Reclassifi- cation 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)	194,287,477	-4,034,301	190,253,176	6,826,699.00	27.87	1.00
2.00	Excluded area salaries (see instructions)	6,650,103	237,205	6,887,308	263,630.00	26.12	2.00
3.00	Subtotal salaries (line 1 minus line 2)	187,637,374	-4,271,506	183,365,868	6,563,069.00	27.94	3.00
4.00	Subtotal other wages & related costs (see inst.)	27,809,675	0	27,809,675	476,227.00	58.40	4.00
5.00	Subtotal wage-related costs (see inst.)	75,633,069	0	75,633,069	0.00	41.25	5.00
6.00	Total (sum of lines 3 thru 5)	291,080,118	-4,271,506	286,808,612	7,039,296.00	40.74	6.00
7.00	Total overhead cost (see instructions)	66,098,759	-1,882,856	64,215,903	2,490,553.02	25.78	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 14-0148	Period: From 10/01/2017 To 09/30/2018	Worksheet S-3 Part IV Date/Time Prepared: 2/27/2019 10:50 am
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		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	13,143,929	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	19,822,987	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	1,497,045	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)	16,828,969	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	7,383,734	9.00
10.00	Dental, Hearing and Vision Plan	2,968,132	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	263,398	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)	326,407	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	552,423	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	14,951,906	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	131,856	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	288,698	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	78,159,484	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: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet S-3  
Part V  
Date/Time Prepared:  
2/27/2019 10:50 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	4,051,111	72,016,450	1.00
2.00	Hospital	4,043,573	69,705,731	2.00
3.00	Subprovider - IPF	0	1,639,150	3.00
4.00	Subprovider - IRF	7,538	671,569	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			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet S-5

Date/Time Prepared:  
2/27/2019 10:50 am

		Outpatient		Training		Home					
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD				
		1.00	2.00	3.00	4.00	5.00	6.00				
1.00	Number of patients in program at end of cost reporting period	0	0	0	0	0	0	1.00			
2.00	Number of times per week patient receives dialysis	0.00	0.00	0.00	0.00	0.00	0.00	2.00			
3.00	Average patient dialysis time including setup	0.00	0.00	0.00	0.00			3.00			
4.00	CAPD exchanges per day				0.00		0.00	4.00			
5.00	Number of days in year dialysis furnished	0	0					5.00			
6.00	Number of stations	0	0	0	0			6.00			
7.00	Treatment capacity per day per station	0	0					7.00			
8.00	Utilization (see instructions)	0.00	0.00					8.00			
9.00	Average times dialyzers re-used	0.00	0.00					9.00			
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00			
							Y/N				
							1.00				
ESRD PPS											
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						Y	10.01			
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y	10.02			
							Prior to 1/1	After 12/31			
							1.00	2.00			
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03		
TRANSPLANT INFORMATION											
11.00	Number of patients on transplant list						97	11.00			
12.00	Number of patients transplanted during the cost reporting period						28	12.00			
EPOETIN											
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.							13.00			
14.00	Epoetin amount from Worksheet A for Home Dialysis program							14.00			
15.00	Number of EPO units furnished relating to the renal dialysis department							15.00			
16.00	Number of EPO units furnished relating to the home dialysis department							16.00			
ARANESP											
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.							17.00			
18.00	ARANESP amount from Worksheet A for Home Dialysis program							18.00			
19.00	Number of ARANESP units furnished relating to the renal dialysis department							19.00			
20.00	Number of ARANESP units furnished relating to the home dialysis department							20.00			
							MCP	INITIAL METHOD			
							1.00	2.00			
PHYSICIAN PAYMENT METHOD											
21.00	Enter "X" if method(s) is applicable						X	21.00			
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.					
		1.00	2.00	3.00	4.00	5.00					
ESAs											
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)						0	0	0	0	22.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA		Provider CCN: 14-0148	Period: From 10/01/2017 To 09/30/2018	Worksheet S-5 Date/Time Prepared: 2/27/2019 10:50 am
			CCN	Treatments
			1.00	2.00
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)	142315	928	23.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0148	Period: From 10/01/2017 To 09/30/2018	Worksheet S-10 Date/Time Prepared: 2/27/2019 10:50 am
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.212352	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		72,632,364	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		383,213,568	6.00	
7.00	Medicaid cost (line 1 times line 6)		81,376,168	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)		8,743,804	8.00	
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
<b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		8,743,804	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)	19,648,671	2,250,178	21,898,849	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	4,172,435	2,250,178	6,422,613	21.00
22.00	Payments received from patients for amounts previously written off as charity care	4,121	24,868	28,989	22.00
23.00	Cost of charity care (line 21 minus line 22)	4,168,314	2,225,310	6,393,624	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			12,762,502	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			3,285,275	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			5,054,268	27.01
28.00	Non-Medicare bad debt expense (see instructions)			7,708,234	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			3,405,852	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			9,799,476	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			18,543,280	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 14-0148	Period: From 10/01/2017 To 09/30/2018	Worksheet A Date/Time Prepared: 2/27/2019 10:50 am		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		19,607,604	19,607,604	8,628,818	28,236,422	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,249,294	47,743,073	53,992,367	-2,470,126	51,522,241	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	26,642,484	144,581,354	171,223,838	-728,298	170,495,540	5.00
6.00	00600	MAINTENANCE & REPAIRS	6,055,304	13,817,358	19,872,662	95,346	19,968,008	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	125,882	3,232,550	3,358,432	1,231	3,359,663	8.00
9.00	00900	HOUSEKEEPING	4,454,756	2,173,413	6,628,169	63,567	6,691,736	9.00
10.00	01000	DIETARY	3,922,149	3,601,880	7,524,029	-5,253,839	2,270,190	10.00
11.00	01100	CAFETERIA	95,265	109,671	204,936	5,308,915	5,513,851	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,464,103	-158,611	2,305,492	97,218	2,402,710	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,223,084	1,826,277	4,049,361	23,210	4,072,571	14.00
15.00	01500	PHARMACY	7,693,438	29,708,347	37,401,785	-27,485,066	9,916,719	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,879,955	1,223,731	5,103,686	61,090	5,164,776	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	934,737	934,737	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	8,746,705	0	8,746,705	273	8,746,978	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,346,781	1,346,781	0	1,346,781	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	19,030	19,030	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	91,785	22,037	113,822	156,725	270,547	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	30,881,048	7,191,945	38,072,993	1,208,013	39,281,006	30.00
31.00	03100	INTENSIVE CARE UNIT	7,501,521	3,657,339	11,158,860	-7,814	11,151,046	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	1,259,793	374,269	1,634,062	10,100	1,644,162	33.00
40.00	04000	SUBPROVIDER - I/PF	4,201,996	640,217	4,842,213	-16,880	4,825,333	40.00
41.00	04100	SUBPROVIDER - I/RF	1,689,771	224,700	1,914,471	17,773	1,932,244	41.00
43.00	04300	NURSERY	3,660,835	1,218,594	4,879,429	-3,921,162	958,267	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	17,950,098	45,717,101	63,667,199	-21,312,097	42,355,102	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,558,227	2,558,227	52.00
53.00	05300	ANESTHESIOLOGY	13,371,911	4,136,262	17,508,173	78,652	17,586,825	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,452,433	9,728,375	18,180,808	-931,491	17,249,317	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,069,836	2,020,995	4,090,831	-118,981	3,971,850	55.00
57.00	05700	CT SCAN	1,176,606	2,310,423	3,487,029	6,564	3,493,593	57.00
58.00	05800	MRI	646,848	965,801	1,612,649	810	1,613,459	58.00
60.00	06000	LABORATORY	9,332,186	13,728,784	23,060,970	94,981	23,155,951	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	546,251	2,853,626	3,399,877	2,461	3,402,338	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	3,621,415	1,461,710	5,083,125	30,653	5,113,778	65.00
66.00	06600	PHYSICAL THERAPY	7,940,881	1,131,545	9,072,426	72,983	9,145,409	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,658,967	131,517	1,790,484	12,990	1,803,474	67.00
68.00	06800	SPEECH PATHOLOGY	781,086	71,312	852,398	8,763	861,161	68.00
69.00	06900	ELECTROCARDIOLOGY	6,568,297	19,620,920	26,189,217	-8,589,097	17,600,120	69.00
69.01	03340	GI UNIT	1,697,407	2,489,044	4,186,451	-139,319	4,047,132	69.01
69.02	03650	VASCULAR LAB	773,657	654,181	1,427,838	2,872	1,430,710	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	687,536	363,963	1,051,499	-5,353	1,046,146	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	448,038	1,217,130	1,665,168	375,782	2,040,950	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	33,301,139	33,301,139	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	27,393,791	27,393,791	73.00
73.01	03640	RENAL TXPLANT LAB	188,017	229,101	417,118	2,881	419,999	73.01
74.00	07400	RENAL DIALYSIS	1,211,942	582,986	1,794,928	-354,369	1,440,559	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,327,902	3,947,872	6,275,774	-1,688,616	4,587,158	75.00
76.97	07697	CARDIAC REHABILITATION	1,179,474	175,493	1,354,967	14,335	1,369,302	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	9,845,061	8,349,964	18,195,025	-120,295	18,074,730	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	258,230	1,085,750	1,343,980	1,094	1,345,074	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE	0	9,457,068	9,457,068	-9,405,855	51,213	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	214,573,247	414,573,452	629,146,699	-1,963,634	627,183,065	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	157	506	663	0	663	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet A  
Date/Time Prepared:  
2/27/2019 10:50 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	
192.00	19200	2,479	25,373	27,852	15,568	43,420	192.00
192.01	19201	0	5,371	5,371	1,946,179	1,951,550	192.01
192.03	19202	19,089	112,062	131,151	0	131,151	192.03
192.04	19203	0	0	0	0	0	192.04
192.05	19204	0	0	0	0	0	192.05
192.06	19205	0	0	0	109	109	192.06
192.07	19206	0	0	0	0	0	192.07
192.08	19208	0	0	0	0	0	192.08
192.09	19207	0	6,064	6,064	0	6,064	192.09
192.10	19209	33,324	43,821	77,145	0	77,145	192.10
192.11	19210	353,272	149,069	502,341	1,778	504,119	192.11
192.12	19212	0	0	0	0	0	192.12
200.00		214,981,568	414,915,718	629,897,286	0	629,897,286	200.00
TOTAL (SUM OF LINES 118 through 199)							

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet A  
Date/Time Prepared:  
2/27/2019 10:50 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	3,049,295	31,285,717	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-15,946,771	35,575,470	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-83,963,224	86,532,316	5.00
6.00	00600	MAINTENANCE & REPAIRS	245,695	20,213,703	6.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,359,663	8.00
9.00	00900	HOUSEKEEPING	-136,318	6,555,418	9.00
10.00	01000	DIETARY	-279,077	1,991,113	10.00
11.00	01100	CAFETERIA	-4,049,414	1,464,437	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-100	2,402,610	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,072,571	14.00
15.00	01500	PHARMACY	-3,000	9,913,719	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	63,393	5,228,169	16.00
17.00	01700	SOCIAL SERVICE	0	934,737	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-487,296	8,259,682	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,346,781	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	19,030	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	0	270,547	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-227,237	39,053,769	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,789,617	9,361,429	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	-45,952	1,598,210	33.00
40.00	04000	SUBPROVIDER - I PF	-30,019	4,795,314	40.00
41.00	04100	SUBPROVIDER - I RF	-1,031	1,931,213	41.00
43.00	04300	NURSERY	-20,895	937,372	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-2,133,448	40,221,654	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,558,227	52.00
53.00	05300	ANESTHESIOLOGY	-13,232,306	4,354,519	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-381,167	16,868,150	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,678	3,974,528	55.00
57.00	05700	CT SCAN	0	3,493,593	57.00
58.00	05800	MRI	33,322	1,646,781	58.00
60.00	06000	LABORATORY	-760,812	22,395,139	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	3,402,338	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-79,515	5,034,263	65.00
66.00	06600	PHYSICAL THERAPY	-393,704	8,751,705	66.00
67.00	06700	OCCUPATIONAL THERAPY	18,595	1,822,069	67.00
68.00	06800	SPEECH PATHOLOGY	0	861,161	68.00
69.00	06900	ELECTROCARDIOLOGY	-619,059	16,981,061	69.00
69.01	03340	GI UNIT	-20,390	4,026,742	69.01
69.02	03650	VASCULAR LAB	-23,583	1,407,127	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	-66,636	979,510	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-4,516	2,036,434	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	33,301,139	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	27,393,791	73.00
73.01	03640	RENAL TXPLANT LAB	-10,456	409,543	73.01
74.00	07400	RENAL DIALYSIS	-19,351	1,421,208	74.00
75.00	07500	ASC (NON-DISTINCT PART)	746,865	5,334,023	75.00
76.97	07697	CARDIAC REHABILITATION	1,433	1,370,735	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	-215,603	17,859,127	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
105.00	10500	KIDNEY ACQUISITION	-114,197	1,230,877	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
113.00	11300	INTEREST EXPENSE	-51,213	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-120,944,631	506,238,434	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	663	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	43,420	192.00
192.01	19201	SCHOOL OF MEDICINE	0	1,951,550	192.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet A  
Date/Time Prepared:  
2/27/2019 10:50 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	131,151	192.03
192.04	19203	MEALS ON WHEELS	0	0	192.04
192.05	19204	ACS HOME CARE	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	109	192.06
192.07	19206	GAMBRO	0	0	192.07
192.08	19208	FOUNDATION	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	6,064	192.09
192.10	19209	AUDIOLOGY	0	77,145	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	504,119	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	192.12
200.00		TOTAL (SUM OF LINES 118 through 199)	-120,944,631	508,952,655	200.00

RECLASSIFICATIONS

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet A-6  
Date/Time Prepared:  
2/27/2019 10:50 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
<b>A - Lease Recl ass</b>						
1.00	SIU SCHOOL OF MEDICINE	192.01	0	1,167,497	1.00	
2.00		0.00	0	0	2.00	
	<b>TOTALS</b>		0	1,167,497		
<b>B - Drugs Charged to Patients</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00		27,328,614	1.00	
2.00			0	27,328,614	2.00	
<b>C - Interest Expense</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,405,855	1.00	
2.00		0.00	0	0	2.00	
	<b>TOTALS</b>		0	9,405,855		
<b>D - Social Service Non-Salary Costs</b>						
1.00	SOCIAL SERVICE	17.00	693,718	241,019	1.00	
2.00		0.00	0	0	2.00	
	<b>TOTALS</b>		693,718	241,019		
<b>E - Renal Medical Supplies</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00		366,521	1.00	
2.00			0	366,521	2.00	
<b>F - Cafe/Dietary Recl ass</b>						
1.00	CAFETERIA	11.00	2,766,292	2,540,406	1.00	
2.00		0.00	0	0	2.00	
	<b>TOTALS</b>		2,766,292	2,540,406		
<b>G - FMS Recl ass</b>						
1.00	ADULTS & PEDI ATRICS	30.00	925,093	302,059	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,928,528	629,699	2.00	
3.00		0.00	0	0	3.00	
	<b>TOTALS</b>		2,853,621	931,758		
<b>H - Contract Labor</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	85,903	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	9,841	2.00	
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	310,062	3.00	
4.00	ADULTS & PEDI ATRICS	30.00	0	2,484,862	4.00	
5.00	INTENSIVE CARE UNIT	31.00	0	278,226	5.00	
6.00	BURN INTENSIVE CARE UNIT	33.00	0	3,742	6.00	
7.00	SUBPROVIDER - IRF	41.00	0	7,538	7.00	
8.00	OPERATING ROOM	50.00	0	79,136	8.00	
9.00	ANESTHESIOLOGY	53.00	18,600	0	9.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	331,133	10.00	
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	179,491	11.00	
12.00	ELECTROCARDIOLOGY	69.00	0	71,931	12.00	
13.00	EMERGENCY	91.00	0	210,763	13.00	
	<b>TOTALS</b>		18,600	4,052,628		
<b>I - Kinetic Bed Recl ass</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00		5,472	1.00	
2.00			0	5,472	2.00	
<b>J - Building Insurance Recl ass</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	390,460	1.00	
2.00		0.00	0	0	2.00	
	<b>TOTALS</b>		0	390,460		
<b>K - Observation Recl ass</b>						
1.00	ADULTS & PEDI ATRICS	30.00	9,869	4,008	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
	<b>TOTALS</b>		9,869	4,008		
<b>M - Implantable Devices</b>						
1.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00		33,301,139	1.00	
2.00					2.00	
3.00					3.00	
4.00					4.00	
5.00					5.00	
6.00					6.00	
7.00					7.00	
8.00					8.00	
9.00					9.00	
10.00			0	33,301,139	10.00	

RECLASSIFICATIONS

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet A-6

Date/Time Prepared:  
2/27/2019 10:50 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>N - SIU Purchased Service Support</b>					
1.00	SIU SCHOOL OF MEDICINE	192.01	0	778,682	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
TOTALS			0	778,682	
<b>0 - Affiliate Accounting Reclass</b>					
1.00	VNA OF CENTRAL IL	192.06		109	1.00
2.00					2.00
			0	109	
<b>Q - Management Incentive Program</b>					
1.00					1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	566,772		2.00
3.00	MAINTENANCE & REPAIRS	6.00	71,142		3.00
4.00	HOUSEKEEPING	9.00	26,919		4.00
5.00	DIETARY	10.00	20,450		5.00
6.00	CAFETERIA	11.00	1,397		6.00
7.00	NURSING ADMINISTRATION	13.00	83,954		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	7,758		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	40,441		9.00
10.00	ADULTS & PEDIATRICS	30.00	107,211		10.00
11.00	INTENSIVE CARE UNIT	31.00	20,713		11.00
12.00	BURN INTENSIVE CARE UNIT	33.00	9,555		12.00
13.00	SUBPROVIDER - IPF	40.00	26,784		13.00
14.00	SUBPROVIDER - IRF	41.00	8,611		14.00
15.00	NURSERY	43.00	18,574		15.00
16.00	OPERATING ROOM	50.00	116,917		16.00
17.00	ANESTHESIOLOGY	53.00	62,926		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	39,064		18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	14,671		19.00
20.00	LABORATORY	60.00	49,171		20.00
21.00	RESPIRATORY THERAPY	65.00	13,628		21.00
22.00	PHYSICAL THERAPY	66.00	48,929		22.00
23.00	OCCUPATIONAL THERAPY	67.00	7,247		23.00
24.00	SPEECH PATHOLOGY	68.00	6,712		24.00
25.00	ELECTROCARDIOLOGY	69.00	31,347		25.00
26.00	GI UNIT	69.01	8,407		26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	13,206		27.00
28.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	3,242		28.00
29.00	DRUGS CHARGED TO PATIENTS	73.00	45,212		29.00
30.00	RENAL TXPLANT LAB	73.01	2,334		30.00
31.00	RENAL DIALYSIS	74.00	8,186		31.00
32.00	ASC (NON-DISTINCT PART)	75.00	9,006		32.00
33.00	CARDIAC REHABILITATION	76.97	9,412		33.00
34.00	EMERGENCY	91.00	51,857		34.00
35.00	PHYSICIANS' PRIVATE OFFICES	192.00	10,645		35.00
			1,562,400	0	
<b>R - Success Sharing Program</b>					
1.00					1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	174,900		2.00
3.00	MAINTENANCE & REPAIRS	6.00	24,204		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	1,231		4.00
5.00	HOUSEKEEPING	9.00	36,648		5.00
6.00	DIETARY	10.00	32,409		6.00
7.00	CAFETERIA	11.00	820		7.00
8.00	NURSING ADMINISTRATION	13.00	13,264		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	15,452		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	20,649		10.00
11.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	273		11.00
12.00	PARAMED ED PRGM-(PHARMACY)	23.01	273		12.00
13.00	ADULTS & PEDIATRICS	30.00	129,500		13.00
14.00	INTENSIVE CARE UNIT	31.00	33,503		14.00
15.00	BURN INTENSIVE CARE UNIT	33.00	6,017		15.00
16.00	SUBPROVIDER - IPF	40.00	18,461		16.00
17.00	SUBPROVIDER - IRF	41.00	9,162		17.00
18.00	NURSERY	43.00	17,367		18.00

RECLASSIFICATIONS

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet A-6

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
19.00	OPERATING ROOM	50.00	65,912		19.00
20.00	ANESTHESIOLOGY	53.00	15,726		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	35,281		21.00
22.00	RADIOLOGY-THERAPEUTIC	55.00	7,111		22.00
23.00	CT SCAN	57.00	6,564		23.00
24.00	MRI	58.00	2,872		24.00
25.00	LABORATORY	60.00	45,810		25.00
26.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	2,461		26.00
27.00	RESPIRATORY THERAPY	65.00	17,230		27.00
28.00	PHYSICAL THERAPY	66.00	30,358		28.00
29.00	OCCUPATIONAL THERAPY	67.00	5,743		29.00
30.00	SPEECH PATHOLOGY	68.00	2,051		30.00
31.00	ELECTROCARDIOLOGY	69.00	24,751		31.00
32.00	GI UNIT	69.01	7,384		32.00
33.00	VASCULAR LAB	69.02	2,872		33.00
34.00	ELECTROENCEPHALOGRAPHY	70.00	2,735		34.00
35.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	547		35.00
36.00	DRUGS CHARGED TO PATIENTS	73.00	19,965		36.00
37.00	RENAL TXPLANT LAB	73.01	547		37.00
38.00	RENAL DIALYSIS	74.00	3,966		38.00
39.00	ASC (NON-DISTINCT PART)	75.00	10,666		39.00
40.00	CARDIAC REHABILITATION	76.97	4,923		40.00
41.00	EMERGENCY	91.00	50,323		41.00
42.00	KIDNEY ACQUISITION	105.00	1,094		42.00
43.00	PHYSICIANS' PRIVATE OFFICES	192.00	4,923		43.00
44.00	SOUTH6TH AND N. DIRKSON RADIOLOGY	192.11	1,778		44.00
			907,726	0	
<b>S - EMS Coordinator Reclass Other Costs</b>					
1.00	PARAMED ED PRGM-(EMS)	23.00	17,678	1,352	1.00
2.00		0.00	0	0	2.00
	<b>TOTALS</b>		17,678	1,352	
<b>T - Pharmacy Residency Reclass Salary</b>					
1.00	PARAMED ED PRGM-(PHARMACY)	23.01	145,334	11,118	1.00
2.00		0.00	0	0	2.00
	<b>TOTALS</b>		145,334	11,118	
500.00	<b>Grand Total: Increases</b>		8,975,238	80,526,638	500.00

