

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0208		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 4:49 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 4440 WEST 95TH STREET			PO Box:						1.00	
2.00	City: OAK LAWN			State: IL		Zip Code: 60453-		County: COOK		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
				1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
								V	XVIII	XIX	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		ADVOCATE CHRIST HOSPITAL	140208	16974	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF		ADVOCATE CHRIST HOSPITAL - PSYCH	14S208	16974	4	01/01/1984	N	P	0	4.00
5.00	Subprovider - IRF		ADVOCATE CHRIST HOSPITAL - REHAB	14T208	16974	5	01/01/1984	N	P	0	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2018	12/31/2018			20.00
21.00	Type of Control (see instructions)						1				21.00
							1.00	2.00		3.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		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.					2	N			23.00	

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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	6,865	26,270	0	1,614	19,829	739	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	288	0	18	164		25.00	
						Urban/Rural	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	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	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
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

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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)		23.00	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	
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1			60.03	
		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 IME FTE Count	Unweighted Direct GME FTE Count			
		1.00	2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.20	
							1.00	
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 Nonprovider Site	Unweighted FTEs in Hospital	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)		2.53	12.67	0.166447		64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
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)	INTERNAL MEDICINE	1400	13.74	62.47	0.180291	
65.01		PEDIATRICS	2000	8.19	39.00	0.173554	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	97.41	0.000000		66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	5.51	15.64	0.260520	
67.01		INTERNAL MEDICINE	1400	0.00	66.95	0.000000	
67.02		OBSTETRICS	1750	0.00	12.16	0.000000	
67.03		PEDIATRICS	2000	7.51	31.46	0.192712	

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			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.		Y		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		N	N 0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		Y		75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		N	N 0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			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	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	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
Rural Providers					
105.00	Does this hospital qualify as a CAH?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.		N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00

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		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00			
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	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:	1,867,340		24,272,464		-1,003,782		118.01
						1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.				N			118.02
119.00	DO NOT USE THIS LINE							119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.				N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.				Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.				N			122.00
Transplant Center Information								
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.				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.				02/02/2012			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.				01/18/2013			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.				07/19/2017			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.							134.00
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)				Y		14H036	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0208		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 4:49 pm	
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: ADVOCATE HEALTH CARE	Contractor's Name: NGS		Contractor's Number: 06101		141.00	
142.00	Street: 3075 HIGHLAND PARKWAY, SUITE 600	PO Box:				142.00	
143.00	City: DOWNERS GROVE	State: IL		Zip Code: 60515		143.00	
144.00 Are provider based physicians' costs included in Worksheet A?							
						1.00	
						Y	
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.							
						1.00	
						Y	
146.00 Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.							
						2.00	
						N	
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							
						1.00	
						N	
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							
						2.00	
						N	
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							
		Part A		Part B		Title V	Title XIX
		1.00		2.00		3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	N
156.00	Subprovider - IPF	N		N		N	N
157.00	Subprovider - IRF	N		N		N	N
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	N
160.00	HOME HEALTH AGENCY	N		N		N	N
161.00	CMHC					N	N
161.10	CORF			N		N	N
165.00 Multi campus							
						1.00	
						N	
166.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)							
		Name		County		State	Zip Code
		0		1.00		2.00	3.00
							4.00
							5.00
						0.00	
167.00 Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
						1.00	
						Y	
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)							
						2.00	
						0	
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)							
						1.00	
						9.99	
169.00 If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							
						2.00	
						01/01/2018	
						12/31/2018	
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	
						2.00	
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							
						1.00	
						N	
						0	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0208		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part II Date/Time Prepared: 5/29/2019 4:49 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					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.	Y					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
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	04/23/2019	Y	04/20/2017		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: 14-0208	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/29/2019 4:49 pm	
		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	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			Y	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.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	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			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DAVE		STRI EPLI NG	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH CARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630 929-5765		DAVE. STRI EPLI NG@ADVOCATEHEAL TH.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0208	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/29/2019 4:49 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT SPECIALIST		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: 14-0208