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - Lease Recl ass</b>							
1.00		0.00	0	0	0		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,167,497	10		2.00
	TOTALS		0	1,167,497			
<b>B - Drugs Charged to Patients</b>							
1.00							1.00
2.00	PHARMACY	15.00	0	27,328,614			2.00
			0	27,328,614			
<b>C - Interest Expense</b>							
1.00		0.00	0	0	11		1.00
2.00	INTEREST EXPENSE	113.00	0	9,405,855	0		2.00
	TOTALS		0	9,405,855			
<b>D - Social Service Non-Salary Costs</b>							
1.00		0.00	0	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	693,718	241,019	0		2.00
	TOTALS		693,718	241,019			
<b>E - Renal Medical Supplies</b>							
1.00							1.00
2.00	RENAL DIALYSIS	74.00	0	366,521			2.00
			0	366,521			
<b>F - Cafe/Dietary Recl ass</b>							
1.00		0.00	0	0	0		1.00
2.00	DIETARY	10.00	2,766,292	2,540,406	0		2.00
	TOTALS		2,766,292	2,540,406			
<b>G - FMS Recl ass</b>							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00	NURSERY	43.00	2,853,621	931,758	0		3.00
	TOTALS		2,853,621	931,758			
<b>H - Contract Labor</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	85,903	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	9,841	0	0		2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	310,062	0	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	2,484,862	0	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	278,226	0	0		5.00
6.00	BURN INTENSIVE CARE UNIT	33.00	3,742	0	0		6.00
7.00	SUBPROVIDER - IRF	41.00	7,538	0	0		7.00
8.00	OPERATING ROOM	50.00	79,136	0	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	18,600	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	331,133	0	0		10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	179,491	0	0		11.00
12.00	ELECTROCARDIOLOGY	69.00	71,931	0	0		12.00
13.00	EMERGENCY	91.00	210,763	0	0		13.00
	TOTALS		4,052,628	18,600			
<b>I - Kinetic Bed Recl ass</b>							
1.00							1.00
2.00	ADULTS & PEDIATRICS	30.00	0	5,472			2.00
			0	5,472			
<b>J - Building Insurance Recl ass</b>							
1.00		0.00	0	0	12		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	390,460	0		2.00
	TOTALS		0	390,460			
<b>K - Observation Recl ass</b>							
1.00		0.00	0	0	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	5,650	2,755	0		2.00
3.00	BURN INTENSIVE CARE UNIT	33.00	4,219	1,253	0		3.00
	TOTALS		9,869	4,008			
<b>M - Implantable Devices</b>							
1.00							1.00
2.00	NURSERY	43.00	0	171,724			2.00
3.00	OPERATING ROOM	50.00	0	21,492,789			3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,005,836			4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	140,763			5.00
6.00	MRI	58.00	0	2,062			6.00
7.00	RESPIRATORY THERAPY	65.00	0	205			7.00
8.00	ELECTROCARDIOLOGY	69.00	0	8,624,362			8.00
9.00	GI UNIT	69.01	0	155,110			9.00
10.00	ASC (NON-DISTINCT PART)	75.00	0	1,708,288			10.00
			0	33,301,139			
<b>N - SIU Purchased Service Support</b>							
1.00		0.00	0	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	144,664	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	264,255	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	53,625	0		4.00

RECLASSIFICATIONS

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet A-6

Date/Time Prepared:  
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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
5.00	SUBPROVIDER - IPF	40.00	0	62,125	0	5.00	
6.00	OPERATING ROOM	50.00	0	2,137	0	6.00	
7.00	PHYSICAL THERAPY	66.00	0	6,304	0	7.00	
8.00	ELECTROCARDIOLOGY	69.00	0	20,833	0	8.00	
9.00	ELECTROENCEPHALOGRAPHY	70.00	0	21,294	0	9.00	
10.00	EMERGENCY	91.00	0	203,445	0	10.00	
	TOTALS		0	778,682			
Q - Affiliate Accounting Reclass							
1.00						1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	109		2.00	
			0	109			
Q - Management Incentive Program							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,562,400			1.00	
2.00						2.00	
3.00						3.00	
4.00						4.00	
5.00						5.00	
6.00						6.00	
7.00						7.00	
8.00						8.00	
9.00						9.00	
10.00						10.00	
11.00						11.00	
12.00						12.00	
13.00						13.00	
14.00						14.00	
15.00						15.00	
16.00						16.00	
17.00						17.00	
18.00						18.00	
19.00						19.00	
20.00						20.00	
21.00						21.00	
22.00						22.00	
23.00						23.00	
24.00						24.00	
25.00						25.00	
			1,562,400	0			
R - Success Sharing Program							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	907,726			1.00	
2.00						2.00	
3.00						3.00	
4.00						4.00	
5.00						5.00	
6.00						6.00	
7.00						7.00	
8.00						8.00	
9.00						9.00	
10.00						10.00	
11.00						11.00	
12.00						12.00	
13.00						13.00	
14.00						14.00	
15.00						15.00	
16.00						16.00	
17.00						17.00	
18.00						18.00	
19.00						19.00	
20.00						20.00	
21.00						21.00	
22.00						22.00	
23.00						23.00	
24.00						24.00	
25.00						25.00	

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet A-6

Date/Time Prepared:  
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Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
26.00							26.00
27.00							27.00
28.00							28.00
29.00							29.00
30.00							30.00
31.00							31.00
32.00							32.00
33.00							33.00
34.00							34.00
35.00							35.00
36.00							36.00
37.00							37.00
38.00							38.00
39.00							39.00
40.00							40.00
41.00							41.00
42.00							42.00
43.00							43.00
44.00							44.00
			907,726	0			
S - EMS Coordinator Recl ass Other Costs							
1.00		0.00	0	0	0		1.00
2.00	EMERGENCY	91.00	17,678	1,352	0		2.00
	TOTALS		17,678	1,352			
T - Pharmacy Residency Recl ass Salary							
1.00		0.00	0	0	0		1.00
2.00	PHARMACY	15.00	145,334	11,118	0		2.00
	TOTALS		145,334	11,118			
500.00	Grand Total: Decreases		13,009,266	76,492,610			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet A-7  
Part I  
Date/Time Prepared:  
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	23,637,093	0	0	1,345,943	1.00
2.00	Land Improvements	2,718,990	0	0	0	2.00
3.00	Buildings and Fixtures	212,817,612	2,696,919	0	1,016,690	3.00
4.00	Building Improvements	7,935,550	6,439,465	0	0	4.00
5.00	Fixed Equipment	47,591,628	1,120,110	0	7,785,454	5.00
6.00	Movable Equipment	31,074,144	1,481,901	0	329,339	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	325,775,017	11,738,395	0	10,477,426	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	325,775,017	11,738,395	0	10,477,426	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	22,291,150	0			1.00
2.00	Land Improvements	2,718,990	0			2.00
3.00	Buildings and Fixtures	214,497,841	0			3.00
4.00	Building Improvements	14,375,015	0			4.00
5.00	Fixed Equipment	40,926,284	0			5.00
6.00	Movable Equipment	32,226,706	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	327,035,986	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	327,035,986	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet A-7  
Part II  
Date/Time Prepared:  
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	19,607,604	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)	19,607,604	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	19,607,604				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	19,607,604				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet A-7  
Part III  
Date/Time Prepared:  
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	392,812,387	0	392,812,387	0.664892	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	197,978,987	0	197,978,987	0.335108	0	2.00
3.00	Total (sum of lines 1-2)	590,791,374	0	590,791,374	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	22,633,245	-1,167,497	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	22,633,245	-1,167,497	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 col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	9,429,509	390,460	0	0	31,285,717	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	9,429,509	390,460	0	0	31,285,717	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet A-8

Date/Time Prepared:  
2/27/2019 10:50 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00		3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-45,951,117				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	-12,578,287				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-221,975	DIETARY		10.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines	B	-54,864	DIETARY		10.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 Misc. Income	B	-155,059	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet A-8

Date/Time Prepared:  
2/27/2019 10:50 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.01	Mi sc. Income	B	-487,348	ADMINISTRATIVE & GENERAL	5.00	0 33.01
33.02	Mi sc. Income	B	-88,607	MAINTENANCE & REPAIRS	6.00	0 33.02
33.03	Mi sc. Income	B	-162,122	HOUSEKEEPING	9.00	0 33.03
33.04	Mi sc. Income	B	-2,238	DIETARY	10.00	0 33.04
33.05	Mi sc. Income	B	-3,000	PHARMACY	15.00	0 33.05
33.06	Mi sc. Income	B	-164,742	MEDICAL RECORDS & LIBRARY	16.00	0 33.06
33.07	Mi sc. Income	B	-487,296	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0 33.07
33.08	Mi sc. Income	B	-20,097	SUBPROVIDER - IPF	40.00	0 33.08
33.09	Mi sc. Income	B	-29,097	OPERATING ROOM	50.00	0 33.09
33.10	Mi sc. Income	B	-8,000	RADIOLOGY-DIAGNOSTIC	54.00	0 33.10
33.11	Mi sc. Income	B	-933,000	RADIOLOGY-THERAPEUTIC	55.00	0 33.11
33.12	Mi sc. Income	B	-326,395	LABORATORY	60.00	0 33.12
33.13	Mi sc. Income	B	-402,000	RESPIRATORY THERAPY	65.00	0 33.13
33.14	Mi sc. Income	B	-202,820	PHYSICAL THERAPY	66.00	0 33.14
33.15	Mi sc. Income	B	-25,841	ELECTROCARDIOLOGY	69.00	0 33.15
33.16	Mi sc. Income	B	-9,000	RENAL DIALYSIS	74.00	0 33.16
33.17	Mi sc. Income	B	-16,990	CARDIAC REHABILITATION	76.97	0 33.17
33.18	Mi sc. Income	B	-11,990	EMERGENCY	91.00	0 33.18
37.00	Cafeteria Revenues	B	-4,049,414	CAFETERIA	11.00	0 37.00
37.01	Autopsy Reimbursement	B	-32,542	LABORATORY	60.00	0 37.01
37.02	Prompt Pay Interest Penalty	B	-2,648,432	ADMINISTRATIVE & GENERAL	5.00	0 37.02
37.03	Child Care Income	B	-1,188,504	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 37.03
37.04	Gain Loss on Disposal	B	-8,762	ADMINISTRATIVE & GENERAL	5.00	0 37.04
38.00	Legal Fees	A	-28,000	ADMINISTRATIVE & GENERAL	5.00	0 38.00
38.01	Rental Income	B	-152,579	ADMINISTRATIVE & GENERAL	5.00	0 38.01
38.02	Rental Income	B	-13,715	PHYSICAL THERAPY	66.00	0 38.02
38.03	CRNA Contract Labor	A	18,600	ANESTHESIOLOGY	53.00	0 38.03
38.04	CRNA Offset	A	-12,172,776	ANESTHESIOLOGY	53.00	0 38.04
38.05	CRNA FICA	A	-639,571	ANESTHESIOLOGY	53.00	0 38.05
38.06	CRNA Benefits	A	-1,944,172	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 38.06
38.07	CRNA Gift / Employee Bonus / MIP	A	-78,652	ANESTHESIOLOGY	53.00	0 38.07
38.08	Real Estate Taxes	A	-6,551	ADMINISTRATIVE & GENERAL	5.00	0 38.08
38.09	IL Retailers Tax	A	26,000	ADMINISTRATIVE & GENERAL	5.00	0 38.09
38.11	Interest Expenses	A	54,000	CAP REL COSTS-BLDG & FIXT	1.00	11 38.11
38.15	Investment Mgmt Fees	B	23,600	CAP REL COSTS-BLDG & FIXT	1.00	11 38.15
38.17	Work Compensation	A	-552,329	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 38.17
38.22	Ambulance Offset	A	-8,247	SUBPROVIDER - IPF	40.00	0 38.22
38.23	Ambulance Offset	A	-134,958	EMERGENCY	91.00	0 38.23
39.00	Self Insurance Malpractice	A	-375,598	ADMINISTRATIVE & GENERAL	5.00	0 39.00
40.00	Self Insurance Health	A	-11,610,202	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 40.00
41.00	Pension Cost	A	-56,316	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 41.00
42.00	Advertising Expense	A	-715,392	ADMINISTRATIVE & GENERAL	5.00	0 42.00
42.01	Advertising Expense	A	6,348	OPERATING ROOM	50.00	0 42.01
42.02	Advertising Expense	A	-3,412	PHYSICAL THERAPY	66.00	0 42.02
42.03	Advertising Expense	A	-15,620	ELECTROCARDIOLOGY	69.00	0 42.03
42.04	Advertising Expense	A	-4,516	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0 42.04
42.05	Advertising Expense	A	-1,260	EMERGENCY	91.00	0 42.05
43.00	Post Judgement Interest	B	-32,516	ADMINISTRATIVE & GENERAL	5.00	0 43.00
44.00	Hospital Mutual Assistance Program / MCO HAP Admin Fee	A	-5,240	ADMINISTRATIVE & GENERAL	5.00	0 44.00
46.00	Operating Released	B	-24,755	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 46.00
46.01	Operating Released	B	-217,700	ADMINISTRATIVE & GENERAL	5.00	0 46.01
46.03	Deferred Comp Interest/Dividends	B	-51,213	INTEREST EXPENSE	113.00	0 46.03
46.04	Medical Director	A	5,637	ADMINISTRATIVE & GENERAL	5.00	0 46.04
46.05	Medical Director	A	21,391	ADULTS & PEDIATRICS	30.00	0 46.05
46.06	Medical Director	A	17,808	BURN INTENSIVE CARE UNIT	33.00	0 46.06
46.07	Medical Director	A	18,311	OPERATING ROOM	50.00	0 46.07
46.08	Medical Director	A	5,073	RADIOLOGY-THERAPEUTIC	55.00	0 46.08
46.09	Medical Director	A	1,465	RESPIRATORY THERAPY	65.00	0 46.09
46.10	Medical Director	A	55,224	PHYSICAL THERAPY	66.00	0 46.10
46.11	Medical Director	A	40,420	ELECTROCARDIOLOGY	69.00	0 46.11
46.12	Medical Director	A	618,000	ELECTROENCEPHALOGRAPHY	70.00	0 46.12
46.13	Medical Director	A	24,616	CARDIAC REHABILITATION	76.97	0 46.13
46.14	Medical Director	A	4,679	KIDNEY ACQUISITION	105.00	0 46.14
46.20	Non-Personal Donations	A	-497,094	ADMINISTRATIVE & GENERAL	5.00	0 46.20

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
46.21 Non-Personal Donations	A	-100	NURSING ADMINISTRATION		13.00	0 46.21
46.22 Non-Personal Donations	A	-5,181	BURN INTENSIVE CARE UNIT		33.00	0 46.22
46.23 Non-Personal Donations	A	-150	NURSERY		43.00	0 46.23
46.24 Non-Personal Donations	A	-28,223	RADIOLOGY-DIAGNOSTIC		54.00	0 46.24
46.25 Non-Personal Donations	A	-1,315	PHYSICAL THERAPY		66.00	0 46.25
46.26 Non-Personal Donations	A	-7,532	KIDNEY ACQUISITION		105.00	0 46.26
46.30 Restricted Grant Income	B	-24,755	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 46.30
46.31 Restricted Grant Income	B	-239,733	ADMINISTRATIVE & GENERAL		5.00	0 46.31
48.00 ILLINOIS PROVIDER ASSESSMENT EXPENSE	A	-19,803,434	ADMINISTRATIVE & GENERAL		5.00	0 48.00
49.00 Lobbyist Fees	A	-59,826	ADMINISTRATIVE & GENERAL		5.00	0 49.00
49.01 Collection Fees	A	-32	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 49.01
49.02 Collection Fees	A	-11,239	ADMINISTRATIVE & GENERAL		5.00	0 49.02
49.03 Collection Fees	A	-91,266	OPERATING ROOM		50.00	0 49.03
49.04 Collection Fees	A	-115,453	ANESTHESIOLOGY		53.00	0 49.04
49.05 Collection Fees	A	-25,715	RADIOLOGY-DIAGNOSTIC		54.00	0 49.05
49.06 Collection Fees	A	-94,033	ELECTROCARDIOLOGY		69.00	0 49.06
49.07 Collection Fees	A	-8,200	VASCULAR LAB		69.02	0 49.07
49.10 Professional Fees Salary	A	-575,217	OPERATING ROOM		50.00	0 49.10
49.11 Professional Fees FICA	A	-16,301	OPERATING ROOM		50.00	0 49.11
49.12 Professional Fees Benefits	A	-91,871	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 49.12
49.13 Professional Fees Salary	A	-139,839	ELECTROCARDIOLOGY		69.00	0 49.13
49.14 Professional Fees FICA	A	-10,698	ELECTROCARDIOLOGY		69.00	0 49.14
49.15 Professional Fees Benefits	A	-22,334	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 49.15
49.16 Professional Fees Salary	A	-1,061,618	OPERATING ROOM		50.00	0 49.16
49.17 Professional Fees FICA	A	-81,214	OPERATING ROOM		50.00	0 49.17
49.18 Professional Fees Benefits	A	-169,540	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 49.18
49.19 Professional Fees Salary	A	-212,329	PHYSICAL THERAPY		66.00	0 49.19
49.20 Professional Fees FICA	A	-16,243	PHYSICAL THERAPY		66.00	0 49.20
49.21 Professional Fees Benefits	A	-33,912	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 49.21
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-120,944,631				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: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet A-8-1

Date/Time Prepared:  
2/27/2019 10:50 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE OPERATING	32,154,315	45,475,749	1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE - CAPITAL	3,158,286	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	TELECOMMUNICATIONS	0	1,262,403	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	BAYLIS RENT - A&G	36,126	1,762,653	3.01
3.04	54.00	RADIOLOGY-DIAGNOSTIC	BAYLIS RENT - RADIOLOGY	117,365	0	3.04
3.06	69.02	VASCULAR LAB	BAYLIS RENT - VASCULAR LAB	2,395	0	3.06
3.07	58.00	MRI	BAYLIS RENT - MRI	33,322	0	3.07
3.08	75.00	ASC (NON-DISTINCT PART)	BAYLIS RENT - ASC SURGERY	746,865	0	3.08
3.10	5.00	ADMINISTRATIVE & GENERAL	KOKE MILL RENT - A&G	8,605	1,029,797	3.10
3.11	76.97	CARDIAC REHABILITATION	KOKE MILL RENT - CARDIAC REH	32,318	0	3.11
3.12	6.00	MAINTENANCE & REPAIRS	KOKE MILL RENT - MAINT	158,426	0	3.12
3.13	9.00	HOUSEKEEPING	KOKE MILL RENT - HSKG	12,685	0	3.13
3.14	54.00	RADIOLOGY-DIAGNOSTIC	KOKE MILL RENT - RADIOLOGY	112,903	0	3.14
3.15	60.00	LABORATORY	KOKE MILL RENT - LAB	41,838	0	3.15
3.16	67.00	OCCUPATIONAL THERAPY	KOKE MILL RENT - OT	18,595	0	3.16
3.17	66.00	PHYSICAL THERAPY	KOKE MILL RENT - PT	246,652	0	3.17
3.18	60.00	LABORATORY	SIXTH LAB	57,361	0	3.18
3.19	6.00	MAINTENANCE & REPAIRS	SIXTH ENGINEERING	11,130	0	3.19
3.20	9.00	HOUSEKEEPING	SIXTH HSKG	2,854	0	3.20
3.21	5.00	ADMINISTRATIVE & GENERAL	SIXTH IT	3,329	86,654	3.21
3.22	60.00	LABORATORY	NDIRKSEN LAB	50,617	0	3.22
3.23	6.00	MAINTENANCE & REPAIRS	NDIRKSEN ENGINEERING	9,902	0	3.23
3.24	9.00	HOUSEKEEPING	NDIRKSEN HSKG	1,028	0	3.24
3.25	5.00	ADMINISTRATIVE & GENERAL	NDIRKSEN IT	2,095	78,622	3.25
3.27	4.00	EMPLOYEE BENEFITS DEPARTMENT	2401 W JEFFERSON - HR	67,388	0	3.27
3.28	5.00	ADMINISTRATIVE & GENERAL	2401 W JEFFERSON - A&G	573,367	747,222	3.28
3.29	6.00	MAINTENANCE & REPAIRS	2401 W JEFFERSON -MAINT	69,565	0	3.29
3.30	9.00	HOUSEKEEPING	2401 W JEFFERSON - HSKG	7,983	0	3.30
3.31	60.00	LABORATORY	2401 W JEFFERSON - LAB	78,222	0	3.31
3.32	69.00	ELECTROCARDIOLOGY	2401 W JEFFERSON - CARDIAC A	26,981	0	3.32
3.33	16.00	MEDICAL RECORDS & LIBRARY	2401 W JEFFERSON - MED REC	277,508	0	3.33
3.34	1.00	CAP REL COSTS-BLDG & FIXT	SYSTEM DEPRECIATION	0	132,645	3.34
3.35	66.00	PHYSICAL THERAPY	PETERSBURG RENT	23,893	61,580	3.35
3.36	66.00	PHYSICAL THERAPY	INDUSTRIAL REHAB	106,369	200,358	3.36
3.37	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES ALMH	0	140,973	3.37
3.38	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS ALMH	0	22,408	3.38
3.39	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC ALMH	0	8,749	3.39
3.40	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES TMH	0	124,093	3.40
3.41	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS TMH	0	19,725	3.41
3.42	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC TMH	0	7,702	3.42
3.43	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES VNA	0	36,853	3.43
3.44	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS VNA	0	5,858	3.44
3.45	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC VNA	0	2,287	3.45
3.46	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES ACS	0	23,717	3.46
3.47	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS ACS	0	3,770	3.47
3.48	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC ACS	0	1,472	3.48
3.49	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES MPS	0	318,891	3.49
3.50	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS MPS	0	50,446	3.50
3.51	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC MPS	0	15,050	3.51
3.52	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES MHCC	0	56,863	3.52
3.53	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS MHCC	0	8,995	3.53
3.54	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC MHCC	0	2,684	3.54
3.58	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES MHV	0	185	3.58
3.59	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS MHV	0	29	3.59
3.60	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC MHV	0	12	3.60
3.61	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES PAH	0	171,065	3.61
3.62	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS PAH	0	27,191	3.62
3.63	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC PAH	0	10,617	3.63
3.64	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES MHP	0	12,265	3.64
3.65	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS MHP	0	1,956	3.65
3.66	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC MHP	0	800	3.66
3.67	66.00	PHYSICAL THERAPY	501 N FIRST - PSYCH	53,451	0	3.67
3.68	50.00	OPERATING ROOM	501 N FIRST - PAIN CLINIC	76,240	0	3.68
3.69	6.00	MAINTENANCE & REPAIRS	501 N FIRST - MAINT	953	0	3.69
3.70	9.00	HOUSEKEEPING	501 N FIRST - HSKPG	1,254	0	3.70
3.71	5.00	ADMINISTRATIVE & GENERAL	501 N FIRST - IT	1,279	155,744	3.71
4.00	5.00	ADMINISTRATIVE & GENERAL	340 MILLER - A&G	11,215	150,050	4.00
4.01	6.00	MAINTENANCE & REPAIRS	340 MILLER - MAINT	84,326	0	4.01
4.02	60.00	LABORATORY	340 MILLER - LAB	6,297	0	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	CHURCHILL - A&G	147,466	0	4.03

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS  
 Provider CCN: 14-0148  
 Period: From 10/01/2017 To 09/30/2018  
 Worksheet A-8-1  
 Date/Time Prepared: 2/27/2019 10:50 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	
4.04	60.00	LABORATORY	CHURCHILL - LAB	8,708	0 4.04
4.06	5.00	ADMINISTRATIVE & GENERAL	VINE ST - A&G	4,173	0 4.06
4.07	5.00	ADMINISTRATIVE & GENERAL	2ND & MADISON - A&G	263,937	0 4.07
4.10	5.00	ADMINISTRATIVE & GENERAL	400 W LAWRENCE - A&G	730,259	0 4.10
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			39,639,846	52,218,133 5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
<b>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	MEMORIAL HEALTH SYSTEM	0.00	MEMORIAL HEALTH SYSTEM	0.00	6.00
7.00	E	ABRAHAM LINCOLN MEMORIAL HOSPITAL	0.00	ABRAHAM LINCOLN MEMORIAL HOSPITAL	0.00	7.00
8.00	E	TAYLORVILLE MEMORIAL HOSPITAL	0.00	TAYLORVILLE MEMORIAL HOSPITAL	0.00	8.00
9.00	E	PASSAVANT AREA	0.00	PASSAVANT AREA	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: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet A-8-1

Date/Time Prepared:  
2/27/2019 10:50 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-13,321,434	0		1.00
2.00	3,158,286	9		2.00
3.00	-1,262,403	0		3.00
3.01	-1,726,527	0		3.01
3.04	117,365	0		3.04
3.06	2,395	0		3.06
3.07	33,322	0		3.07
3.08	746,865	0		3.08
3.10	-1,021,192	0		3.10
3.11	32,318	0		3.11
3.12	158,426	0		3.12
3.13	12,685	0		3.13
3.14	112,903	0		3.14
3.15	41,838	0		3.15
3.16	18,595	0		3.16
3.17	246,652	0		3.17
3.18	57,361	0		3.18
3.19	11,130	0		3.19
3.20	2,854	0		3.20
3.21	-83,325	0		3.21
3.22	50,617	0		3.22
3.23	9,902	0		3.23
3.24	1,028	0		3.24
3.25	-76,527	0		3.25
3.27	67,388	0		3.27
3.28	-173,855	0		3.28
3.29	69,565	0		3.29
3.30	7,983	0		3.30
3.31	78,222	0		3.31
3.32	26,981	0		3.32
3.33	277,508	0		3.33
3.34	-132,645	9		3.34
3.35	-37,687	0		3.35
3.36	-93,989	0		3.36
3.37	-140,973	0		3.37
3.38	-22,408	0		3.38
3.39	-8,749	0		3.39
3.40	-124,093	0		3.40
3.41	-19,725	0		3.41
3.42	-7,702	0		3.42
3.43	-36,853	0		3.43
3.44	-5,858	0		3.44
3.45	-2,287	0		3.45
3.46	-23,717	0		3.46
3.47	-3,770	0		3.47
3.48	-1,472	0		3.48
3.49	-318,891	0		3.49
3.50	-50,446	0		3.50
3.51	-15,050	0		3.51
3.52	-56,863	0		3.52
3.53	-8,995	0		3.53
3.54	-2,684	0		3.54
3.58	-185	0		3.58
3.59	-29	0		3.59
3.60	-12	0		3.60
3.61	-171,065	0		3.61
3.62	-27,191	0		3.62
3.63	-10,617	0		3.63
3.64	-12,265	0		3.64
3.65	-1,956	0		3.65
3.66	-800	0		3.66
3.67	53,451	0		3.67
3.68	76,240	0		3.68
3.69	953	0		3.69
3.70	1,254	0		3.70
3.71	-154,465	0		3.71
4.00	-138,835	0		4.00
4.01	84,326	0		4.01
4.02	6,297	0		4.02
4.03	147,466	0		4.03

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 14-0148	Period: From 10/01/2017 To 09/30/2018	Worksheet A-8-1 Date/Time Prepared: 2/27/2019 10:50 am
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	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
4.04	8,708	0		4.04
4.06	4,173	0		4.06
4.07	263,937	0		4.07
4.10	730,259	0		4.10
5.00	-12,578,287			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>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	HEALTHCARE		6.00
7.00	HEALTHCARE		7.00
8.00	HEALTHCARE		8.00
9.00	HEALTHCARE		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: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet A-8-2

Date/Time Prepared:  
2/27/2019 10:50 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	41,207,497	40,163,672	1,043,825	136,700	3,434	1.00
2.00	30.00	ADULTS & PEDIATRICS	327,099	90,230	236,869	136,700	1,194	2.00
3.00	31.00	INTENSIVE CARE UNIT	1,866,667	1,647,583	219,084	154,100	1,040	3.00
4.00	33.00	BURN INTENSIVE CARE UNIT	83,250	0	83,250	154,100	333	4.00
5.00	40.00	SUBPROVIDER - IPF	26,000	17,000	9,000	142,500	62	5.00
6.00	41.00	SUBPROVIDER - IRF	1,688	406	1,281	136,700	10	6.00
7.00	43.00	NURSERY	32,838	6,373	26,465	136,700	184	7.00
8.00	50.00	OPERATING ROOM	498,954	252,754	246,200	204,100	1,216	8.00
9.00	53.00	ANESTHESIOLOGY	282,781	214,494	68,287	200,300	398	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	12,906	0	12,906	231,100	103	10.00
11.00	60.00	LABORATORY	1,220,367	309,273	911,094	219,500	5,453	11.00
12.00	65.00	RESPIRATORY THERAPY	111,533	9,614	101,919	136,700	471	12.00
13.00	66.00	PHYSICAL THERAPY	223,844	1,867	221,976	136,700	857	13.00
14.00	69.00	ELECTROCARDIOLOGY	432,698	324,171	108,526	136,700	491	14.00
15.00	69.01	GI UNIT	27,751	1,325	26,426	136,700	112	15.00
16.00	69.02	VASCULAR LAB	25,533	819	24,714	136,700	118	16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	114,902	178	114,723	136,700	725	17.00
18.00	74.00	RENAL DIALYSIS	24,600	8,200	16,400	136,700	80	18.00
19.00	91.00	EMERGENCY	106,499	179	106,320	136,700	595	19.00
20.00	105.00	KIDNEY ACQUISITION	159,321	0	159,321	136,700	730	20.00
21.00	73.01	RENAL TXPLANT LAB	33,672	672	33,000	219,500	220	21.00
22.00	76.97	CARDIAC REHABILITATION	52,510	0	52,510	136,700	213	22.00
25.00	54.00	RADIOLOGY-DIAGNOSTIC	612,153	462,093	150,060	231,100	492	25.00
200.00			47,485,063	43,510,903	3,974,156		18,531	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	225,687	11,284	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	78,471	3,924	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	77,050	3,853	0	0	0	3.00
4.00	33.00	BURN INTENSIVE CARE UNIT	24,671	1,234	0	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	4,248	212	0	0	0	5.00
6.00	41.00	SUBPROVIDER - IRF	657	33	0	0	0	6.00
7.00	43.00	NURSERY	12,093	605	0	0	0	7.00
8.00	50.00	OPERATING ROOM	119,320	5,966	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	38,327	1,916	0	0	0	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	11,444	572	0	0	0	10.00
11.00	60.00	LABORATORY	575,449	28,772	0	0	0	11.00
12.00	65.00	RESPIRATORY THERAPY	30,955	1,548	0	0	0	12.00
13.00	66.00	PHYSICAL THERAPY	56,323	2,816	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	32,269	1,613	0	0	0	14.00
15.00	69.01	GI UNIT	7,361	368	0	0	0	15.00
16.00	69.02	VASCULAR LAB	7,755	388	0	0	0	16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	47,648	2,382	0	0	0	17.00
18.00	74.00	RENAL DIALYSIS	5,258	263	0	0	0	18.00
19.00	91.00	EMERGENCY	39,104	1,955	0	0	0	19.00
20.00	105.00	KIDNEY ACQUISITION	47,977	2,399	0	0	0	20.00
21.00	73.01	RENAL TXPLANT LAB	23,216	1,161	0	0	0	21.00
22.00	76.97	CARDIAC REHABILITATION	13,999	700	0	0	0	22.00
25.00	54.00	RADIOLOGY-DIAGNOSTIC	54,664	2,733	0	0	0	25.00
200.00			1,533,946	76,697	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	225,687	818,138	40,981,810		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	78,471	158,398	248,628		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	77,050	142,034	1,789,617		3.00
4.00	33.00	BURN INTENSIVE CARE UNIT	0	24,671	58,579	58,579		4.00
5.00	40.00	SUBPROVIDER - IPF	0	4,248	4,752	21,752		5.00
6.00	41.00	SUBPROVIDER - IRF	0	657	624	1,031		6.00
7.00	43.00	NURSERY	0	12,093	14,372	20,745		7.00
8.00	50.00	OPERATING ROOM	0	119,320	126,880	379,634		8.00
9.00	53.00	ANESTHESIOLOGY	0	38,327	29,960	244,454		9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	0	11,444	1,462	1,462		10.00
11.00	60.00	LABORATORY	0	575,449	335,645	644,918		11.00
12.00	65.00	RESPIRATORY THERAPY	0	30,955	70,964	80,578		12.00
13.00	66.00	PHYSICAL THERAPY	0	56,323	165,653	167,521		13.00
14.00	69.00	ELECTROCARDIOLOGY	0	32,269	76,257	400,429		14.00
15.00	69.01	GI UNIT	0	7,361	19,065	20,390		15.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet A-8-2

Date/Time Prepared:  
2/27/2019 10:50 am

	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		
16.00	69.02	VASCULAR LAB	0	7,755	16,959	17,778		16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	0	47,648	67,075	67,254		17.00
18.00	74.00	RENAL DIALYSIS	0	5,258	11,142	19,342		18.00
19.00	91.00	EMERGENCY	0	39,104	67,216	67,395		19.00
20.00	105.00	KIDNEY ACQUISITION	0	47,977	111,344	111,344		20.00
21.00	73.01	RENAL TXPLANT LAB	0	23,216	9,784	10,456		21.00
22.00	76.97	CARDIAC REHABILITATION	0	13,999	38,511	38,511		22.00
25.00	54.00	RADIOLOGY-DIAGNOSTIC	0	54,664	95,396	557,489		25.00
200.00			0	1,533,946	2,440,210	45,951,117		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
2/27/2019 10:50 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			
		1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	31,285,717	31,285,717			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	35,575,470	299,500	0	35,874,970	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	86,532,316	4,975,337	0	5,026,918	5.00
6.00 00600	MAINTENANCE & REPAIRS	20,213,703	3,772,565	0	1,158,850	6.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	3,359,663	133,877	0	23,949	8.00
9.00 00900	HOUSEKEEPING	6,555,418	377,462	0	851,302	9.00
10.00 01000	DIETARY	1,991,113	203,045	0	227,735	10.00
11.00 01100	CAFETERIA	1,464,437	565,258	0	539,567	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	2,402,610	131,164	0	482,581	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	4,072,571	496,339	0	423,226	14.00
15.00 01500	PHARMACY	9,913,719	185,831	0	1,422,146	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,228,169	381,360	0	684,117	16.00
17.00 01700	SOCIAL SERVICE	934,737	0	0	130,704	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	8,259,682	180,436	0	1,157,107	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,346,781	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(EMS)	19,030	0	0	3,331	23.00
23.01 02301	PARAMED ED PRGM-(PHARMACY)	270,547	6,829	0	44,727	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	39,053,769	7,151,891	0	5,570,869	30.00
31.00 03100	INTENSIVE CARE UNIT	9,361,429	1,002,096	0	1,370,099	31.00
33.00 03300	BURN INTENSIVE CARE UNIT	1,598,210	230,082	0	238,793	33.00
40.00 04000	SUBPROVIDER - IPF	4,795,314	790,631	0	800,227	40.00
41.00 04100	SUBPROVIDER - IRF	1,931,213	239,937	0	320,300	41.00
43.00 04300	NURSERY	937,372	60,811	0	158,860	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	40,221,654	2,637,278	0	3,093,135	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,558,227	61,154	0	363,356	52.00
53.00 05300	ANESTHESIOLOGY	4,354,519	154,272	0	229,435	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	16,868,150	1,255,380	0	1,544,149	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	3,974,528	420,778	0	360,266	55.00
57.00 05700	CT SCAN	3,493,593	106,153	0	222,922	57.00
58.00 05800	MRI	1,646,781	24,387	0	122,414	58.00
60.00 06000	LABORATORY	22,395,139	1,507,168	0	1,776,182	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,402,338	0	0	103,383	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	5,034,263	254,843	0	688,128	65.00
66.00 06600	PHYSICAL THERAPY	8,751,705	368,200	0	1,471,083	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,822,069	145,571	0	315,015	67.00
68.00 06800	SPEECH PATHOLOGY	861,161	38,763	0	148,816	68.00
69.00 06900	ELECTROCARDIOLOGY	16,981,061	468,585	0	1,208,209	69.00
69.01 03340	GI UNIT	4,026,742	174,916	0	322,785	69.01
69.02 03650	VASCULAR LAB	1,407,127	128,264	0	146,307	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	979,510	44,376	0	132,543	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,036,434	18,493	0	85,129	71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	33,301,139	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	27,393,791	0	0	12,280	73.00
73.01 03640	RENAL TXPLANT LAB	409,543	31,497	0	35,967	73.01
74.00 07400	RENAL DIALYSIS	1,421,208	167,026	0	230,633	74.00
75.00 07500	ASC (NON-DISTINCT PART)	5,334,023	0	0	442,309	75.00
76.97 07697	CARDIAC REHABILITATION	1,370,735	0	0	224,927	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIpsy	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	17,859,127	680,798	0	1,831,129	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500	KIDNEY ACQUISITION	1,230,877	22,640	0	48,859	105.00
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	506,238,434	29,894,993	0	35,794,769	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
2/27/2019 10:50 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
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	663	39,511	0	30	40,204	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	43,420	396,641	0	3,400	443,461	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	1,951,550	0	0	0	1,951,550	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	131,151	93,680	0	3,597	228,428	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	682,950	0	0	682,950	192.05
192.06	19205	VNA OF CENTRAL IL	109	24,387	0	0	24,496	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	121,871	0	0	121,871	192.08
192.09	19207	SIU MAP PROGRAM	6,064	0	0	0	6,064	192.09
192.10	19209	AUDIOLOGY	77,145	31,684	0	6,279	115,108	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	504,119	0	0	66,895	571,014	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
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)	508,952,655	31,285,717	0	35,874,970	508,952,655	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0148	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part I Date/Time Prepared: 2/27/2019 10:50 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	96,534,571				5.00
6.00	00600	MAINTENANCE & REPAIRS	5,885,718	31,030,836			6.00
7.00	00700	OPERATION OF PLANT	0	0	0		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	823,339	154,226	0	4,495,054	8.00
9.00	00900	HOUSEKEEPING	1,822,043	520,626	0	0	10,126,851
10.00	01000	DIETARY	566,892	233,908	0	0	78,033
11.00	01100	CAFETERIA	601,387	651,178	0	0	217,235
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	706,038	151,101	0	0	50,408
14.00	01400	CENTRAL SERVICES & SUPPLY	1,168,509	571,784	0	22,400	190,749
15.00	01500	PHARMACY	2,696,883	214,078	0	9,909	71,417
16.00	01600	MEDICAL RECORDS & LIBRARY	1,473,154	439,328	0	0	146,561
17.00	01700	SOCIAL SERVICE	249,388	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,246,422	207,863	0	15,246	69,344
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	315,241	0	0	0	0
23.00	02300	PARAMED ED PRGM-(EMS)	5,234	0	0	0	0
23.01	02301	PARAMED ED PRGM-(PHARMACY)	75,395	7,868	0	0	2,625
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	12,119,203	8,238,986	0	2,199,576	2,748,554
31.00	03100	INTENSIVE CARE UNIT	2,746,489	1,154,417	0	401,470	385,117
33.00	03300	BURN INTENSIVE CARE UNIT	483,843	265,055	0	120,514	88,423
40.00	04000	SUBPROVIDER - IPF	1,494,811	910,809	0	67,016	303,849
41.00	04100	SUBPROVIDER - IRF	583,174	276,408	0	158,846	92,210
43.00	04300	NURSERY	270,829	70,054	0	57,491	23,370
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	10,756,000	3,038,149	0	371,934	1,013,536
52.00	05200	DELIVERY ROOM & LABOR ROOM	698,169	70,449	0	137,352	23,502
53.00	05300	ANESTHESIOLOGY	1,109,077	177,721	0	9,236	59,288
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,603,614	1,803,943	0	227,716	601,801
55.00	05500	RADIOLOGY-THERAPEUTIC	1,113,137	484,737	0	49,172	161,710
57.00	05700	CT SCAN	894,772	160,693	0	65,990	53,608
58.00	05800	MRI	419,824	86,041	0	11,506	28,703
60.00	06000	LABORATORY	6,010,564	1,765,934	0	0	589,121
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	820,584	0	0	7,513	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,399,091	293,580	0	13,224	97,939
66.00	06600	PHYSICAL THERAPY	2,479,033	424,168	0	39,041	141,504
67.00	06700	OCCUPATIONAL THERAPY	534,301	167,698	0	0	55,945
68.00	06800	SPEECH PATHOLOGY	245,479	44,655	0	0	14,897
69.00	06900	ELECTROCARDIOLOGY	4,367,244	539,810	0	29,579	180,082
69.01	03340	GI UNIT	1,059,036	201,504	0	5,062	67,222
69.02	03650	VASCULAR LAB	393,635	147,760	0	0	49,293
70.00	07000	ELECTROENCEPHALOGRAPHY	270,685	51,121	0	20,153	17,054
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	500,923	21,304	0	0	7,107
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	7,794,798	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	6,414,939	0	0	0	0
73.01	03640	RENAL TXPLANT LAB	111,653	36,284	0	0	12,105
74.00	07400	RENAL DIALYSIS	425,742	192,415	0	33,942	64,190
75.00	07500	ASC (NON-DISTINCT PART)	1,352,066	600,847	0	60,141	200,444
76.97	07697	CARDIAC REHABILITATION	373,497	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	4,768,253	784,281	0	283,127	261,638
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	304,847	26,082	0	0	8,701
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	95,554,955	25,186,865	0	4,417,156	8,177,285
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,411	45,517	0	0	15,185
192.00	19200	PHYSICIANS' PRIVATE OFFICES	103,801	456,931	0	0	152,434
192.01	19201	SIU SCHOOL OF MEDICINE	456,799	2,261,844	0	26,875	754,558
192.03	19202	UNIVERSITY BUILDING (MHCCI)	53,468	107,919	0	51,023	36,002