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2019 4:49 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	524	191,199	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)		524	191,199	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	123	44,895	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	59	21,353	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		706	257,447	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	34	12,410		0	16.00
17.00 SUBPROVIDER - IRF	41.00	37	13,505		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		777				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)		24	8,760			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: 14-0208

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2019 4:49 pm

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)	51,423	9,984	169,229			1.00
2.00 HMO and other (see instructions)	41,554	35,104				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	51,423	9,984	169,229			7.00
8.00 INTENSIVE CARE UNIT	9,770	4,766	33,518			8.00
8.01 NEONATAL INTENSIVE CARE UNIT	0	3,049	8,290			8.01
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		2,414	16,399			13.00
14.00 Total (see instructions)	61,193	20,213	227,436	236.63	4,892.04	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	3,027	623	9,532	0.00	58.24	16.00
17.00 SUBPROVIDER - IRF	5,521	167	11,491	0.00	80.97	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			1,143			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				236.63	5,031.25	27.00
28.00 Observation Bed Days		490	14,953			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	581	1,582			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: 14-0208

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2019 4:49 pm

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	10,370	2,427	42,133	1.00
2.00 HMO and other (see instructions)			0	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
8.01 NEONATAL INTENSIVE CARE UNIT						8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	10,370	2,427	42,133	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	288	127	1,394	16.00
17.00 SUBPROVIDER - IRF	0.00	0	404	11	863	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0208

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2019 4:49 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	366,486,693	0	366,486,693	10,466,186.00	35.02
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	16,408,865	80,568	16,489,433	364,686.00	45.22
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)		12,048,381	2,125,609	14,173,990	376,459.00	37.65
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		4,132,806	0	4,132,806	58,335.00	70.85
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		2,625,042	0	2,625,042	29,421.00	89.22
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		45,581,717	0	45,581,717	615,523.00	74.05
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		82,122,595	0	82,122,595		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		3,680,534	0	3,680,534		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		3,622,459	0	3,622,459		
25.50	Home office wage-related (core)		6,661,481	0	6,661,481		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	3,413,336	-2,117,842	1,295,494	27,206.00	47.62
27.00	Administrative & General	5.00	23,025,328	756,732	23,782,060	598,582.00	39.73

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0208

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2019 4:49 pm

	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.)	5,516,575	0	5,516,575	29,819.00	185.00	28.00
29.00	Maintenance & Repairs	3,980,237	16,987	3,997,224	112,819.00	35.43	29.00
30.00	Operation of Plant	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9,015,812	0	9,015,812	528,944.00	17.04	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	6,413,215	-31,604	6,381,611	343,138.00	18.60	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	547,876	29,411	577,287	13,062.00	44.20	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	14,104,767	-241,901	13,862,866	279,448.00	49.61	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	2,802,992	4,096	2,807,088	71,989.00	38.99	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0208

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2019 4:49 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	355,594,403	-80,568	355,513,835	10,131,319.00	35.09	1.00
2.00	Excluded area salaries (see instructions)	12,048,381	2,125,609	14,173,990	376,459.00	37.65	2.00
3.00	Subtotal salaries (line 1 minus line 2)	343,546,022	-2,206,177	341,339,845	9,754,860.00	34.99	3.00
4.00	Subtotal other wages & related costs (see inst.)	52,339,565	0	52,339,565	703,279.00	74.42	4.00
5.00	Subtotal wage-related costs (see inst.)	88,784,076	0	88,784,076	0.00	26.01	5.00
6.00	Total (sum of lines 3 thru 5)	484,669,663	-2,206,177	482,463,486	10,458,139.00	46.13	6.00
7.00	Total overhead cost (see instructions)	68,820,138	-1,584,121	67,236,017	2,005,007.00	33.53	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 14-0208	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2019 4:49 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	7,492,279	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)	6,712,800	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	417,040	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	28,518,626	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	7,971,595	9.00
10.00	Dental, Hearing and Vision Plan	1,094,538	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	428,930	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)	2,848,742	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	5,702,300	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	25,735,226	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	104,877	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	228,932	21.00
22.00	Day Care Cost and Allowances	-6,755,049	22.00
23.00	Tuition Reimbursement	1,621,759	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	82,122,595	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0208	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part V Date/Time Prepared: 5/29/2019 4:49 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		4,132,806	82,122,595
2.00	Hospital		4,132,806	80,311,503
3.00	Subprovider - IPF		0	753,743
4.00	Subprovider - IRF		0	1,057,349
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA			
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC		0	0
15.00	Hospital-Based Health Clinic FQHC		0	0
16.00	Hospital-Based-CMHC			
16.10	Hospital-Based-CMHC 10		0	0
17.00	Renal Dialysis		0	0
18.00	Other		0	0