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
2/27/2019 10:50 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	
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	159,858	786,759	0	0	262,465	192.05
192.06	19205	VNA OF CENTRAL IL	5,734	257,727	0	0	85,978	192.06
192.07	19206	GAMBRO	0	670,147	0	0	223,563	192.07
192.08	19208	FOUNDATION	28,526	140,395	0	0	46,836	192.08
192.09	19207	SIU MAP PROGRAM	1,419	1,080,232	0	0	360,369	192.09
192.10	19209	AUDIOLOGY	26,943	36,500	0	0	12,176	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	133,657	0	0	0	0	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
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)	96,534,571	31,030,836	0	4,495,054	10,126,851	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0148		Period: From 10/01/2017 To 09/30/2018		Worksheet B Part I Date/Time Prepared: 2/27/2019 10:50 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	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	3,300,726					10.00
11.00	01100	CAFETERIA	0	4,039,062				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	46,912	0	3,970,814		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	104,734	0	0	7,050,312	14.00
15.00	01500	PHARMACY	0	128,361	0	0	10,626	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	132,632	0	0	7	16.00
17.00	01700	SOCIAL SERVICE	0	17,347	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	244,488	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	405	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	0	4,426	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	2,255,253	857,289	0	1,375,595	191,205	30.00
31.00	03100	INTENSIVE CARE UNIT	141,676	179,871	0	288,619	82,112	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	32,700	33,088	0	53,092	15,874	33.00
40.00	04000	SUBPROVIDER - I/PF	301,196	110,656	0	177,558	4,096	40.00
41.00	04100	SUBPROVIDER - I/RF	191,186	48,626	0	78,025	6,158	41.00
43.00	04300	NURSERY	90,211	19,045	0	30,560	9,304	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	43,138	392,128	0	629,204	3,198,418	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	45,478	0	72,974	22,228	52.00
53.00	05300	ANESTHESIOLOGY	0	22,381	0	35,912	134,437	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	224,741	0	360,617	440,694	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	517	34,132	0	0	14,502	55.00
57.00	05700	CT SCAN	0	36,626	0	0	38,287	57.00
58.00	05800	MRI	0	19,793	0	0	5,545	58.00
60.00	06000	LABORATORY	8,922	304,850	0	0	758,317	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	12,624	0	0	21,223	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	97,409	0	0	50,706	65.00
66.00	06600	PHYSICAL THERAPY	9	159,080	0	0	9,368	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	39,743	0	0	697	67.00
68.00	06800	SPEECH PATHOLOGY	0	14,027	0	0	807	68.00
69.00	06900	ELECTROCARDIOLOGY	254	141,998	0	227,849	1,358,597	69.00
69.01	03340	GI UNIT	394	40,366	0	64,771	101,747	69.01
69.02	03650	VASCULAR LAB	0	15,741	0	25,258	38,222	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	16,832	0	0	5,808	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,858	0	11,004	113,790	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	0	4,364	0	0	13,835	73.01
74.00	07400	RENAL DIALYSIS	6,643	23,534	0	36,512	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	359	56,731	0	91,030	279,850	75.00
76.97	07697	CARDIAC REHABILITATION	0	26,028	0	41,764	2,539	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	62,683	230,882	0	370,470	118,978	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	6,390	0	0	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,135,141	3,900,616	0	3,970,814	7,047,977	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	468	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SCHOOL OF MEDICINE	0	0	0	0	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
2/27/2019 10:50 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	2,026	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	165,585	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	79,969	0	0	0	192.05
192.06	19205	VNA OF CENTRAL ILL	0	45,385	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	0	192.09
192.10	19209	AUDIOLOGY	0	779	0	0	2,235	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	9,819	0	0	100	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,300,726	4,039,062	0	3,970,814	7,050,312	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0148		Period: From 10/01/2017 To 09/30/2018		Worksheet B Part I Date/Time Prepared: 2/27/2019 10:50 am	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
<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	14,652,970					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,485,328				16.00
17.00	01700	SOCIAL SERVICE	0	0	1,332,176			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0		23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	0	0	0	0		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	97,753	5,850,634	919,081	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	31,843	150,190	20,764	0	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	5,256	64,488	28,687	0	0	33.00
40.00	04000	SUBPROVIDER - I PF	1,892	614,338	163,380	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	1,088	357,232	23,633	0	0	41.00
43.00	04300	NURSERY	2,255	50,912	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	49,565	186,677	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,389	0	5,328	0	0	52.00
53.00	05300	ANESTHESIOLOGY	51,598	45,821	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,351	142,554	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,197	81,459	6,967	0	0	55.00
57.00	05700	CT SCAN	16,862	203,648	0	0	0	57.00
58.00	05800	MRI	1,221	49,215	0	0	0	58.00
60.00	06000	LABORATORY	4,237	174,798	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2	5,091	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	26,612	22,910	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	147	33,941	4,781	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	849	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	26,727	180,737	0	0	0	69.00
69.01	03340	GI UNIT	12,215	35,638	152,998	0	0	69.01
69.02	03650	VASCULAR LAB	170	5,940	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	31	849	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,697	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,242,648	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	6,301	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	8,619	69,580	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	121	4,243	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	47,094	151,887	6,557	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	776	0	0	0	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	14,652,970	8,485,328	1,332,176	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SU SCHOOL OF MEDICINE	0	0	0	0	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
2/27/2019 10:50 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0	0	0	0
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	0
192.05	19204	ACS HOME CARE	0	0	0	0	0	0
192.06	19205	VNA OF CENTRAL IL	0	0	0	0	0	0
192.07	19206	GAMBRO	0	0	0	0	0	0
192.08	19208	FOUNDATION	0	0	0	0	0	0
192.09	19207	SIU MAP PROGRAM	0	0	0	0	0	0
192.10	19209	AUDIOLOGY	0	0	0	0	0	0
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	0	0	0	0
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	0
200.00		Cross Foot Adjustments						0
201.00		Negative Cost Centers	0	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	14,652,970	8,485,328	1,332,176	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
2/27/2019 10:50 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM-(EMS)	PARAMED ED PRGM-(PHARMACY)	Subtotal	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	12,380,588				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		1,662,022			22.00
23.00 02300	PARAMED ED PRGM-(EMS)			28,000		23.00
23.01 02301	PARAMED ED PRGM-(PHARMACY)				412,417	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	5,364,508	720,154	0	0	94,714,320 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	17,316,192 31.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	3,258,105 33.00
40.00 04000	SUBPROVIDER - I PF	867,879	116,508	0	0	11,520,160 40.00
41.00 04100	SUBPROVIDER - I RF	25,999	3,490	0	0	4,337,525 41.00
43.00 04300	NURSERY	0	0	0	0	1,781,074 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	3,137,241	421,156	0	0	69,189,213 50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	4,063,606 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	6,383,697 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	623,982	83,766	0	0	28,792,458 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	6,703,102 55.00
57.00 05700	CT SCAN	0	0	0	0	5,293,154 57.00
58.00 05800	MRI	0	0	0	0	2,415,430 58.00
60.00 06000	LABORATORY	0	0	0	0	35,295,232 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	4,372,758 62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00 06500	RESPIRATORY THERAPY	95,331	12,798	0	0	8,086,834 65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	13,882,060 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	3,081,888 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	1,368,605 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	25,710,732 69.00
69.01 03340	GI UNIT	0	0	0	0	6,265,396 69.01
69.02 03650	VASCULAR LAB	0	0	0	0	2,357,717 69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,538,962 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	2,802,739 71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	41,095,937 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	412,417	48,476,075 73.00
73.01 03640	RENAL TXPLANT LAB	0	0	0	0	655,248 73.01
74.00 07400	RENAL DIALYSIS	0	0	0	0	2,608,146 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	8,495,999 75.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	2,043,854 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99 07699	LITHOTRIpsy	0	0	0	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	768,835	103,212	28,000	0	28,356,951 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	0 94.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500	KIDNEY ACQUISITION	0	0	0	0	1,649,172 105.00
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	10,883,775	1,461,084	28,000	412,417	493,912,341 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	110,785 190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
2/27/2019 10:50 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM- (EMS)	PARAMED ED PRGM- (PHARMACY )	Subtotal	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	1,156,627	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	5,451,626	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0	0	478,866	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	165,585	192.04
192.05	19204	ACS HOME CARE	0	0	0	0	1,972,001	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0	0	419,320	192.06
192.07	19206	GAMBRO	0	0	0	0	893,710	192.07
192.08	19208	FOUNDATION	0	0	0	0	337,628	192.08
192.09	19207	SIU MAP PROGRAM	1,496,813	200,938	0	0	3,145,835	192.09
192.10	19209	AUDIOLOGY	0	0	0	0	193,741	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	0	0	714,590	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
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)	12,380,588	1,662,022	28,000	412,417	508,952,655	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0148	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part I Date/Time Prepared: 2/27/2019 10:50 am
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(EMS)		23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	-6,084,662	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
40.00	04000	SUBPROVIDER - I PF	-984,387	40.00
41.00	04100	SUBPROVIDER - I RF	-29,489	41.00
43.00	04300	NURSERY	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	-3,558,397	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-707,748	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
60.00	06000	LABORATORY	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
65.00	06500	RESPIRATORY THERAPY	-108,129	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
69.01	03340	GI UNIT	0	69.01
69.02	03650	VASCULAR LAB	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
73.01	03640	RENAL TXPLANT LAB	0	73.01
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIPSY	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100	EMERGENCY	-872,047	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	10500	KIDNEY ACQUISITION	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	109.00
113.00	11300	INTEREST EXPENSE	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-12,344,859	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet B  
Part I  
Date/Time Prepared:  
2/27/2019 10:50 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,156,627	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	5,451,626	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	478,866	192.03
192.04	19203	MEALS ON WHEELS	0	165,585	192.04
192.05	19204	ACS HOME CARE	0	1,972,001	192.05
192.06	19205	VNA OF CENTRAL IL	0	419,320	192.06
192.07	19206	GAMBRO	0	893,710	192.07
192.08	19208	FOUNDATION	0	337,628	192.08
192.09	19207	SIU MAP PROGRAM	-1,697,751	1,448,084	192.09
192.10	19209	AUDIOLOGY	0	193,741	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	714,590	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	192.12
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	-14,042,610	494,910,045	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet B  
Part II  
Date/Time Prepared:  
2/27/2019 10:50 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	36,108	299,500	0	335,608	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	4,857,418	4,975,337	0	9,832,755	5.00
6.00 00600	MAINTENANCE & REPAIRS	320,996	3,772,565	0	4,093,561	6.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	2,398	133,877	0	136,275	8.00
9.00 00900	HOUSEKEEPING	39,547	377,462	0	417,009	9.00
10.00 01000	DIETARY	18,537	203,045	0	221,582	10.00
11.00 01100	CAFETERIA	61,270	565,258	0	626,528	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	23,648	131,164	0	154,812	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	347,041	496,339	0	843,380	14.00
15.00 01500	PHARMACY	1,043,302	185,831	0	1,229,133	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	121,173	381,360	0	502,533	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	180,436	0	180,436	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(EMS)	0	0	0	0	23.00
23.01 02301	PARAMED ED PRGM-(PHARMACY)	0	6,829	0	6,829	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	2,108,688	7,151,891	0	9,260,579	30.00
31.00 03100	INTENSIVE CARE UNIT	167,039	1,002,096	0	1,169,135	31.00
33.00 03300	BURN INTENSIVE CARE UNIT	12,434	230,082	0	242,516	33.00
40.00 04000	SUBPROVIDER - I PF	21,286	790,631	0	811,917	40.00
41.00 04100	SUBPROVIDER - I RF	12,939	239,937	0	252,876	41.00
43.00 04300	NURSERY	19,528	60,811	0	80,339	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	3,889,056	2,637,278	0	6,526,334	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	33,916	61,154	0	95,070	52.00
53.00 05300	ANESTHESIOLOGY	933,818	154,272	0	1,088,090	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,541,310	1,255,380	0	2,796,690	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	1,046,636	420,778	0	1,467,414	55.00
57.00 05700	CT SCAN	800,964	106,153	0	907,117	57.00
58.00 05800	MRI	312,055	24,387	0	336,442	58.00
60.00 06000	LABORATORY	768,492	1,507,168	0	2,275,660	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	21,572	0	0	21,572	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	138,308	254,843	0	393,151	65.00
66.00 06600	PHYSICAL THERAPY	234,512	368,200	0	602,712	66.00
67.00 06700	OCCUPATIONAL THERAPY	7,010	145,571	0	152,581	67.00
68.00 06800	SPEECH PATHOLOGY	1,587	38,763	0	40,350	68.00
69.00 06900	ELECTROCARDIOLOGY	669,368	468,585	0	1,137,953	69.00
69.01 03340	GI UNIT	701,335	174,916	0	876,251	69.01
69.02 03650	VASCULAR LAB	73,330	128,264	0	201,594	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	100,222	44,376	0	144,598	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,432	18,493	0	26,925	71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01 03640	RENAL TXPLANT LAB	15,748	31,497	0	47,245	73.01
74.00 07400	RENAL DIALYSIS	38,879	167,026	0	205,905	74.00
75.00 07500	ASC (NON-DISTINCT PART)	514,705	0	0	514,705	75.00
76.97 07697	CARDIAC REHABILITATION	13,827	0	0	13,827	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	270,747	680,798	0	951,545	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500	KIDNEY ACQUISITION	0	22,640	0	22,640	105.00
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	21,349,181	29,894,993	0	51,244,174	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet B  
Part II  
Date/Time Prepared:  
2/27/2019 10:50 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	39,511	0	39,511	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	396,641	0	396,641	32	192.00
192.01 19201 SIU SCHOOL OF MEDICINE	0	0	0	0	0	192.01
192.03 19202 UNIVERSITY BUILDING (MHCCI)	0	93,680	0	93,680	34	192.03
192.04 19203 MEALS ON WHEELS	0	0	0	0	0	192.04
192.05 19204 ACS HOME CARE	0	682,950	0	682,950	0	192.05
192.06 19205 VNA OF CENTRAL IL	0	24,387	0	24,387	0	192.06
192.07 19206 GAMBRO	0	0	0	0	0	192.07
192.08 19208 FOUNDATION	0	121,871	0	121,871	0	192.08
192.09 19207 SIU MAP PROGRAM	0	0	0	0	0	192.09
192.10 19209 AUDIOLOGY	3,415	31,684	0	35,099	59	192.10
192.11 19210 SOUTH6TH AND N. DIRKSON RADIOLOGY	49,758	0	0	49,758	626	192.11
192.12 19212 SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
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)	21,402,354	31,285,717	0	52,688,071	335,608	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0148	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/27/2019 10:50 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	9,879,793				5.00
6.00	00600	MAINTENANCE & REPAIRS	602,376	4,706,781			6.00
7.00	00700	OPERATION OF PLANT	0	0	0		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	84,265	23,393	0	244,157	8.00
9.00	00900	HOUSEKEEPING	186,478	78,969	0	0	690,422
10.00	01000	DIETARY	58,019	35,479	0	0	5,320
11.00	01100	CAFETERIA	61,549	98,771	0	0	14,811
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	72,260	22,919	0	0	3,437
14.00	01400	CENTRAL SERVICES & SUPPLY	119,592	86,729	0	1,217	13,005
15.00	01500	PHARMACY	276,014	32,471	0	538	4,869
16.00	01600	MEDICAL RECORDS & LIBRARY	150,771	66,638	0	0	9,992
17.00	01700	SOCIAL SERVICE	25,524	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	229,911	31,529	0	828	4,728
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	32,263	0	0	0	0
23.00	02300	PARAMED ED PRGM-(EMS)	59,685	0	0	0	0
23.01	02301	PARAMED ED PRGM-(PHARMACY)	7,716	1,193	0	0	179
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	1,240,261	1,249,699	0	119,471	187,387
31.00	03100	INTENSIVE CARE UNIT	281,091	175,103	0	21,807	26,256
33.00	03300	BURN INTENSIVE CARE UNIT	49,519	40,204	0	6,546	6,028
40.00	04000	SUBPROVIDER - IPF	152,987	138,152	0	3,640	20,716
41.00	04100	SUBPROVIDER - IRF	59,685	41,926	0	8,628	6,287
43.00	04300	NURSERY	27,718	10,626	0	3,123	1,593
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,100,828	460,829	0	20,202	69,100
52.00	05200	DELIVERY ROOM & LABOR ROOM	71,454	10,686	0	7,461	1,602
53.00	05300	ANESTHESIOLOGY	113,509	26,957	0	502	4,042
54.00	05400	RADIOLOGY-DIAGNOSTIC	471,159	273,623	0	12,369	41,029
55.00	05500	RADIOLOGY-THERAPEUTIC	113,924	73,525	0	2,671	11,025
57.00	05700	CT SCAN	91,576	24,374	0	3,584	3,655
58.00	05800	MRI	42,967	13,051	0	625	1,957
60.00	06000	LABORATORY	615,154	267,858	0	0	40,165
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	83,983	0	0	408	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	143,191	44,530	0	718	6,677
66.00	06600	PHYSICAL THERAPY	253,718	64,338	0	2,121	9,647
67.00	06700	OCCUPATIONAL THERAPY	54,683	25,437	0	0	3,814
68.00	06800	SPEECH PATHOLOGY	25,124	6,773	0	0	1,016
69.00	06900	ELECTROCARDIOLOGY	446,968	81,879	0	1,607	12,278
69.01	03340	GI UNIT	108,388	30,564	0	275	4,583
69.02	03650	VASCULAR LAB	40,287	22,412	0	0	3,361
70.00	07000	ELECTROENCEPHALOGRAPHY	27,703	7,754	0	1,095	1,163
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	51,267	3,231	0	0	485
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	797,762	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	656,540	0	0	0	0
73.01	03640	RENAL TXPLANT LAB	11,427	5,504	0	0	825
74.00	07400	RENAL DIALYSIS	43,573	29,186	0	1,844	4,376
75.00	07500	ASC (NON-DISTINCT PART)	138,378	91,137	0	3,267	13,666
76.97	07697	CARDIAC REHABILITATION	38,226	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	488,009	118,960	0	15,379	17,838
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	31,200	3,956	0	0	593
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,779,533	3,820,365	0	239,926	557,505
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	963	6,904	0	0	1,035
192.00	19200	PHYSICIANS' PRIVATE OFFICES	10,624	69,308	0	0	10,393
192.01	19201	SU SCHOOL OF MEDICINE	46,751	343,078	0	1,460	51,444
192.03	19202	UNIVERSITY BUILDING (MHCCI)	5,472	16,369	0	2,771	2,455

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet B  
Part II  
Date/Time Prepared:  
2/27/2019 10:50 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	
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	16,361	119,336	0	0	17,894	192.05
192.06	19205	VNA OF CENTRAL IL	587	39,092	0	0	5,862	192.06
192.07	19206	GAMBRO	0	101,648	0	0	15,242	192.07
192.08	19208	FOUNDATION	2,920	21,295	0	0	3,193	192.08
192.09	19207	SIU MAP PROGRAM	145	163,850	0	0	24,569	192.09
192.10	19209	AUDIOLOGY	2,758	5,536	0	0	830	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	13,679	0	0	0	0	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
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)	9,879,793	4,706,781	0	244,157	690,422	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0148		Period: From 10/01/2017 To 09/30/2018		Worksheet B Part II Date/Time Prepared: 2/27/2019 10:50 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	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	322,531					10.00
11.00	01100	CAFETERIA	0	806,708				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	9,370	0	267,314		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	20,918	0	0	1,088,801	14.00
15.00	01500	PHARMACY	0	25,637	0	0	1,641	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	26,490	0	0	1	16.00
17.00	01700	SOCIAL SERVICE	0	3,465	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	48,831	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	81	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	0	884	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	220,372	171,221	0	92,603	29,528	30.00
31.00	03100	INTENSIVE CARE UNIT	13,844	35,925	0	19,430	12,681	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	3,195	6,609	0	3,574	2,451	33.00
40.00	04000	SUBPROVIDER - I PF	29,431	22,101	0	11,953	633	40.00
41.00	04100	SUBPROVIDER - I RF	18,682	9,712	0	5,253	951	41.00
43.00	04300	NURSERY	8,815	3,804	0	2,057	1,437	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,215	78,318	0	42,358	493,946	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,083	0	4,913	3,433	52.00
53.00	05300	ANESTHESIOLOGY	0	4,470	0	2,418	20,761	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	44,887	0	24,277	68,057	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	51	6,817	0	0	2,239	55.00
57.00	05700	CT SCAN	0	7,315	0	0	5,913	57.00
58.00	05800	MRI	0	3,953	0	0	856	58.00
60.00	06000	LABORATORY	872	60,887	0	0	117,108	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	2,521	0	0	3,278	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	19,455	0	0	7,831	65.00
66.00	06600	PHYSICAL THERAPY	1	31,773	0	0	1,447	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,938	0	0	108	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,802	0	0	125	68.00
69.00	06900	ELECTROCARDIOLOGY	25	28,361	0	15,339	209,809	69.00
69.01	03340	GI UNIT	39	8,062	0	4,360	15,713	69.01
69.02	03650	VASCULAR LAB	0	3,144	0	1,700	5,903	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,362	0	0	897	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,370	0	741	17,573	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	0	872	0	0	2,137	73.01
74.00	07400	RENAL DIALYSIS	649	4,700	0	2,458	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	35	11,331	0	6,128	43,218	75.00
76.97	07697	CARDIAC REHABILITATION	0	5,198	0	2,812	392	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	6,125	46,113	0	24,940	18,374	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	1,276	0	0	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	306,351	779,056	0	267,314	1,088,441	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	93	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SU SCHOOL OF MEDICINE	0	0	0	0	0	192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet B  
Part II  
Date/Time Prepared:  
2/27/2019 10:50 am

Cost Center Description			DI ETARY	CAFETERIA	MAI NTENANCE OF PERSONNEL	NURSING ADMINI STRATION	CENTRAL SERVI CES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	405	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	16,180	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	15,972	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	9,065	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	0	192.09
192.10	19209	AUDIOLOGY	0	156	0	0	345	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	1,961	0	0	15	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
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)	322,531	806,708	0	267,314	1,088,801	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0148		Period: From 10/01/2017 To 09/30/2018		Worksheet B Part II Date/Time Prepared: 2/27/2019 10:50 am	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
<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	1,583,610					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	762,826				16.00
17.00	01700	SOCIAL SERVICE	0	0	30,212			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0		23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	0	0	0	0		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	10,565	525,970	20,843			30.00
31.00	03100	INTENSIVE CARE UNIT	3,441	13,502	471			31.00
33.00	03300	BURN INTENSIVE CARE UNIT	568	5,797	651			33.00
40.00	04000	SUBPROVIDER - I PF	204	55,229	3,705			40.00
41.00	04100	SUBPROVIDER - IRF	118	32,115	536			41.00
43.00	04300	NURSERY	244	4,577	0			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	5,357	16,782	0			50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	582	0	121			52.00
53.00	05300	ANESTHESIOLOGY	5,576	4,119	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,227	12,815	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	129	7,323	158			55.00
57.00	05700	CT SCAN	1,822	18,308	0			57.00
58.00	05800	MRI	132	4,424	0			58.00
60.00	06000	LABORATORY	458	15,714	0			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	458	0			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0			62.30
65.00	06500	RESPIRATORY THERAPY	2,876	2,060	0			65.00
66.00	06600	PHYSICAL THERAPY	16	3,051	108			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	76	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0			68.00
69.00	06900	ELECTROCARDIOLOGY	2,888	16,248	0			69.00
69.01	03340	GI UNIT	1,320	3,204	3,470			69.01
69.02	03650	VASCULAR LAB	18	534	0			69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	3	76	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	153	0			71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,539,267	0	0			73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0			73.01
74.00	07400	RENAL DIALYSIS	681	0	0			74.00
75.00	07500	ASC (NON-DISTINCT PART)	931	6,255	0			75.00
76.97	07697	CARDIAC REHABILITATION	13	381	0			76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0			76.98
76.99	07699	LI THOTRI PSY	0	0	0			76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	5,090	13,655	149			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0			94.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	84	0	0			105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,583,610	762,826	30,212	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	SCHOOL OF MEDICINE	0	0	0			192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet B  
Part II  
Date/Time Prepared:  
2/27/2019 10:50 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0			192.03
192.04	19203	MEALS ON WHEELS	0	0	0			192.04
192.05	19204	ACS HOME CARE	0	0	0			192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0			192.06
192.07	19206	GAMBRO	0	0	0			192.07
192.08	19208	FOUNDATION	0	0	0			192.08
192.09	19207	SIU MAP PROGRAM	0	0	0			192.09
192.10	19209	AUDIOLOGY	0	0	0			192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	0			192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0			192.12
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,583,610	762,826	30,212	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet B  
Part II  
Date/Time Prepared:  
2/27/2019 10:50 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM-(EMS)	PARAMED ED PRGM-(PHARMACY)	Subtotal
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
	21.00	22.00			
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
12.00 01200	MAINTENANCE OF PERSONNEL				12.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000	NURSING SCHOOL				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	507,090			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		32,263		22.00
23.00 02300	PARAMED ED PRGM-(EMS)			648	23.00
23.01 02301	PARAMED ED PRGM-(PHARMACY)			17,220	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS				13,180,546
31.00 03100	INTENSIVE CARE UNIT				1,785,506
33.00 03300	BURN INTENSIVE CARE UNIT				369,892
40.00 04000	SUBPROVIDER - IPF				1,258,156
41.00 04100	SUBPROVIDER - IRF				439,766
43.00 04300	NURSERY				145,819
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM				8,847,212
52.00 05200	DELIVERY ROOM & LABOR ROOM				207,805
53.00 05300	ANESTHESIOLOGY				1,272,591
54.00 05400	RADIOLOGY-DIAGNOSTIC				3,760,582
55.00 05500	RADIOLOGY-THERAPEUTIC				1,688,647
57.00 05700	CT SCAN				1,065,750
58.00 05800	MRI				405,552
60.00 06000	LABORATORY				3,410,496
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL				113,187
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS				0
65.00 06500	RESPIRATORY THERAPY				626,928
66.00 06600	PHYSICAL THERAPY				982,697
67.00 06700	OCCUPATIONAL THERAPY				247,585
68.00 06800	SPEECH PATHOLOGY				77,583
69.00 06900	ELECTROCARDIOLOGY				1,964,660
69.01 03340	GI UNIT				1,059,249
69.02 03650	VASCULAR LAB				280,322
70.00 07000	ELECTROENCEPHALOGRAPHY				187,891
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT				102,542
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS				797,762
73.00 07300	DRUGS CHARGED TO PATIENTS				2,195,922
73.01 03640	RENAL TXPLANT LAB				68,347
74.00 07400	RENAL DIALYSIS				295,530
75.00 07500	ASC (NON-DISTINCT PART)				833,190
76.97 07697	CARDIAC REHABILITATION				62,954
76.98 07698	HYPERBARIC OXYGEN THERAPY				0
76.99 07699	LITHOTRIPSY				0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00 09100	EMERGENCY				1,723,311
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00 09400	HOME PROGRAM DIALYSIS				0
<b>SPECIAL PURPOSE COST CENTERS</b>					
105.00 10500	KIDNEY ACQUISITION				60,206
109.00 10900	PANCREAS ACQUISITION				0
113.00 11300	INTEREST EXPENSE				
118.00 11800	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	49,518,186
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				48,506

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet B  
Part II  
Date/Time Prepared:  
2/27/2019 10:50 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM- (EMS)	PARAMED ED PRGM- (PHARMACY )	Subtotal	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
192.00	19200	PHYSICIANS' PRIVATE OFFICES					486,998	192.00
192.01	19201	SIU SCHOOL OF MEDICINE					442,733	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)					121,186	192.03
192.04	19203	MEALS ON WHEELS					16,180	192.04
192.05	19204	ACS HOME CARE					852,513	192.05
192.06	19205	VNA OF CENTRAL IL					78,993	192.06
192.07	19206	GAMBRO					116,890	192.07
192.08	19208	FOUNDATION					149,279	192.08
192.09	19207	SIU MAP PROGRAM					188,564	192.09
192.10	19209	AUDIOLOGY					44,783	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY					66,039	192.11
192.12	19212	SIU RADIOLOGY PROGRAM					0	192.12
200.00		Cross Foot Adjustments	507,090	32,263	648	17,220	557,221	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	507,090	32,263	648	17,220	52,688,071	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0148	Period: From 10/01/2017 To 09/30/2018	Worksheet B Part II Date/Time Prepared: 2/27/2019 10:50 am
Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMED ED PRGM-(EMS)			23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)			23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	0	13,180,546	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,785,506	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	369,892	33.00
40.00	04000	SUBPROVIDER - I PF	0	1,258,156	40.00
41.00	04100	SUBPROVIDER - I RF	0	439,766	41.00
43.00	04300	NURSERY	0	145,819	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	8,847,212	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	207,805	52.00
53.00	05300	ANESTHESIOLOGY	0	1,272,591	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,760,582	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,688,647	55.00
57.00	05700	CT SCAN	0	1,065,750	57.00
58.00	05800	MRI	0	405,552	58.00
60.00	06000	LABORATORY	0	3,410,496	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	113,187	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	626,928	65.00
66.00	06600	PHYSICAL THERAPY	0	982,697	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	247,585	67.00
68.00	06800	SPEECH PATHOLOGY	0	77,583	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,964,660	69.00
69.01	03340	GI UNIT	0	1,059,249	69.01
69.02	03650	VASCULAR LAB	0	280,322	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	187,891	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	102,542	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	797,762	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,195,922	73.00
73.01	03640	RENAL TXPLANT LAB	0	68,347	73.01
74.00	07400	RENAL DIALYSIS	0	295,530	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	833,190	75.00
76.97	07697	CARDIAC REHABILITATION	0	62,954	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0	1,723,311	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
105.00	10500	KIDNEY ACQUISITION	0	60,206	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	49,518,186	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	48,506	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet B  
Part II  
Date/Time Prepared:  
2/27/2019 10:50 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	486,998	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	442,733	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	121,186	192.03
192.04	19203	MEALS ON WHEELS	0	16,180	192.04
192.05	19204	ACS HOME CARE	0	852,513	192.05
192.06	19205	VNA OF CENTRAL IL	0	78,993	192.06
192.07	19206	GAMBRO	0	116,890	192.07
192.08	19208	FOUNDATION	0	149,279	192.08
192.09	19207	SIU MAP PROGRAM	0	188,564	192.09
192.10	19209	AUDIOLOGY	0	44,783	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	66,039	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	192.12
200.00		Cross Foot Adjustments	0	557,221	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	52,688,071	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet B-1

Date/Time Prepared:  
2/27/2019 10:50 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,003,232	0			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		0			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	9,604	0	190,408,261		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	159,543	0	26,680,597	-96,534,571	5.00
6.00 00600	MAINTENANCE & REPAIRS	120,974	0	6,150,650	0	6.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	4,293	0	127,113	0	8.00
9.00 00900	HOUSEKEEPING	12,104	0	4,518,323	0	9.00
10.00 01000	DIETARY	6,511	0	1,208,716	0	10.00
11.00 01100	CAFETERIA	18,126	0	2,863,774	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	4,206	0	2,561,321	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	15,916	0	2,246,294	0	14.00
15.00 01500	PHARMACY	5,959	0	7,548,104	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	12,229	0	3,630,983	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	693,718	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	5,786	0	6,141,396	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED PRGM-(EMS)	0	0	17,678	0	23.00
23.01 02301	PARAMED PRGM-(PHARMACY)	219	0	237,392	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	229,338	0	29,567,859	0	30.00
31.00 03100	INTENSIVE CARE UNIT	32,134	0	7,271,861	0	31.00
33.00 03300	BURN INTENSIVE CARE UNIT	7,378	0	1,267,404	0	33.00
40.00 04000	SUBPROVIDER - IPF	25,353	0	4,247,241	0	40.00
41.00 04100	SUBPROVIDER - IRF	7,694	0	1,700,005	0	41.00
43.00 04300	NURSERY	1,950	0	843,155	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	84,569	0	16,416,956	0	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,961	0	1,928,528	0	52.00
53.00 05300	ANESTHESIOLOGY	4,947	0	1,217,735	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	40,256	0	8,195,644	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	13,493	0	1,912,127	0	55.00
57.00 05700	CT SCAN	3,404	0	1,183,170	0	57.00
58.00 05800	MRI	782	0	649,720	0	58.00
60.00 06000	LABORATORY	48,330	0	9,427,167	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	548,712	0	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	8,172	0	3,652,273	0	65.00
66.00 06600	PHYSICAL THERAPY	11,807	0	7,807,839	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	4,668	0	1,671,957	0	67.00
68.00 06800	SPEECH PATHOLOGY	1,243	0	789,849	0	68.00
69.00 06900	ELECTROCARDIOLOGY	15,026	0	6,412,626	0	69.00
69.01 03340	GI UNIT	5,609	0	1,713,198	0	69.01
69.02 03650	VASCULAR LAB	4,113	0	776,529	0	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	1,423	0	703,477	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	593	0	451,827	0	71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	65,177	0	73.00
73.01 03640	RENAL TXPLANT LAB	1,010	0	190,898	0	73.01
74.00 07400	RENAL DIALYSIS	5,356	0	1,224,094	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	2,347,574	0	75.00
76.97 07697	CARDIAC REHABILITATION	0	0	1,193,809	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	21,831	0	9,718,800	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500	KIDNEY ACQUISITION	726	0	259,324	0	105.00
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	958,636	0	189,982,594	-96,534,571	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet B-1

Date/Time Prepared:  
2/27/2019 10:50 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5A
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,267	0	157	0	40,204	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,719	0	18,047	0	443,461	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	1,951,550	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	3,004	0	19,089	0	228,428	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	21,900	0	0	0	682,950	192.05
192.06	19205	VNA OF CENTRAL IL	782	0	0	0	24,496	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	3,908	0	0	0	121,871	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	6,064	192.09
192.10	19209	AUDIOLOGY	1,016	0	33,324	0	115,108	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	355,050	0	571,014	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
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)	31,285,717	0	35,874,970		96,534,571	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	31.184927	0.000000	0.188411		0.234070	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			335,608		9,879,793	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001763		0.023956	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: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet B-1

Date/Time Prepared:  
2/27/2019 10:50 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)		
		6.00	7.00	8.00	9.00	10.00		
<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	863,765				6.00	
7.00	00700	OPERATION OF PLANT	0	0			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	4,293	0	2,410,045		8.00	
9.00	00900	HOUSEKEEPING	14,492	0	0	844,980	9.00	
10.00	01000	DIETARY	6,511	0	0	6,511	376,608	10.00
11.00	01100	CAFETERIA	18,126	0	0	18,126	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,206	0	0	4,206	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,916	0	12,010	15,916	0	14.00
15.00	01500	PHARMACY	5,959	0	5,313	5,959	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,229	0	0	12,229	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	5,786	0	8,174	5,786	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	219	0	0	219	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	229,338	0	1,179,314	229,338	257,321	30.00
31.00	03100	INTENSIVE CARE UNIT	32,134	0	215,250	32,134	16,165	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	7,378	0	64,614	7,378	3,731	33.00
40.00	04000	SUBPROVIDER - I PF	25,353	0	35,931	25,353	34,366	40.00
41.00	04100	SUBPROVIDER - I RF	7,694	0	85,166	7,694	21,814	41.00
43.00	04300	NURSERY	1,950	0	30,824	1,950	10,293	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	84,569	0	199,414	84,569	4,922	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,961	0	73,642	1,961	0	52.00
53.00	05300	ANESTHESIOLOGY	4,947	0	4,952	4,947	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,214	0	122,091	50,214	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,493	0	26,364	13,493	59	55.00
57.00	05700	CT SCAN	4,473	0	35,381	4,473	0	57.00
58.00	05800	MRI	2,395	0	6,169	2,395	0	58.00
60.00	06000	LABORATORY	49,156	0	0	49,156	1,018	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	4,028	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	8,172	0	7,090	8,172	0	65.00
66.00	06600	PHYSICAL THERAPY	11,807	0	20,932	11,807	1	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,668	0	0	4,668	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,243	0	0	1,243	0	68.00
69.00	06900	ELECTROCARDIOLOGY	15,026	0	15,859	15,026	29	69.00
69.01	03340	GI UNIT	5,609	0	2,714	5,609	45	69.01
69.02	03650	VASCULAR LAB	4,113	0	0	4,113	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	1,423	0	10,805	1,423	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	593	0	0	593	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	1,010	0	0	1,010	0	73.01
74.00	07400	RENAL DIALYSIS	5,356	0	18,198	5,356	758	74.00
75.00	07500	ASC (NON-DISTINCT PART)	16,725	0	32,245	16,725	41	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	21,831	0	151,800	21,831	7,152	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	726	0	0	726	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	701,094	0	2,368,280	682,309	357,715	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,267	0	0	1,267	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,719	0	0	12,719	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet B-1

Date/Time Prepared:  
2/27/2019 10:50 am

Cost Center Description		MAINTENANCE & REPAIRS (SQ. FEET)	OPERATION OF PLANT (SQ. FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQ. FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
192.01	19201 SIU SCHOOL OF MEDICINE	62,960	0	14,409	62,960	0	192.01
192.03	19202 UNIVERSITY BUILDING (MHCCI)	3,004	0	27,356	3,004	0	192.03
192.04	19203 MEALS ON WHEELS	0	0	0	0	18,893	192.04
192.05	19204 ACS HOME CARE	21,900	0	0	21,900	0	192.05
192.06	19205 VNA OF CENTRAL IL	7,174	0	0	7,174	0	192.06
192.07	19206 GAMBRO	18,654	0	0	18,654	0	192.07
192.08	19208 FOUNDATION	3,908	0	0	3,908	0	192.08
192.09	19207 SIU MAP PROGRAM	30,069	0	0	30,069	0	192.09
192.10	19209 AUDIOLOGY	1,016	0	0	1,016	0	192.10
192.11	19210 SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	0	0	0	192.11
192.12	19212 SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
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)	31,030,836	0	4,495,054	10,126,851	3,300,726	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	35.925091	0.000000	1.865133	11.984723	8.764354	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	4,706,781	0	244,157	690,422	322,531	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	5.449145	0.000000	0.101308	0.817087	0.856410	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: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet B-1

Date/Time Prepared:  
2/27/2019 10:50 am

Cost Center Description		CAFETERIA (FTE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
<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	259,157					11.00
12.00	01200	0	0				12.00
13.00	01300	3,010	0	158,781			13.00
14.00	01400	6,720	0	0	79,618,467		14.00
15.00	01500	8,236	0	0	119,994	28,334,668	15.00
16.00	01600	8,510	0	0	81	0	16.00
17.00	01700	1,113	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	15,687	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	26	0	0	0	0	23.00
23.01	02301	284	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	55,006	0	55,006	2,159,259	189,027	30.00
31.00	03100	11,541	0	11,541	927,289	61,575	31.00
33.00	03300	2,123	0	2,123	179,268	10,163	33.00
40.00	04000	7,100	0	7,100	46,255	3,658	40.00
41.00	04100	3,120	0	3,120	69,541	2,103	41.00
43.00	04300	1,222	0	1,222	105,068	4,361	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	25,160	0	25,160	36,119,314	95,844	50.00
52.00	05200	2,918	0	2,918	251,020	10,421	52.00
53.00	05300	1,436	0	1,436	1,518,188	99,775	53.00
54.00	05400	14,420	0	14,420	4,976,720	21,950	54.00
55.00	05500	2,190	0	0	163,765	2,315	55.00
57.00	05700	2,350	0	0	432,369	32,607	57.00
58.00	05800	1,270	0	0	62,624	2,361	58.00
60.00	06000	19,560	0	0	8,563,624	8,194	60.00
62.00	06200	810	0	0	239,671	3	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	6,250	0	0	572,623	51,460	65.00
66.00	06600	10,207	0	0	105,794	285	66.00
67.00	06700	2,550	0	0	7,870	0	67.00
68.00	06800	900	0	0	9,112	0	68.00
69.00	06900	9,111	0	9,111	15,342,534	51,682	69.00
69.01	03340	2,590	0	2,590	1,149,020	23,621	69.01
69.02	03650	1,010	0	1,010	431,639	328	69.02
70.00	07000	1,080	0	0	65,585	60	70.00
71.00	07100	440	0	440	1,285,019	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	27,541,224	73.00
73.01	03640	280	0	0	156,242	0	73.01
74.00	07400	1,510	0	1,460	0	12,184	74.00
75.00	07500	3,640	0	3,640	3,160,330	16,666	75.00
76.97	07697	1,670	0	1,670	28,669	234	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	14,814	0	14,814	1,343,605	91,067	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	0	0	0	0	0	94.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	410	0	0	0	1,500	105.00
109.00	10900	0	0	0	0	0	109.00
113.00	11300						113.00
118.00		250,274	0	158,781	79,592,092	28,334,668	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	30	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet B-1

Date/Time Prepared:  
2/27/2019 10:50 am

Cost Center Description			CAFETERIA (FTE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	0	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	130	0	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	5,131	0	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	2,912	0	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	0	192.09
192.10	19209	AUDIOLOGY	50	0	0	25,244	0	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	630	0	0	1,131	0	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	0	192.12
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,039,062	0	3,970,814	7,050,312	14,652,970	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.585386	0.000000	25.008118	0.088551	0.517139	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	806,708	0	267,314	1,088,801	1,583,610	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.112816	0.000000	1.683539	0.013675	0.055889	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: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet B-1

Date/Time Prepared:  
2/27/2019 10:50 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (ASSIGNED TIME)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
<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	10,000					16.00
17.00 01700 SOCIAL SERVICE	0	9,752				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0			10,000	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00 02300 PARAMED ED PRGM-(EMS)	0	0				23.00
23.01 02301 PARAMED ED PRGM-(PHARMACY)	0	0				23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	6,895	6,728	0	0	4,333	30.00
31.00 03100 INTENSIVE CARE UNIT	177	152	0	0	0	31.00
33.00 03300 BURN INTENSIVE CARE UNIT	76	210	0	0	0	33.00
40.00 04000 SUBPROVIDER - IPF	724	1,196	0	0	701	40.00
41.00 04100 SUBPROVIDER - IRF	421	173	0	0	21	41.00
43.00 04300 NURSERY	60	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	220	0	0	0	2,534	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	39	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	54	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	168	0	0	0	504	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	96	51	0	0	0	55.00
57.00 05700 CT SCAN	240	0	0	0	0	57.00
58.00 05800 MRI	58	0	0	0	0	58.00
60.00 06000 LABORATORY	206	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	6	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	27	0	0	0	77	65.00
66.00 06600 PHYSICAL THERAPY	40	35	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	1	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	213	0	0	0	0	69.00
69.01 03340 GI UNIT	42	1,120	0	0	0	69.01
69.02 03650 VASCULAR LAB	7	0	0	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	1	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2	0	0	0	0	71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01 03640 RENAL TXPLANT LAB	0	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	82	0	0	0	0	75.00
76.97 07697 CARDIAC REHABILITATION	5	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	179	48	0	0	621	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	10,000	9,752	0	0	8,791	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet B-1

Date/Time Prepared:  
2/27/2019 10:50 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (ASSIGNED TIME)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)		
	16.00	17.00	19.00	20.00	21.00		
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	1,209	192.09
192.10	19209	AUDIOLOGY	0	0	0	0	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	0	0	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	0	192.12
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)	8,485,328	1,332,176	0	12,380,588	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	848.532800	136.605414	0.000000	1,238.058800	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	762,826	30,212	0	507,090	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	76.282600	3.098031	0.000000	50.709000	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: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet B-1  
Date/Time Prepared:  
2/27/2019 10:50 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-(EMS) (ASSIGNED TIME)	PARAMED PRGM-(PHARMACY) (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	22.00	23.00	23.01	
<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
19.00 01900 NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000 NURSING SCHOOL				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	10,000			22.00
23.00 02300 PARAMED PRGM-(EMS)		100		23.00
23.01 02301 PARAMED PRGM-(PHARMACY)			100	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 03000 ADULTS & PEDIATRICS	4,333	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	31.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	33.00
40.00 04000 SUBPROVIDER - IPF	701	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	21	0	0	41.00
43.00 04300 NURSERY	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	2,534	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	504	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MRI	0	0	0	58.00
60.00 06000 LABORATORY	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	77	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01 03340 GI UNIT	0	0	0	69.01
69.02 03650 VASCULAR LAB	0	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	100	73.00
73.01 03640 RENAL TXPLANT LAB	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00 09100 EMERGENCY	621	100	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00 10500 KIDNEY ACQUISITION	0	0	0	105.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	109.00
113.00 11300 INTEREST EXPENSE				113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	8,791	100	100	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet B-1  
Date/Time Prepared:  
2/27/2019 10:50 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM- (EMS) (ASSIGNED TIME)	PARAMED PRGM- (PHARMACY) (ASSIGNED TIME)			
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)					
	22.00					
<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	SIU SCHOOL OF MEDICINE	0	0	0	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	1,209	0	0	192.09
192.10	19209	AUDIOLOGY	0	0	0	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	0	192.11
192.12	19212	SIU RADIOLOGY PROGRAM	0	0	0	192.12
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)	1,662,022	28,000	412,417	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	166.202200	280.000000	4,124.170000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	32,263	648	17,220	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.226300	6.480000	172.200000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet C  
Part I  
Date/Time Prepared:  
2/27/2019 10:50 am