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0208	Period: From 01/01/2018 To 12/31/2018	Worksheet S-10 Date/Time Prepared: 5/29/2019 4:49 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.258911	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		186,440,467	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		793,873,829	6.00	
7.00	Medicaid cost (line 1 times line 6)		205,542,667	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)		19,102,200	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		19,102,200	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	44,547,226	8,813,322	53,360,548	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	11,533,767	8,813,322	20,347,089	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	11,533,767	8,813,322	20,347,089	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)			34,992,842	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			2,590,675	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			3,985,653	27.01
28.00	Non-Medicare bad debt expense (see instructions)			31,007,189	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			9,423,080	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			29,770,169	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			48,872,369	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0208

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

Worksheet A
Date/Time Prepared:
5/29/2019 4:49 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		0	0	30,992,152	30,992,152	1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		0	0	25,045,699	25,045,699	2.00
3.00 00300 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	3,413,336	64,976,795	68,390,131	-2,122,325	66,267,806	4.00
5.01 00540 NONPATIENT TELEPHONES	479,113	2,117,460	2,596,573	7,988	2,604,561	5.01
5.02 00550 DATA PROCESSING	63,727	43,685,855	43,749,582	-1,168,098	42,581,484	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	2,123,763	3,656,850	5,780,613	-75,935	5,704,678	5.03
5.04 00570 ADMINITTING	140	87,403	87,543	-81,367	6,176	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	934,826	41,296,747	42,231,573	-13,885	42,217,688	5.05
5.06 00590 ADMINISTRATIVE AND GENERAL	19,423,759	166,512,242	185,936,001	-32,084,492	153,851,509	5.06
6.00 00600 MAINTENANCE & REPAIRS	3,980,237	22,434,955	26,415,192	-199,841	26,215,351	6.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	3,364,399	3,364,399	-23,306	3,341,093	8.00
9.00 00900 HOUSEKEEPING	9,015,812	3,260,164	12,275,976	-58,651	12,217,325	9.00
10.00 01000 DIETARY	6,413,215	6,568,429	12,981,644	-375,071	12,606,573	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	547,876	861,735	1,409,611	-407,256	1,002,355	13.00
15.00 01500 PHARMACY	14,104,767	52,311,924	66,416,691	-47,500,559	18,916,132	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	54,689	54,689	-6,229	48,460	16.00
17.00 01700 SOCIAL SERVICE	2,802,992	929,632	3,732,624	-281,854	3,450,770	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	16,408,865	0	16,408,865	80,568	16,489,433	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	38,975,748	38,975,748	-26,784,755	12,190,993	22.00
23.00 02300 ER PARAMEDIC TRNG	0	0	0	903,837	903,837	23.00
23.01 02301 PASTORAL CARE	0	0	0	181,087	181,087	23.01
23.02 02302 PHARMACY RESIDENCY	0	0	0	295,561	295,561	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	105,318,578	44,069,883	149,388,461	13,452,214	162,840,675	30.00
31.00 03100 INTENSIVE CARE UNIT	30,908,131	18,529,716	49,437,847	-8,138,240	41,299,607	31.00
31.01 03101 NEONATAL INTENSIVE CARE UNIT	13,534,380	8,078,198	21,612,578	-9,493,396	12,119,182	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	4,122,607	571,888	4,694,495	-80,990	4,613,505	40.00
41.00 04100 SUBPROVIDER - I RF	5,903,360	5,240,976	11,144,336	-268,562	10,875,774	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	9,444,819	9,444,819	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	34,797,680	123,794,513	158,592,193	-102,395,663	56,196,530	50.00
51.00 05100 RECOVERY ROOM	6,046,303	1,097,142	7,143,445	-488,811	6,654,634	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	6,839,132	2,605,941	9,445,073	-1,844,473	7,600,600	52.00
53.00 05300 ANESTHESIOLOGY	970,611	2,087,396	3,058,007	-1,553,243	1,504,764	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	20,486,768	33,840,738	54,327,506	-28,958,299	25,369,207	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	7,606	33,861,533	33,869,139	-6,172,904	27,696,235	60.00
60.01 06001 BLOOD LABORATORY	0	5,523,102	5,523,102	-930,047	4,593,055	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	14,108,285	13,286,987	27,395,272	-8,168,057	19,227,215	65.00
66.00 06600 PHYSICAL THERAPY	6,434,035	14,680,810	21,114,845	-13,649,602	7,465,243	66.00
67.00 06700 OCCUPATIONAL THERAPY	4,955,455	543,075	5,498,530	-116,474	5,382,056	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	4,084,140	1,051,134	5,135,274	-642,596	4,492,678	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	207,474	67,853	275,327	-50,260	225,067	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	95,053,676	95,053,676	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72,576,890	72,576,890	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	46,490,895	46,490,895	73.00
74.00 07400 RENAL DIALYSIS	2,081,490	1,032,447	3,113,937	-783,169	2,330,768	74.00
76.00 03020 DEV EVALUATION	2,701,466	357,914	3,059,380	-93,601	2,965,779	76.00
76.97 07697 CARDIAC REHABILITATION	876,723	144,143	1,020,866	-63,206	957,660	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02 09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03 09003 AMBULATORY CARE	2,927,990	651,470	3,579,460	1,126,622	4,706,082	90.03
90.04 09004 OTHER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	17,439,637	13,562,405	31,002,042	-5,252,169	25,749,873	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0208