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS		88,629,658	158,398	88,788,056	30.00
31.00	03100	INTENSIVE CARE UNIT		17,316,192	142,034	17,458,226	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		3,258,105	58,579	3,316,684	33.00
40.00	04000	SUBPROVIDER - I PF		10,535,773	4,752	10,540,525	40.00
41.00	04100	SUBPROVIDER - I RF		4,308,036	624	4,308,660	41.00
43.00	04300	NURSERY		1,781,074	14,372	1,795,446	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM		65,630,816	126,880	65,757,696	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		4,063,606	0	4,063,606	52.00
53.00	05300	ANESTHESIOLOGY		6,383,697	29,960	6,413,657	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		28,084,710	95,396	28,180,106	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		6,703,102	1,462	6,704,564	55.00
57.00	05700	CT SCAN		5,293,154	0	5,293,154	57.00
58.00	05800	MRI		2,415,430	0	2,415,430	58.00
60.00	06000	LABORATORY		35,295,232	335,645	35,630,877	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		4,372,758	0	4,372,758	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	7,978,705	70,964	8,049,669	65.00
66.00	06600	PHYSICAL THERAPY	0	13,882,060	165,653	14,047,713	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,081,888	0	3,081,888	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,368,605	0	1,368,605	68.00
69.00	06900	ELECTROCARDIOLOGY		25,710,732	76,257	25,786,989	69.00
69.01	03340	GI UNIT		6,265,396	19,065	6,284,461	69.01
69.02	03650	VASCULAR LAB		2,357,717	16,959	2,374,676	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY		1,538,962	67,075	1,606,037	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		2,802,739	0	2,802,739	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS		41,095,937	0	41,095,937	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		48,476,075	0	48,476,075	73.00
73.01	03640	RENAL TXPLANT LAB		655,248	9,784	665,032	73.01
74.00	07400	RENAL DIALYSIS		2,608,146	11,142	2,619,288	74.00
75.00	07500	ASC (NON-DISTINCT PART)		8,495,999	0	8,495,999	75.00
76.97	07697	CARDIAC REHABILITATION		2,043,854	38,511	2,082,365	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	76.98
76.99	07699	LITHOTRIpsy		0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY		27,484,904	67,216	27,552,120	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		1,575,239	0	1,575,239	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION		1,649,172	0	1,649,172	105.00
109.00	10900	PANCREAS ACQUISITION		0	0	0	109.00
113.00	11300	INTEREST EXPENSE		0	0	0	113.00
200.00		Subtotal (see instructions)	0	483,142,721	1,510,728	484,653,449	200.00
201.00		Less Observation Beds		1,575,239	0	1,575,239	201.00
202.00		Total (see instructions)	0	481,567,482	1,510,728	483,078,210	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet C  
Part I  
Date/Time Prepared:  
2/27/2019 10:50 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	134,224,071		134,224,071		30.00
31.00	03100	INTENSIVE CARE UNIT	36,898,925		36,898,925		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	6,217,887		6,217,887		33.00
40.00	04000	SUBPROVIDER - I/PF	21,930,088		21,930,088		40.00
41.00	04100	SUBPROVIDER - I/RF	7,593,488		7,593,488		41.00
43.00	04300	NURSERY	4,806,721		4,806,721		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	189,635,229	123,801,482	313,436,711	0.209391	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,153,586	158,595	11,312,181	0.359224	52.00
53.00	05300	ANESTHESIOLOGY	22,939,021	30,457,980	53,397,001	0.119552	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,019,051	94,553,793	139,572,844	0.201219	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,394,575	53,825,984	57,220,559	0.117145	55.00
57.00	05700	CT SCAN	75,099,013	134,987,570	210,086,583	0.025195	57.00
58.00	05800	MRI	14,007,434	32,847,950	46,855,384	0.051551	58.00
60.00	06000	LABORATORY	89,460,026	115,540,772	205,000,798	0.172171	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	11,125,418	3,593,889	14,719,307	0.297076	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	56,907,828	15,188,209	72,096,037	0.110668	65.00
66.00	06600	PHYSICAL THERAPY	14,779,842	22,651,734	37,431,576	0.370865	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,262,844	424,596	11,687,440	0.263692	67.00
68.00	06800	SPEECH PATHOLOGY	3,620,849	60,787	3,681,636	0.371738	68.00
69.00	06900	ELECTROCARDIOLOGY	91,343,692	119,960,082	211,303,774	0.121677	69.00
69.01	03340	GI UNIT	6,740,547	23,882,403	30,622,950	0.204598	69.01
69.02	03650	VASCULAR LAB	11,088,817	3,967,111	15,055,928	0.156597	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	4,248,176	822,533	5,070,709	0.303500	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,242,817	1,066,917	9,309,734	0.301055	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	133,856,255	73,253,715	207,109,970	0.198426	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	115,121,317	85,850,124	200,971,441	0.241209	73.00
73.01	03640	RENAL TXPLANT LAB	15,303	440,584	455,887	1.437304	73.01
74.00	07400	RENAL DIALYSIS	10,380,191	3,018,581	13,398,772	0.194656	74.00
75.00	07500	ASC (NON-DISTINCT PART)	729,726	46,243,630	46,973,356	0.180868	75.00
76.97	07697	CARDIAC REHABILITATION	2,704,455	2,864,108	5,568,563	0.367034	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	46,100,870	84,322,449	130,423,319	0.210736	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	578,076	2,765,466	3,343,542	0.471129	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	1,191,226,138	1,076,551,044	2,267,777,182		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,191,226,138	1,076,551,044	2,267,777,182		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0148	Period: From 10/01/2017 To 09/30/2018	Worksheet C Part I Date/Time Prepared: 2/27/2019 10:50 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.209796		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.359224		52.00
53.00	05300 ANESTHESIOLOGY	0.120113		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.201902		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.117171		55.00
57.00	05700 CT SCAN	0.025195		57.00
58.00	05800 MRI	0.051551		58.00
60.00	06000 LABORATORY	0.173808		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.297076		62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	0.111652		65.00
66.00	06600 PHYSICAL THERAPY	0.375290		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.263692		67.00
68.00	06800 SPEECH PATHOLOGY	0.371738		68.00
69.00	06900 ELECTROCARDIOLOGY	0.122038		69.00
69.01	03340 GI UNIT	0.205221		69.01
69.02	03650 VASCULAR LAB	0.157724		69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.316728		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.301055		71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.198426		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.241209		73.00
73.01	03640 RENAL TXPLANT LAB	1.458765		73.01
74.00	07400 RENAL DIALYSIS	0.195487		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.180868		75.00
76.97	07697 CARDIAC REHABILITATION	0.373950		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100 EMERGENCY	0.211251		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.471129		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	10500 KIDNEY ACQUISITION			105.00
109.00	10900 PANCREAS ACQUISITION			109.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet C  
Part I  
Date/Time Prepared:  
2/27/2019 10:50 am

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		88,629,658	158,398	88,788,056	30.00
31.00	03100 INTENSIVE CARE UNIT		17,316,192	142,034	17,458,226	31.00
33.00	03300 BURN INTENSIVE CARE UNIT		3,258,105	58,579	3,316,684	33.00
40.00	04000 SUBPROVIDER - I PF		10,535,773	4,752	10,540,525	40.00
41.00	04100 SUBPROVIDER - I RF		4,308,036	624	4,308,660	41.00
43.00	04300 NURSERY		1,781,074	14,372	1,795,446	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		65,630,816	126,880	65,757,696	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		4,063,606	0	4,063,606	52.00
53.00	05300 ANESTHESIOLOGY		6,383,697	29,960	6,413,657	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		28,084,710	95,396	28,180,106	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		6,703,102	1,462	6,704,564	55.00
57.00	05700 CT SCAN		5,293,154	0	5,293,154	57.00
58.00	05800 MRI		2,415,430	0	2,415,430	58.00
60.00	06000 LABORATORY		35,295,232	335,645	35,630,877	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		4,372,758	0	4,372,758	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	7,978,705	70,964	8,049,669	65.00
66.00	06600 PHYSICAL THERAPY	0	13,882,060	165,653	14,047,713	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,081,888	0	3,081,888	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,368,605	0	1,368,605	68.00
69.00	06900 ELECTROCARDIOLOGY		25,710,732	76,257	25,786,989	69.00
69.01	03340 GI UNIT		6,265,396	19,065	6,284,461	69.01
69.02	03650 VASCULAR LAB		2,357,717	16,959	2,374,676	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY		1,538,962	67,075	1,606,037	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		2,802,739	0	2,802,739	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS		41,095,937	0	41,095,937	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		48,476,075	0	48,476,075	73.00
73.01	03640 RENAL TXPLANT LAB		655,248	9,784	665,032	73.01
74.00	07400 RENAL DIALYSIS		2,608,146	11,142	2,619,288	74.00
75.00	07500 ASC (NON-DISTINCT PART)		8,495,999	0	8,495,999	75.00
76.97	07697 CARDIAC REHABILITATION		2,043,854	38,511	2,082,365	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY		0	0	0	76.98
76.99	07699 LI THOTRI PSY		0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100 EMERGENCY		27,484,904	67,216	27,552,120	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,575,239	0	1,575,239	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	94.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	10500 KIDNEY ACQUISITION		1,649,172	0	1,649,172	105.00
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
200.00	Subtotal (see instructions)	0	483,142,721	1,510,728	484,653,449	200.00
201.00	Less Observation Beds		1,575,239	0	1,575,239	201.00
202.00	Total (see instructions)	0	481,567,482	1,510,728	483,078,210	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet C  
Part I  
Date/Time Prepared:  
2/27/2019 10:50 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			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	134,224,071		134,224,071		30.00
31.00	03100	INTENSIVE CARE UNIT	36,898,925		36,898,925		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	6,217,887		6,217,887		33.00
40.00	04000	SUBPROVIDER - I/PF	21,930,088		21,930,088		40.00
41.00	04100	SUBPROVIDER - I/RF	7,593,488		7,593,488		41.00
43.00	04300	NURSERY	4,806,721		4,806,721		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	189,635,229	123,801,482	313,436,711	0.209391	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,153,586	158,595	11,312,181	0.359224	52.00
53.00	05300	ANESTHESIOLOGY	22,939,021	30,457,980	53,397,001	0.119552	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,019,051	94,553,793	139,572,844	0.201219	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,394,575	53,825,984	57,220,559	0.117145	55.00
57.00	05700	CT SCAN	75,099,013	134,987,570	210,086,583	0.025195	57.00
58.00	05800	MRI	14,007,434	32,847,950	46,855,384	0.051551	58.00
60.00	06000	LABORATORY	89,460,026	115,540,772	205,000,798	0.172171	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	11,125,418	3,593,889	14,719,307	0.297076	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	56,907,828	15,188,209	72,096,037	0.110668	65.00
66.00	06600	PHYSICAL THERAPY	14,779,842	22,651,734	37,431,576	0.370865	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,262,844	424,596	11,687,440	0.263692	67.00
68.00	06800	SPEECH PATHOLOGY	3,620,849	60,787	3,681,636	0.371738	68.00
69.00	06900	ELECTROCARDIOLOGY	91,343,692	119,960,082	211,303,774	0.121677	69.00
69.01	03340	GI UNIT	6,740,547	23,882,403	30,622,950	0.204598	69.01
69.02	03650	VASCULAR LAB	11,088,817	3,967,111	15,055,928	0.156597	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	4,248,176	822,533	5,070,709	0.303500	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,242,817	1,066,917	9,309,734	0.301055	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	133,856,255	73,253,715	207,109,970	0.198426	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	115,121,317	85,850,124	200,971,441	0.241209	73.00
73.01	03640	RENAL TXPLANT LAB	15,303	440,584	455,887	1.437304	73.01
74.00	07400	RENAL DIALYSIS	10,380,191	3,018,581	13,398,772	0.194656	74.00
75.00	07500	ASC (NON-DISTINCT PART)	729,726	46,243,630	46,973,356	0.180868	75.00
76.97	07697	CARDIAC REHABILITATION	2,704,455	2,864,108	5,568,563	0.367034	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	46,100,870	84,322,449	130,423,319	0.210736	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	578,076	2,765,466	3,343,542	0.471129	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	1,191,226,138	1,076,551,044	2,267,777,182		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,191,226,138	1,076,551,044	2,267,777,182		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0148	Period: From 10/01/2017 To 09/30/2018	Worksheet C Part I Date/Time Prepared: 2/27/2019 10:50 am
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Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
INPATIENT ROUTINE SERVICE COST CENTERS		11.00			
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
40.00	04000 SUBPROVIDER - I PF				40.00
41.00	04100 SUBPROVIDER - I RF				41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MRI	0.000000			58.00
60.00	06000 LABORATORY	0.000000			60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
69.01	03340 GI UNIT	0.000000			69.01
69.02	03650 VASCULAR LAB	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 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
73.01	03640 RENAL TXPLANT LAB	0.000000			73.01
74.00	07400 RENAL DIALYSIS	0.000000			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000			76.98
76.99	07699 LI THOTRI PSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.000000			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000			94.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500 KIDNEY ACQUISITION				105.00
109.00	10900 PANCREAS ACQUISITION				109.00
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: 14-0148	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part I Date/Time Prepared: 2/27/2019 10:50 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	13,180,546	0	13,180,546	91,987	143.29	30.00
31.00	INTENSIVE CARE UNIT	1,785,506		1,785,506	10,646	167.72	31.00
33.00	BURN INTENSIVE CARE UNIT	369,892		369,892	2,021	183.02	33.00
40.00	SUBPROVIDER - IPF	1,258,156	0	1,258,156	10,391	121.08	40.00
41.00	SUBPROVIDER - IRF	439,766	0	439,766	6,049	72.70	41.00
43.00	NURSERY	145,819		145,819	2,884	50.56	43.00
200.00	Total (lines 30 through 199)	17,179,685		17,179,685	123,978		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	42,241	6,052,713				
31.00	INTENSIVE CARE UNIT	4,812	807,069				
33.00	BURN INTENSIVE CARE UNIT	723	132,323				
40.00	SUBPROVIDER - IPF	3,015	365,056				
41.00	SUBPROVIDER - IRF	2,725	198,108				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	53,516	7,555,269				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet D  
Part II  
Date/Time Prepared:  
2/27/2019 10:50 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	8,847,212	313,436,711	0.028226	64,716,134	1,826,678	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	207,805	11,312,181	0.018370	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,272,591	53,397,001	0.023833	8,282,478	197,396	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,760,582	139,572,844	0.026944	20,604,462	555,167	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,688,647	57,220,559	0.029511	1,542,109	45,509	55.00
57.00	05700	CT SCAN	1,065,750	210,086,583	0.005073	33,156,842	168,205	57.00
58.00	05800	MRI	405,552	46,855,384	0.008655	5,727,898	49,575	58.00
60.00	06000	LABORATORY	3,410,496	205,000,798	0.016637	39,347,733	654,628	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	113,187	14,719,307	0.007690	4,414,167	33,945	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	626,928	72,096,037	0.008696	29,859,228	259,656	65.00
66.00	06600	PHYSICAL THERAPY	982,697	37,431,576	0.026253	5,115,764	134,304	66.00
67.00	06700	OCCUPATIONAL THERAPY	247,585	11,687,440	0.021184	3,453,639	73,162	67.00
68.00	06800	SPEECH PATHOLOGY	77,583	3,681,636	0.021073	1,319,319	27,802	68.00
69.00	06900	ELECTROCARDIOLOGY	1,964,660	211,303,774	0.009298	40,711,028	378,531	69.00
69.01	03340	GI UNIT	1,059,249	30,622,950	0.034590	3,354,346	116,027	69.01
69.02	03650	VASCULAR LAB	280,322	15,055,928	0.018619	5,110,816	95,158	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	187,891	5,070,709	0.037054	1,558,096	57,734	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	102,542	9,309,734	0.011014	3,648,087	40,180	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	797,762	207,109,970	0.003852	63,725,083	245,469	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,195,922	200,971,441	0.010927	47,584,626	519,957	73.00
73.01	03640	RENAL TXPLANT LAB	68,347	455,887	0.149921	1,294	194	73.01
74.00	07400	RENAL DIALYSIS	295,530	13,398,772	0.022056	6,373,655	140,577	74.00
75.00	07500	ASC (NON-DISTINCT PART)	833,190	46,973,356	0.017738	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	62,954	5,568,563	0.011305	1,159,509	13,108	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	1,723,311	130,423,319	0.013213	18,734,761	247,542	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	233,844	3,343,542	0.069939	297,626	20,816	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
200.00		Total (lines 50 through 199)	32,512,139	2,056,106,002		409,798,700	5,901,320	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0148	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part III Date/Time Prepared: 2/27/2019 10:50 am
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	91,987	0.00	42,241	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	10,646	0.00	4,812	31.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	2,021	0.00	723	33.00	
40.00	04000	SUBPROVIDER - IPF	0	0	10,391	0.00	3,015	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	6,049	0.00	2,725	41.00	
43.00	04300	NURSERY	0	0	2,884	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	123,978	0.00	53,516	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0						33.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0148	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/27/2019 10:50 am
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Cost Center Description	Title XVIII					Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health			
	1.00	2A	2.00	3A	3.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03340	GI UNIT	0	0	0	0	0	69.01
69.02	03650	VASCULAR LAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	412,417	73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	0	0	0	28,000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00		Total (lines 50 through 199)	0	0	0	0	440,417	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0148	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/27/2019 10:50 am
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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	313,436,711	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	11,312,181	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53,397,001	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	139,572,844	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	57,220,559	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	210,086,583	0.000000	57.00
58.00	05800	MRI	0	0	0	46,855,384	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	205,000,798	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	14,719,307	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	72,096,037	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	37,431,576	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	11,687,440	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,681,636	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	211,303,774	0.000000	69.00
69.01	03340	GI UNIT	0	0	0	30,622,950	0.000000	69.01
69.02	03650	VASCULAR LAB	0	0	0	15,055,928	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,070,709	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	9,309,734	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	207,109,970	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	412,417	412,417	200,971,441	0.002052	73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0	455,887	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	13,398,772	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	46,973,356	0.000000	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	5,568,563	0.000000	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	28,000	28,000	130,423,319	0.000215	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	3,343,542	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
200.00		Total (lines 50 through 199)	0	440,417	440,417	2,056,106,002		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0148	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/27/2019 10:50 am
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Cost Center Description		Title XVIII			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	64,716,134	0	30,092,404	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	8,282,478	0	7,347,563	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	20,604,462	0	31,152,813	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	1,542,109	0	20,881,110	0	55.00
57.00	05700 CT SCAN	0.000000	33,156,842	0	37,155,014	0	57.00
58.00	05800 MRI	0.000000	5,727,898	0	7,916,177	0	58.00
60.00	06000 LABORATORY	0.000000	39,347,733	0	12,784,090	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	4,414,167	0	1,056,419	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.000000	29,859,228	0	3,822,184	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	5,115,764	0	654,943	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	3,453,639	0	104,587	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	1,319,319	0	2,121	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	40,711,028	0	43,460,413	0	69.00
69.01	03340 GI UNIT	0.000000	3,354,346	0	6,982,317	0	69.01
69.02	03650 VASCULAR LAB	0.000000	5,110,816	0	1,409,891	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	1,558,096	0	159,169	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	3,648,087	0	228,435	0	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	63,725,083	0	29,763,586	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.002052	47,584,626	97,644	31,254,087	64,133	73.00
73.01	03640 RENAL TXPLANT LAB	0.000000	1,294	0	16,255	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	6,373,655	0	1,059,188	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	8,415,004	0	75.00
76.97	07697 CARDIAC REHABILITATION	0.000000	1,159,509	0	920,201	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	0.000215	18,734,761	4,028	18,147,899	3,902	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	297,626	0	588,914	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
200.00	Total (lines 50 through 199)		409,798,700	101,672	295,374,784	68,035	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0148	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part V Date/Time Prepared: 2/27/2019 10:50 am
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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	0.209391	30,092,404	32	0	6,301,079	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.359224	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.119552	7,347,563	0	0	878,416	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.201219	31,152,813	25	1,036	6,268,538	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.117145	20,881,110	0	0	2,446,118	55.00
57.00	05700 CT SCAN	0.025195	37,155,014	29	1,208	936,121	57.00
58.00	05800 MRI	0.051551	7,916,177	0	0	408,087	58.00
60.00	06000 LABORATORY	0.172171	12,784,090	1,205	0	2,201,050	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.297076	1,056,419	0	0	313,837	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.110668	3,822,184	0	0	422,993	65.00
66.00	06600 PHYSICAL THERAPY	0.370865	654,943	0	0	242,895	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.263692	104,587	0	0	27,579	67.00
68.00	06800 SPEECH PATHOLOGY	0.371738	2,121	0	0	788	68.00
69.00	06900 ELECTROCARDIOLOGY	0.121677	43,460,413	8	345	5,288,133	69.00
69.01	03340 GI UNIT	0.204598	6,982,317	0	0	1,428,568	69.01
69.02	03650 VASCULAR LAB	0.156597	1,409,891	0	0	220,785	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.303500	159,169	0	0	48,308	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.301055	228,435	0	0	68,771	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.198426	29,763,586	0	0	5,905,869	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.241209	31,254,087	347	14,673	7,538,767	73.00
73.01	03640 RENAL TXPLANT LAB	1.437304	16,255	0	0	23,363	73.01
74.00	07400 RENAL DIALYSIS	0.194656	1,059,188	0	0	206,177	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.180868	8,415,004	0	0	1,522,005	75.00
76.97	07697 CARDIAC REHABILITATION	0.367034	920,201	0	0	337,745	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	0.210736	18,147,899	206	0	3,824,416	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.471129	588,914	0	0	277,454	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		0			94.00
200.00	Subtotal (see instructions)		295,374,784	1,852	17,262	47,137,862	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		295,374,784	1,852	17,262	47,137,862	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0148	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part V Date/Time Prepared: 2/27/2019 10:50 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	7	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5	208	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700 CT SCAN	1	30	57.00
58.00	05800 MRI	0	0	58.00
60.00	06000 LABORATORY	207	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	1	42	69.00
69.01	03340 GI UNIT	0	0	69.01
69.02	03650 VASCULAR LAB	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 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	84	3,539	73.00
73.01	03640 RENAL TXPLANT LAB	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100 EMERGENCY	43	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
200.00	Subtotal (see instructions)	348	3,819	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	348	3,819	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 14-0148 Component CCN: 14-S148		Period: From 10/01/2017 To 09/30/2018		Worksheet D Part II Date/Time Prepared: 2/27/2019 10:50 am	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	8,847,212	313,436,711	0.028226	33,588	948	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	207,805	11,312,181	0.018370	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,272,591	53,397,001	0.023833	10,727	256	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,760,582	139,572,844	0.026944	56,417	1,520	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,688,647	57,220,559	0.029511	0	0	55.00
57.00	05700	CT SCAN	1,065,750	210,086,583	0.005073	175,327	889	57.00
58.00	05800	MRI	405,552	46,855,384	0.008655	26,394	228	58.00
60.00	06000	LABORATORY	3,410,496	205,000,798	0.016637	620,673	10,326	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	113,187	14,719,307	0.007690	1,766	14	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	626,928	72,096,037	0.008696	29,777	259	65.00
66.00	06600	PHYSICAL THERAPY	982,697	37,431,576	0.026253	23,485	617	66.00
67.00	06700	OCCUPATIONAL THERAPY	247,585	11,687,440	0.021184	11,215	238	67.00
68.00	06800	SPEECH PATHOLOGY	77,583	3,681,636	0.021073	2,842	60	68.00
69.00	06900	ELECTROCARDIOLOGY	1,964,660	211,303,774	0.009298	86,112	801	69.00
69.01	03340	GI UNIT	1,059,249	30,622,950	0.034590	0	0	69.01
69.02	03650	VASCULAR LAB	280,322	15,055,928	0.018619	10,213	190	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	187,891	5,070,709	0.037054	1,998	74	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	102,542	9,309,734	0.011014	5,690	63	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	797,762	207,109,970	0.003852	891	3	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,195,922	200,971,441	0.010927	280,986	3,070	73.00
73.01	03640	RENAL TXPLANT LAB	68,347	455,887	0.149921	0	0	73.01
74.00	07400	RENAL DIALYSIS	295,530	13,398,772	0.022056	66,417	1,465	74.00
75.00	07500	ASC (NON-DISTINCT PART)	833,190	46,973,356	0.017738	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	62,954	5,568,563	0.011305	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	1,723,311	130,423,319	0.013213	445,696	5,889	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,343,542	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
200.00		Total (lines 50 through 199)	32,278,295	2,056,106,002		1,890,214	26,910	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0148 Component CCN: 14-S148	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/27/2019 10:50 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03340 GI UNIT	0	0	0	0	0	69.01
69.02	03650 VASCULAR LAB	0	0	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	412,417	73.00
73.01	03640 RENAL TXPLANT LAB	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	0	0	0	0	28,000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00	Total (lines 50 through 199)	0	0	0	0	440,417	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0148 Component CCN: 14-S148		Period: From 10/01/2017 To 09/30/2018		Worksheet D Part IV Date/Time Prepared: 2/27/2019 10:50 am		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 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	313,436,711	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	11,312,181	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53,397,001	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	139,572,844	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	57,220,559	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	210,086,583	0.000000	57.00
58.00	05800	MRI	0	0	0	46,855,384	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	205,000,798	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	14,719,307	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	72,096,037	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	37,431,576	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	11,687,440	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,681,636	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	211,303,774	0.000000	69.00
69.01	03340	GI UNIT	0	0	0	30,622,950	0.000000	69.01
69.02	03650	VASCULAR LAB	0	0	0	15,055,928	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,070,709	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	9,309,734	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	207,109,970	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	412,417	412,417	200,971,441	0.002052	73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0	455,887	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	13,398,772	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	46,973,356	0.000000	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	5,568,563	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	28,000	28,000	130,423,319	0.000215	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	3,343,542	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
200.00		Total (lines 50 through 199)	0	440,417	440,417	2,056,106,002		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0148 Component CCN: 14-S148	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/27/2019 10:50 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	33,588	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	10,727	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	56,417	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700 CT SCAN	0.000000	175,327	0	2,500	0	57.00
58.00	05800 MRI	0.000000	26,394	0	0	0	58.00
60.00	06000 LABORATORY	0.000000	620,673	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	1,766	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.000000	29,777	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	23,485	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	11,215	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	2,842	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	86,112	0	1,645	0	69.00
69.01	03340 GI UNIT	0.000000	0	0	0	0	69.01
69.02	03650 VASCULAR LAB	0.000000	10,213	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	1,998	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	5,690	0	0	0	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	891	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.002052	280,986	577	184	0	73.00
73.01	03640 RENAL TXPLANT LAB	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	66,417	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	0.000215	445,696	96	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
200.00	Total (lines 50 through 199)		1,890,214	673	4,329	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0148 Component CCN: 14-S148	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part V Date/Time Prepared: 2/27/2019 10:50 am
Title XVIII			Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)	
		Cost Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0.209391	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.359224	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.119552	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.201219	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.117145	0	0	0	55.00
57.00	05700	CT SCAN	0.025195	2,500	0	63	57.00
58.00	05800	MRI	0.051551	0	0	0	58.00
60.00	06000	LABORATORY	0.172171	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.297076	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.110668	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.370865	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.263692	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.371738	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.121677	1,645	0	200	69.00
69.01	03340	GI UNIT	0.204598	0	0	0	69.01
69.02	03650	VASCULAR LAB	0.156597	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.303500	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.301055	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.198426	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.241209	184	0	44	73.00
73.01	03640	RENAL TXPLANT LAB	1.437304	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.194656	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.180868	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0.367034	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0.000000	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	0.210736	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.471129	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0		94.00
200.00		Subtotal (see instructions)		4,329	0	307	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 - line 201)		4,329	0	307	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0148 Component CCN: 14-S148	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part V Date/Time Prepared: 2/27/2019 10:50 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
60.00 06000 LABORATORY	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
69.01 03340 GI UNIT	0	0	69.01
69.02 03650 VASCULAR LAB	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 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
73.01 03640 RENAL TXPLANT LAB	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>			
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
94.00 09400 HOME PROGRAM DIALYSIS	0	0	94.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 - line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 14-0148 Component CCN: 14-T148		Period: From 10/01/2017 To 09/30/2018		Worksheet D Part II Date/Time Prepared: 2/27/2019 10:50 am	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	8,847,212	313,436,711	0.028226	7,306	206	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	207,805	11,312,181	0.018370	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,272,591	53,397,001	0.023833	3,700	88	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,760,582	139,572,844	0.026944	143,830	3,875	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,688,647	57,220,559	0.029511	45,700	1,349	55.00
57.00	05700	CT SCAN	1,065,750	210,086,583	0.005073	130,780	663	57.00
58.00	05800	MRI	405,552	46,855,384	0.008655	52,467	454	58.00
60.00	06000	LABORATORY	3,410,496	205,000,798	0.016637	370,764	6,168	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	113,187	14,719,307	0.007690	5,786	44	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	626,928	72,096,037	0.008696	388,443	3,378	65.00
66.00	06600	PHYSICAL THERAPY	982,697	37,431,576	0.026253	1,993,276	52,329	66.00
67.00	06700	OCCUPATIONAL THERAPY	247,585	11,687,440	0.021184	1,810,710	38,358	67.00
68.00	06800	SPEECH PATHOLOGY	77,583	3,681,636	0.021073	519,956	10,957	68.00
69.00	06900	ELECTROCARDIOLOGY	1,964,660	211,303,774	0.009298	28,026	261	69.00
69.01	03340	GI UNIT	1,059,249	30,622,950	0.034590	7,672	265	69.01
69.02	03650	VASCULAR LAB	280,322	15,055,928	0.018619	26,475	493	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	187,891	5,070,709	0.037054	3,888	144	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	102,542	9,309,734	0.011014	94,999	1,046	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	797,762	207,109,970	0.003852	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,195,922	200,971,441	0.010927	468,267	5,117	73.00
73.01	03640	RENAL TXPLANT LAB	68,347	455,887	0.149921	0	0	73.01
74.00	07400	RENAL DIALYSIS	295,530	13,398,772	0.022056	312,278	6,888	74.00
75.00	07500	ASC (NON-DISTINCT PART)	833,190	46,973,356	0.017738	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	62,954	5,568,563	0.011305	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	1,723,311	130,423,319	0.013213	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,343,542	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
200.00		Total (lines 50 through 199)	32,278,295	2,056,106,002		6,414,323	132,083	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0148 Component CCN: 14-T148	Period: From 10/01/2017 To 09/30/2018	Worksheet D Part IV Date/Time Prepared: 2/27/2019 10:50 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03340 GI UNIT	0	0	0	0	0	69.01
69.02	03650 VASCULAR LAB	0	0	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	412,417	73.00
73.01	03640 RENAL TXPLANT LAB	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	0	0	0	0	28,000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00	Total (lines 50 through 199)	0	0	0	0	440,417	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0148 Component CCN: 14-T148		Period: From 10/01/2017 To 09/30/2018		Worksheet D Part IV Date/Time Prepared: 2/27/2019 10:50 am		
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 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	313,436,711	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	11,312,181	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53,397,001	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	139,572,844	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	57,220,559	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	210,086,583	0.000000	57.00
58.00	05800	MRI	0	0	0	46,855,384	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	205,000,798	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	14,719,307	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	72,096,037	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	37,431,576	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	11,687,440	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,681,636	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	211,303,774	0.000000	69.00
69.01	03340	GI UNIT	0	0	0	30,622,950	0.000000	69.01
69.02	03650	VASCULAR LAB	0	0	0	15,055,928	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,070,709	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	9,309,734	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	207,109,970	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	412,417	412,417	200,971,441	0.002052	73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0	455,887	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	13,398,772	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	46,973,356	0.000000	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	5,568,563	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	28,000	28,000	130,423,319	0.000215	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	3,343,542	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
200.00		Total (lines 50 through 199)	0	440,417	440,417	2,056,106,002		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 14-0148 Component CCN: 14-T148		Period: From 10/01/2017 To 09/30/2018		Worksheet D Part IV Date/Time Prepared: 2/27/2019 10:50 am	
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	7,306	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	3,700	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	143,830	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	45,700	0	0	0	55.00
57.00	05700 CT SCAN	0.000000	130,780	0	0	0	57.00
58.00	05800 MRI	0.000000	52,467	0	0	0	58.00
60.00	06000 LABORATORY	0.000000	370,764	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	5,786	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.000000	388,443	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,993,276	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,810,710	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	519,956	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	28,026	0	0	0	69.00
69.01	03340 GI UNIT	0.000000	7,672	0	0	0	69.01
69.02	03650 VASCULAR LAB	0.000000	26,475	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	3,888	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	94,999	0	0	0	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.002052	468,267	961	0	0	73.00
73.01	03640 RENAL TXPLANT LAB	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	312,278	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	0.000215	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
200.00	Total (lines 50 through 199)		6,414,323	961	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0148	Period: From 10/01/2017 To 09/30/2018	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 2/27/2019 10:50 am
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		91,987	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		91,987	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.		72,508	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		17,847	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)		42,241	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)		88,788,056	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)		88,788,056	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		122,299,545	28.00
29.00	Private room charges (excluding swing-bed charges)		89,877,245	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		32,422,300	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.725988	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,239.55	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,816.68	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)		88,788,056	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)		965.22	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		40,771,858	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)		40,771,858	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0148		Period: From 10/01/2017 To 09/30/2018		Worksheet D-1	
Date/Time Prepared: 2/27/2019 10:50 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)		
42.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	17,458,226	10,646	1,639.89	4,812	7,891,151	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT	3,316,684	2,021	1,641.11	723	1,186,523		45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					72,805,130		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					122,654,662		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					6,992,105		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					6,002,992		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					12,995,097		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					109,659,565		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					1,632		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					965.22		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,575,239		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0148		Period: From 10/01/2017 To 09/30/2018		Worksheet D-1 Date/Time Prepared: 2/27/2019 10:50 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	13,180,546	88,788,056	0.148450	1,575,239	233,844	90.00
91.00	Nursing School cost	0	88,788,056	0.000000	1,575,239	0	91.00
92.00	Allied health cost	0	88,788,056	0.000000	1,575,239	0	92.00
93.00	All other Medical Education	0	88,788,056	0.000000	1,575,239	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0148 Component CCN: 14-S148	Period: From 10/01/2017 To 09/30/2018	Worksheet D-1 Date/Time Prepared: 2/27/2019 10:50 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,391	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,391	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.		8,940	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,451	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)		3,015	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		10,540,525	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		10,540,525	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		16,545,565	28.00
29.00	Private room charges (excluding swing-bed charges)		14,450,865	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		2,094,700	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.637060	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,616.43	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,443.63	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		172.80	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		110.08	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		984,115	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		9,556,410	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)		1,014.39	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,058,386	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,058,386	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0148		Period: From 10/01/2017 To 09/30/2018		Worksheet D-1		
		Component CCN: 14-S148				Date/Time Prepared: 2/27/2019 10:50 am		
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		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	0	0	0.00	0	0		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)						339,616		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						3,398,002		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)						365,056		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						27,583		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						392,639		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						3,005,363		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: 14-0148 Component CCN: 14-S148		Period: From 10/01/2017 To 09/30/2018		Worksheet D-1 Date/Time Prepared: 2/27/2019 10:50 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,258,156	10,540,525	0.119364	0	0	90.00
91.00	Nursing School cost	0	10,540,525	0.000000	0	0	91.00
92.00	Allied health cost	0	10,540,525	0.000000	0	0	92.00
93.00	All other Medical Education	0	10,540,525	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0148 Component CCN: 14-T148	Period: From 10/01/2017 To 09/30/2018	Worksheet D-1 Date/Time Prepared: 2/27/2019 10:50 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)		6,049	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,049	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.		376	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		5,673	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,725	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)		4,308,660	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)		4,308,660	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		7,656,570	28.00
29.00	Private room charges (excluding swing-bed charges)		506,900	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		7,149,670	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.562740	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,348.14	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,260.30	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		87.84	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		49.43	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		18,586	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,290,074	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)		712.29	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,940,990	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)		1,940,990	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0148		Period: From 10/01/2017 To 09/30/2018		Worksheet D-1	
		Component CCN: 14-T148				Date/Time Prepared: 2/27/2019 10:50 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,783,714		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,724,704		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)					198,108		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					133,044		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					331,152		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,393,552		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: 14-0148 Component CCN: 14-T148		Period: From 10/01/2017 To 09/30/2018		Worksheet D-1 Date/Time Prepared: 2/27/2019 10:50 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	439,766	4,308,660	0.102066	0	0	90.00
91.00	Nursing School cost	0	4,308,660	0.000000	0	0	91.00
92.00	Allied health cost	0	4,308,660	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,308,660	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0148	Period: From 10/01/2017 To 09/30/2018	Worksheet D-3 Date/Time Prepared: 2/27/2019 10:50 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		58,207,325	30.00
31.00	03100	INTENSIVE CARE UNIT		16,882,843	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		2,423,104	33.00
40.00	04000	SUBPROVIDER - I PF		40,962	40.00
41.00	04100	SUBPROVIDER - I RF		9,450	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.209796	64,716,134	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.359224	0	52.00
53.00	05300	ANESTHESIOLOGY	0.120113	8,282,478	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.201902	20,604,462	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.117171	1,542,109	55.00
57.00	05700	CT SCAN	0.025195	33,156,842	57.00
58.00	05800	MRI	0.051551	5,727,898	58.00
60.00	06000	LABORATORY	0.173808	39,347,733	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.297076	4,414,167	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.111652	29,859,228	65.00
66.00	06600	PHYSICAL THERAPY	0.375290	5,115,764	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.263692	3,453,639	67.00
68.00	06800	SPEECH PATHOLOGY	0.371738	1,319,319	68.00
69.00	06900	ELECTROCARDIOLOGY	0.122038	40,711,028	69.00
69.01	03340	GI UNIT	0.205221	3,354,346	69.01
69.02	03650	VASCULAR LAB	0.157724	5,110,816	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.316728	1,558,096	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.301055	3,648,087	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.198426	63,725,083	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.241209	47,584,626	73.00
73.01	03640	RENAL TXPLANT LAB	1.458765	1,294	73.01
74.00	07400	RENAL DIALYSIS	0.195487	6,373,655	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.180868	0	75.00
76.97	07697	CARDIAC REHABILITATION	0.373950	1,159,509	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIpsy	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0.211251	18,734,761	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.471129	297,626	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		409,798,700	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)		409,798,700	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0148 Component CCN: 14-S148	Period: From 10/01/2017 To 09/30/2018	Worksheet D-3 Date/Time Prepared: 2/27/2019 10:50 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
33.00	03300 BURN INTENSIVE CARE UNIT		0	33.00
40.00	04000 SUBPROVIDER - IPF		5,157,694	40.00
41.00	04100 SUBPROVIDER - IRF		0	41.00
43.00	04300 NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.209796	33,588	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.359224	0	52.00
53.00	05300 ANESTHESIOLOGY	0.120113	10,727	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.201902	56,417	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.117171	0	55.00
57.00	05700 CT SCAN	0.025195	175,327	57.00
58.00	05800 MRI	0.051551	26,394	58.00
60.00	06000 LABORATORY	0.173808	620,673	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.297076	1,766	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.111652	29,777	65.00
66.00	06600 PHYSICAL THERAPY	0.375290	23,485	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.263692	11,215	67.00
68.00	06800 SPEECH PATHOLOGY	0.371738	2,842	68.00
69.00	06900 ELECTROCARDIOLOGY	0.122038	86,112	69.00
69.01	03340 GI UNIT	0.205221	0	69.01
69.02	03650 VASCULAR LAB	0.157724	10,213	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.316728	1,998	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.301055	5,690	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.198426	891	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.241209	280,986	73.00
73.01	03640 RENAL TXPLANT LAB	1.458765	0	73.01
74.00	07400 RENAL DIALYSIS	0.195487	66,417	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.180868	0	75.00
76.97	07697 CARDIAC REHABILITATION	0.373950	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100 EMERGENCY	0.211251	445,696	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.471129	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	94.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,890,214	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net charges (line 200 minus line 201)		1,890,214	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0148 Component CCN: 14-T148	Period: From 10/01/2017 To 09/30/2018	Worksheet D-3 Date/Time Prepared: 2/27/2019 10:50 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
33.00	03300 BURN INTENSIVE CARE UNIT		0	33.00
40.00	04000 SUBPROVIDER - I PF		0	40.00
41.00	04100 SUBPROVIDER - IRF		3,387,812	41.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.209796	7,306	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.359224	0	52.00
53.00	05300 ANESTHESIOLOGY	0.120113	3,700	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.201902	143,830	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.117171	45,700	55.00
57.00	05700 CT SCAN	0.025195	130,780	57.00
58.00	05800 MRI	0.051551	52,467	58.00
60.00	06000 LABORATORY	0.173808	370,764	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.297076	5,786	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.111652	388,443	65.00
66.00	06600 PHYSICAL THERAPY	0.375290	1,993,276	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.263692	1,810,710	67.00
68.00	06800 SPEECH PATHOLOGY	0.371738	519,956	68.00
69.00	06900 ELECTROCARDIOLOGY	0.122038	28,026	69.00
69.01	03340 GI UNIT	0.205221	7,672	69.01
69.02	03650 VASCULAR LAB	0.157724	26,475	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.316728	3,888	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.301055	94,999	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.198426	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.241209	468,267	73.00
73.01	03640 RENAL TXPLANT LAB	1.458765	0	73.01
74.00	07400 RENAL DIALYSIS	0.195487	312,278	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.180868	0	75.00
76.97	07697 CARDIAC REHABILITATION	0.373950	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100 EMERGENCY	0.211251	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.471129	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	94.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		6,414,323	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)		6,414,323	202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0148

Period: From 10/01/2017 To 09/30/2018

Worksheet D-4

Component CCN:

Date/Time Prepared: 2/27/2019 10:50 am

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
Kidney Hospital PPS							
<b>PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)</b>							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	20,249	965.22	18	17,374	1.00
2.00	INTENSIVE CARE UNIT	43.00	53,288	1,639.89	15	24,598	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	7,840	1,641.11	1	1,641	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		81,377		34	43,613	7.00
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
Worksheet C Line Numbers			Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
8.00	OPERATING ROOM	50.00	0.209391	496,900	104,046	8.00	
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.359224	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.119552	94,404	11,286	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.201219	44,930	9,041	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.117145	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.025195	61,872	1,559	15.00	
16.00	MRI	58.00	0.051551	3,767	194	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00	
18.00	LABORATORY	60.00	0.172171	234,286	40,337	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0.297076	14,967	4,446	20.00	
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30	0.000000	0	0	20.30	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.110668	45,934	5,083	23.00	
24.00	PHYSICAL THERAPY	66.00	0.370865	3,650	1,354	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.263692	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.371738	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.121677	108,308	13,179	27.00	
27.01	GI UNIT	69.01	0.204598	0	0	27.01	
27.02	VASCULAR LAB	69.02	0.156597	3,913	613	27.02	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.303500	1,377	418	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.301055	4,194	1,263	29.00	
30.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00	0.198426	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.241209	271,339	65,449	31.00	
31.01	RENAL TXPLANT LAB	73.01	1.437304	206,139	296,284	31.01	
32.00	RENAL DIALYSIS	74.00	0.194656	11,005	2,142	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.180868	0	0	33.00	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
34.97	CARDIAC REHABILITATION	76.97	0.367034	935	343	34.97	
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	34.98	
34.99	LITHOTRIPSY	76.99	0.000000	0	0	34.99	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
38.00	EMERGENCY	91.00	0.210736	264	56	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.471129	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			1,608,184	557,093	41.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.  
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0148

Period: From 10/01/2017 To 09/30/2018

Worksheet D-4

Component CCN:

Date/Time Prepared: 2/27/2019 10:50 am

		Kidney		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
<b>PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)</b>							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	18		0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	15		0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0		0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	1		0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0		0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0		0	47.00
48.00	TOTAL (sum of lines 42 through 47)			34		0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000		0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000		0	50.00
51.00	CLINIC	23.00	0	0.000000		0	51.00
52.00	EMERGENCY	24.00	264	0.000000		0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000		0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000		0	54.00
55.00	TOTAL (sum of lines 49 through 52)		264			0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
<b>PART III - SUMMARY OF COSTS AND CHARGES</b>							
56.00	Routine and Ancillary from Part I	600,706		1,689,561			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	1,649,172		1,993,585			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	2,249,878		3,683,146			61.00
62.00	Total Usable Organs (see instructions)		53				62.00
63.00	Medicare Usable Organs (see instructions)		39				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.735849				64.00
65.00	Medicare Cost/Charges (see instructions)	1,655,570		2,710,239			65.00
66.00	Revenue for Organs Sold	55,667		0			66.00
67.00	Subtotal (line 65 minus line 66)	1,599,903		2,710,239			67.00
68.00	Organs Furnished Part B	0	0	0		0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,599,903	0	2,710,239		0	69.00
Cost Center Description		Living Related		Cadaveric	Revenue		
		1.00		2.00	3.00		
<b>PART IV - STATISTICS</b>							
70.00	Organs Excised in Provider (1)		7	30			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	21			73.00
74.00	Total (sum of lines 70 through 73)		7	51			74.00
75.00	Organs Transplanted		7	21		0	75.00
76.00	Organs Sold to Other Hospitals		0	0		0	76.00
77.00	Organs Sold to OPOs		0	23		55,667	77.00
78.00	Organs Sold to Transplant Hospitals		0	0		0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0		0	79.00
80.00	Organs Sold Outside the U.S.		0	0		0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		0	81.00
82.00	Organs Used for Research		0	2		0	82.00
83.00	Unusable/Discarded Organs		0	5		0	83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		7	51		0	84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.  
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0148	Period: From 10/01/2017 To 09/30/2018	Worksheet E Part A Date/Time Prepared: 2/27/2019 10:50 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)		88,792,933	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		0	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	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)		4,534,112	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		30,279,607	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		395.03	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)		87.55	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)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		87.55	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		179.43	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)		87.55	12.00
13.00	Total allowable FTE count for the prior year.		87.55	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.		87.55	14.00
15.00	Sum of lines 12 through 14 divided by 3.		87.55	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		87.55	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.221629	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.215518	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.215518	21.00
22.00	IME payment adjustment (see instructions)		9,859,567	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		3,362,248	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).		14.30	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		91.88	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)		14.30	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.036200	26.00
27.00	IME payments adjustment factor. (see instructions)		0.009574	27.00
28.00	IME add-on adjustment amount (see instructions)		850,104	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		289,897	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		10,709,671	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		3,652,145	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.46	30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.86	31.00
32.00	Sum of lines 30 and 31		20.32	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.98	33.00
34.00	Disproportionate share adjustment (see instructions)		1,327,454	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0148	Period: From 10/01/2017 To 09/30/2018	Worksheet E Part A Date/Time Prepared: 2/27/2019 10:50 am	
		Title XVIII	Hospital	PPS	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		0	6,766,695,164	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000396743	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	2,684,639	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	2,684,639	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,684,639		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		108,048,809		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				<b>Amount</b>	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			111,700,954	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			8,975,549	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).			3,564,422	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			4,074	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)			1,599,903	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)			101,672	58.00
59.00	Total (sum of amounts on lines 49 through 58)			125,946,574	59.00
60.00	Primary payer payments			50,190	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			125,896,384	61.00
62.00	Deductibles billed to program beneficiaries			8,573,504	62.00
63.00	Coinurance billed to program beneficiaries			591,432	63.00
64.00	Allowable bad debts (see instructions)			2,580,178	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			1,677,116	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			2,077,878	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			118,408,564	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			-573,102	70.93
70.94	HRR adjustment amount (see instructions)			-88,802	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0148	Period: From 10/01/2017 To 09/30/2018	Worksheet E Part A Date/Time Prepared: 2/27/2019 10:50 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		117,746,660	71.00
71.01	Sequestration adjustment (see instructions)		2,354,933	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		115,141,488	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)		250,239	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,402,902	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)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>HSP Bonus Payment Amount</b>				
100.00	HSP bonus amount (see instructions)			0
<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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0148	Period: From 10/01/2017 To 09/30/2018	Worksheet E Part B Date/Time Prepared: 2/27/2019 10:50 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		4,167	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		47,069,827	2.00
3.00	OPPS payments		46,421,969	3.00
4.00	Outlier payment (see instructions)		96,917	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		68,035	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		4,167	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		19,114	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)		19,114	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)		19,114	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		14,947	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)		4,167	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)		46,586,921	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		8,477,563	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)		38,113,525	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,279,458	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)		39,392,983	30.00
31.00	Primary payer payments		3,780	31.00
32.00	Subtotal (line 30 minus line 31)		39,389,203	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)		2,240,964	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,456,627	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,855,261	36.00
37.00	Subtotal (see instructions)		40,845,830	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-281	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)		13,600	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		40,846,111	40.00
40.01	Sequestration adjustment (see instructions)		816,922	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		40,015,415	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		13,774	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0148	Period:	Worksheet E
		Component CCN: 14-S148	From 10/01/2017 To 09/30/2018	Part B Date/Time Prepared: 2/27/2019 10:50 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		307	2.00
3.00	OPPS payments		214	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	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)		0	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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	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)		0	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)		214	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		43	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)		171	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		171	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		171	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		171	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		171	40.00
40.01	Sequestration adjustment (see instructions)		3	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		168	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet E-1  
Part I  
Date/Time Prepared:  
2/27/2019 10:50 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		108,567,162		37,278,289	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		6,416,051		2,239,024	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	09/10/2018	216,609	04/26/2018	117,700	3.01	
3.02			0	09/10/2018	380,402	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	04/26/2018	58,334		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)		158,275		498,102	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)		115,141,488		40,015,415	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		250,239		13,774	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		115,391,727		40,029,189	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: 14-0148  
Component CCN: 14-S148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet E-1  
Part I  
Date/Time Prepared:  
2/27/2019 10:50 am

Title XVIII

Subprovider -  
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,184,530		168	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,184,530		168	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		160,328		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,344,858		168	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: 14-0148  
Component CCN: 14-T148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet E-1  
Part I  
Date/Time Prepared:  
2/27/2019 10:50 am  
PPS

Title XVIII

Subprovider -  
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,317,946		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	09/10/2018	31,870		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		31,870		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,349,816		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		63,808		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,413,624		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0148	Period: From 10/01/2017 To 09/30/2018	Worksheet E-1 Part II Date/Time Prepared: 2/27/2019 10:50 am
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0148 Component CCN: 14-S148	Period: From 10/01/2017 To 09/30/2018	Worksheet E-3 Part II Date/Time Prepared: 2/27/2019 10:50 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			2,425,620 1.00
2.00	Net IPF PPS Outlier Payments			42,060 2.00
3.00	Net IPF PPS ECT Payments			36,932 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			3.12 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			5.20 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			3.12 8.00
9.00	Average Daily Census (see instructions)			28.468493 9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$ .			0.055018 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			133,453 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			2,638,065 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			2,638,065 16.00
17.00	Primary payer payments			4,384 17.00
18.00	Subtotal (line 16 less line 17).			2,633,681 18.00
19.00	Deductibles			261,320 19.00
20.00	Subtotal (line 18 minus line 19)			2,372,361 20.00
21.00	Coinsurance			130,999 21.00
22.00	Subtotal (line 20 minus line 21)			2,241,362 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			231,810 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			150,677 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			210,582 25.00
26.00	Subtotal (sum of lines 22 and 24)			2,392,039 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			673 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			2,392,712 31.00
31.01	Sequestration adjustment (see instructions)			47,854 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			2,184,530 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			160,328 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			42,060 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0148 Component CCN: 14-T148	Period: From 10/01/2017 To 09/30/2018	Worksheet E-3 Part III Date/Time Prepared: 2/27/2019 10:50 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			4,025,696 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0148 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			288,240 3.00
4.00	Outlier Payments			144,889 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)			0.83 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)			0.38 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)			0.38 9.00
10.00	Average Daily Census (see instructions)			16.572603 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.023307 11.00
12.00	Teaching Adjustment (see instructions)			93,827 12.00
13.00	Total PPS Payment (see instructions)			4,552,652 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)			4,552,652 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,552,652 19.00
20.00	Deductibles			18,688 20.00
21.00	Subtotal (line 19 minus line 20)			4,533,964 21.00
22.00	Coinsurance			32,082 22.00
23.00	Subtotal (line 21 minus line 22)			4,501,882 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			1,316 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			855 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,316 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,502,737 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)			961 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)			4,503,698 32.00
32.01	Sequestration adjustment (see instructions)			90,074 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			4,349,816 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)			63,808 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			144,889 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: 14-0148	Period: From 10/01/2017 To 09/30/2018	Worksheet E-4 Date/Time Prepared: 2/27/2019 10:50 am	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			112.84	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			9.26	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)			103.58	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			184.38	6.00
7.00	Enter the lesser of line 5 or line 6			103.58	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.	84.45	93.82	178.27	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.	47.44	52.71	100.15	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	47.44	52.71		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	40.58	58.80		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	38.93	60.20		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	42.32	57.24		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	42.32	57.24		17.00
18.00	Per resident amount	85,514.58	85,514.58		18.00
19.00	Approved amount for resident costs	3,618,977	4,894,855	8,513,832	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			80.80	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			8,513,832	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	53,516	17,092		26.00
27.00	Total Inpatient Days (see instructions)	119,859	119,859		27.00
28.00	Ratio of inpatient days to total inpatient days	0.446491	0.142601		28.00
29.00	Program direct GME amount	3,801,349	1,214,081		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		171,550		30.00
31.00	Net Program direct GME amount			4,843,880	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0148	Period: From 10/01/2017 To 09/30/2018	Worksheet E-4 Date/Time Prepared: 2/27/2019 10:50 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)		13,398,772	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)		129,777,368	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		1,599,903	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		54,574	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		131,322,697	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		47,142,336	42.00
43.00	Primary payer payments (see instructions)		3,780	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		47,138,556	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		178,461,253	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.735861	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.264139	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		4,843,880	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		3,564,422	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,279,458	50.00

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

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet G  
Date/Time Prepared:  
2/27/2019 10:50 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	18,587,852	0	0	0	1.00
2.00	Temporary investments	46,338,595	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	110,000,564	0	0	0	4.00
5.00	Other receivable	19,724,762	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-13,068,000	0	0	0	6.00
7.00	Inventory	10,414,765	0	0	0	7.00
8.00	Prepaid expenses	5,344,747	0	0	0	8.00
9.00	Other current assets	2,600,000	0	0	0	9.00
10.00	Due from other funds	13,373,313	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	213,316,598	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	6,413,304	0	0	0	12.00
13.00	Land improvements	43,444,888	0	0	0	13.00
14.00	Accumulated depreciation	-21,974,809	0	0	0	14.00
15.00	Buildings	392,812,387	0	0	0	15.00
16.00	Accumulated depreciation	-191,269,894	0	0	0	16.00
17.00	Leasehold improvements	1,767,838	0	0	0	17.00
18.00	Accumulated depreciation	-1,140,486	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	197,978,987	0	0	0	23.00
24.00	Accumulated depreciation	-158,354,516	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)	269,677,699	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	42,163,333	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	417,202,572	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	459,365,905	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	942,360,202	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	38,823,148	0	0	0	37.00
38.00	Salaries, wages, and fees payable	23,591,021	0	0	0	38.00
39.00	Payroll taxes payable	442,432	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	39,417,555	0	0	0	43.00
44.00	Other current liabilities	12,891,111	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	115,165,267	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	227,518,902	0	0	0	46.00
47.00	Notes payable	3,360,874	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	21,078,661	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	251,958,437	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	367,123,704	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	575,236,498				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	575,236,498	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	942,360,202	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet G-1

Date/Time Prepared:  
2/27/2019 10:50 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		516,428,509		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		66,536,719			2.00
3.00	Total (sum of line 1 and line 2)		582,965,228		0	3.00
4.00	CHANGE IN VALUE/INTEREST RATE SWAP	55,450		0		4.00
5.00	TRANSFERS FROM RELATED ORGANIZATIONS	1,046,020		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		1,101,470		0	10.00
11.00	Subtotal (line 3 plus line 10)		584,066,698		0	11.00
12.00	CONTRIBUTIONS	24,544,920		0		12.00
13.00	CHANGE IN MIN PENSION LEVEL	-16,991,112		0		13.00
14.00	OTHER DEDUCTIONS/ADDITIONS	1,276,390		0		14.00
15.00	ROUNDING	2		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		8,830,200		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		575,236,498		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	CHANGE IN VALUE/INTEREST RATE SWAP		0			4.00
5.00	TRANSFERS FROM RELATED ORGANIZATIONS		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	CONTRIBUTIONS		0			12.00
13.00	CHANGE IN MIN PENSION LEVEL		0			13.00
14.00	OTHER DEDUCTIONS/ADDITIONS		0			14.00
15.00	ROUNDING		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: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
2/27/2019 10:50 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	143,903,128		143,903,128	1.00
2.00	SUBPROVIDER - IPF	18,453,795		18,453,795	2.00
3.00	SUBPROVIDER - IRF	7,664,519		7,664,519	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	170,021,442		170,021,442	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	36,879,081		36,879,081	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT	6,218,898		6,218,898	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)	43,097,979		43,097,979	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	213,119,421		213,119,421	17.00
18.00	Ancillary services	1,002,685,485	1,135,514,111	2,138,199,596	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	HAMP RESTATEMENT	-27,511,215	0	-27,511,215	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,188,293,691	1,135,514,111	2,323,807,802	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		629,897,286		29.00
30.00	PURCHASED SERV (HAMP)	36,375,390			30.00
31.00	GRANT EXPENSE	244			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)		36,375,634		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		666,272,920		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0148

Period:  
From 10/01/2017  
To 09/30/2018

Worksheet G-3

Date/Time Prepared:  
2/27/2019 10:50 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,323,807,802	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,721,127,516	2.00
3.00	Net patient revenues (line 1 minus line 2)	602,680,286	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	666,272,920	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-63,592,634	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	4,338,646	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	54,864	21.00
22.00	Rental of hospital space	1,351,746	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	0	24.00
24.01	CAPITATION	60,043,154	24.01
24.02	AUTOPSY REVENUE	32,542	24.02
24.03	MISC INCOME	2,176,773	24.03
24.04	OTHER	151,511	24.04
24.05	CHILD CARE	1,188,504	24.05
24.06	HOSPITAL ACCESS IMPROVEMENT PA	36,723,839	24.06
24.08	OTHER OPERATING REVENUES	2,609,206	24.08
24.10	GAIN/LOSS ON FAIR VALUE	182,900	24.10
24.12	REALIZED GAIN/LOSS	35,259,997	24.12
24.13	UNREALIZED GAIN/LOSS	-17,361,617	24.13
24.14	DEFERRED COMP INT/DIVIDENDS	304,593	24.14
24.18	OPERATIONS INVESTMENT INTEREST	116,282	24.18
24.20	WORKERS COMP INTEREST	114,931	24.20
24.21	INVESTMENT INCOME EXPENSE	-726,408	24.21
24.22	SELF INSURANCE INTEREST	274,360	24.22
24.23	BOND FUND INTEREST INCOME	5,606,180	24.23
24.24	BOND SERIES INTEREST INCOME	-54	24.24
24.25	INVESTMENT MGMT FEES	-23,600	24.25
24.27	FARMLAND INCOME	16,552	24.27
24.29	NON-OP. NET PERIODIC BENEFIT COST	-2,305,548	24.29
25.00	Total other income (sum of lines 6-24)	130,129,353	25.00
26.00	Total (line 5 plus line 25)	66,536,719	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)	66,536,719	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 14-0148

Period:

Worksheet I-1

Component CCN: 14-2315

From 10/01/2017  
To 09/30/2018

Date/Time Prepared:  
2/27/2019 10:50 am

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	1,067,851	HOURS OF SERVICE	41,293.93	19.85	1.00
2.00	LICENSED PRACTICAL NURSES	42,413	HOURS OF SERVICE	2,524.00	1.21	2.00
3.00	NURSES AIDES		HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS		HOURS OF SERVICE	0.00	0.00	4.00
5.00	SOCIAL WORKERS		HOURS OF SERVICE	0.00	0.00	5.00
6.00	DIETICIANS		HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS	5,258	ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	113,830	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	1,229,352				9.00
10.00	EMPLOYEE BENEFITS	85,867	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	38,879	SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS		PERCENTAGE OF TIME			13.00
14.00	SUPPLIES		REQUISITIONS			14.00
15.00	DRUGS	12,184	REQUISITIONS			15.00
16.00	OTHER	54,926	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	1,421,208				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	167,026	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	230,633	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	425,742	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	256,605	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES		REQUISITIONS			24.00
25.00	PHARMACY	6,301	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	100,631	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	2,608,146				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES	0		29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS		CHARGES	0		30.00
30.97	CARDIAC REHABILITATION		CHARGES	0		30.97
30.98	HYPERBARIC OXYGEN THERAPY		CHARGES	0		30.98
30.99	LITHOTRIPSY		CHARGES	0		30.99
31.00	TOTAL COSTS (SUM OF LINES 27-30)	2,608,146				31.00

\* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 24, less the sum of columns 21 and 22, for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 14-0148

Period: From 10/01/2017

Worksheet 1-2

Component CCN: 14-2315

To 09/30/2018

Date/Time Prepared: 2/27/2019 10:50 am

Renal Dialysis

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Building	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00	Total Renal Department Costs	462,510	0	1,067,851	42,413	316,500	18,485	1.00
<b>MAINTENANCE</b>								
2.00	Hemodialysis	74,869	0	307,517	42,413	100,362	3,999	2.00
2.01	AKI-Hemodialysis	0	0	0	0	0	0	2.01
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0	0	3.01
<b>TRAINING</b>								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
<b>HOME</b>								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	11.00
<b>OTHER BILLABLE SERVICES</b>								
12.00	Inpatient Dialysis	387,641	0	760,334	0	216,138	14,486	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	ESAs (included in Renal Department)						0	14.00
15.00								15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	462,510	0	1,067,851	42,413	316,500	18,485	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	0	0	1,907,759	700,387	2,608,146		1.00
<b>MAINTENANCE</b>								
2.00	Hemodialysis	0	0	529,160	194,268	723,428		2.00
2.01	AKI-Hemodialysis	0	0	0	0	0		2.01
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
3.01	AKI-Intermittent Peritoneal	0	0	0	0	0		3.01
<b>TRAINING</b>								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
<b>HOME</b>								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	0	0	0	0	0		11.00
<b>OTHER BILLABLE SERVICES</b>								
12.00	Inpatient Dialysis	0	0	1,378,599	506,119	1,884,718		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	ESAs (included in Renal Department)							14.00
15.00								15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	0	0	1,907,759	700,387	2,608,146		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					2,608,146		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0148

Period: From 10/01/2017

Worksheet 1-3

Component CCN: 14-2315

To 09/30/2018

Date/Time Prepared: 2/27/2019 10:50 am

		Capital Related Costs		Direct Patient Care Salary			
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	462,510	0	1,067,851	42,413	316,500	1.00
<b>MAINTENANCE</b>							
2.00	Hemodialysis	867	8,410.00	12,741.00	2,575.00	386,956	2.00
2.01	AKI -Hemodialysis	0	0.00	0.00	0.00	0	2.01
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
3.01	AKI -Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.01
<b>TRAINING</b>							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	0	0.00	0.00	0.00	0	6.00
7.00	CCPD	0	0.00	0.00	0.00	0	7.00
<b>HOME</b>							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	0	0.00	0.00	0.00	0	10.00
11.00	CCPD	0	0.00	0.00	0.00	0	11.00
<b>OTHER BILLABLE SERVICES</b>							
12.00	Inpatient Dialysis Treatments	59,000	4,489	30,469.00	31,502.00	0.00	12.00
13.00	Method II Home Patient	0	0.00	0.00	0.00	0	13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis	5,356	38,879.00	44,243.00	2,575.00	1,220,291	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	86.353622	0.000000	24.136044	16.471068	0.259364	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	18,485	0	0	1,907,759	700,387	1.00
<b>MAINTENANCE</b>							
2.00	Hemodialysis	2,636	0	0			2.00
2.01	AKI -Hemodialysis	0	0	0			2.01
3.00	Intermittent Peritoneal	0	0	0			3.00
3.01	AKI -Intermittent Peritoneal	0	0	0			3.01
<b>TRAINING</b>							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	0	0			6.00
7.00	CCPD	0	0	0			7.00
<b>HOME</b>							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCPD	0	0	0			11.00
<b>OTHER BILLABLE SERVICES</b>							
12.00	Inpatient Dialysis Treatments	9,548	0	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	ESAs						14.00
15.00							15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	12,184	0	0		1,907,759	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	1.517154	0.000000	0.000000		0.367126	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 14-0148

Period: From 10/01/2017

Worksheet 1-4

Component CCN: 14-2315

To 09/30/2018

Date/Time Prepared: 2/27/2019 10:50 am

		Rate 0			Renal Dialysis		
	Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
1.00	Maintenance - Hemodialysis	928	723,428	779.56	407	317,281	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - CAPD	0	0	0.00	0	0	5.00
6.00	Training - CCPD	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - CAPD	0	0	0.00	0	0	9.00
10.00	Home Program - CCPD	0	0	0.00	0	0	10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	928	723,428		407	317,281	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	928					12.00
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)				
		6.00	7.00				
1.00	Maintenance - Hemodialysis	134,965	331.61				1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00				2.00
3.00	Training - Hemodialysis	0	0.00				3.00
4.00	Training - Peritoneal Dialysis	0	0.00				4.00
5.00	Training - CAPD	0	0.00				5.00
6.00	Training - CCPD	0	0.00				6.00
7.00	Home Program - Hemodialysis	0	0.00				7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00				8.00
		6.00	7.00				
9.00	Home Program - CAPD	0	0.00				9.00
10.00	Home Program - CCPD	0	0.00				10.00
11.00	Totals (sum of lines 1 through 8, cols. 1 and 4) (sum of lines 1 through 10, cols. 2, 5, and 6) (see instruction)	134,965					11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)						12.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B	Provider CCN: 14-0148	Period: From 10/01/2017 To 09/30/2018	Worksheet I-5 Date/Time Prepared: 2/27/2019 10:50 am
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		1.00	2.00	
<b>PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B</b>				
1.00	Total expenses related to care of program beneficiaries (see instructions)	317,281		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	134,965	134,965	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	134,965	134,965	2.03
2.04	Outlier payments	366		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	1,106	1,106	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	1,106	1,106	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	26,772	26,772	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	26,772	26,772	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	0	0	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	0		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	27,878	8.00
9.00	Program payment (see instructions)	0	107,087	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
<b>PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE</b>				
12.00	Total allowable expenses (see instructions)	723,428		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	723,428		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0148	Period: From 10/01/2017 To 09/30/2018	Worksheet L Parts I-III Date/Time Prepared: 2/27/2019 10:50 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		7,192,800	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		723,249	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)		287.09	3.00
4.00	Number of interns & residents (see instructions)		101.85	4.00
5.00	Indirect medical education percentage (see instructions)		10.53	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)		757,402	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.46	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		16.86	8.00
9.00	Sum of lines 7 and 8		20.32	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.20	10.00
11.00	Disproportionate share adjustment (see instructions)		302,098	11.00
12.00	Total prospective capital payments (see instructions)		8,975,549	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