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

Worksheet A
Date/Time Prepared:
5/29/2019 4:49 pm

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		
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,469,827	2,108,055	3,577,882	-1,565,919	2,011,963	105.00
106.00	10600	HEART ACQUISITION	0	0	0	4,416,374	4,416,374	106.00
108.00	10800	LUNG ACQUISITION	0	0	0	1,232,922	1,232,922	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	365,934,106	777,882,346	1,143,816,452	-592,001	1,143,224,451	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	456	456	0	456	190.00
190.01	19001	OTHER NONREIMB	552,587	1,539,968	2,092,555	592,001	2,684,556	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
200.00		TOTAL (SUM OF LINES 118 through 199)	366,486,693	779,422,770	1,145,909,463	0	1,145,909,463	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0208

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

Worksheet A
Date/Time Prepared:
5/29/2019 4:49 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	8,252,861	39,245,013	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	6,202,017	31,247,716	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	13,363,789	79,631,595	4.00
5.01	00540	NONPATIENT TELEPHONES	-1,562	2,602,999	5.01
5.02	00550	DATA PROCESSING	-15,118,997	27,462,487	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-1,368	5,703,310	5.03
5.04	00570	ADMITTING	0	6,176	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-14,942	42,202,746	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	-96,914,476	56,937,033	5.06
6.00	00600	MAINTENANCE & REPAIRS	-16,069	26,199,282	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,341,093	8.00
9.00	00900	HOUSEKEEPING	-9,218	12,208,107	9.00
10.00	01000	DIETARY	-3,746,638	8,859,935	10.00
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	-5,302	997,053	13.00
15.00	01500	PHARMACY	-33,594	18,882,538	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-16	48,444	16.00
17.00	01700	SOCIAL SERVICE	-315,777	3,134,993	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-666,477	15,822,956	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-626,061	11,564,932	22.00
23.00	02300	ER PARAMEDIC TRNG	0	903,837	23.00
23.01	02301	PASTORAL CARE	0	181,087	23.01
23.02	02302	PHARMACY RESIDENCY	0	295,561	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-36,592,194	126,248,481	30.00
31.00	03100	INTENSIVE CARE UNIT	-2,018,789	39,280,818	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	-2,879,670	9,239,512	31.01
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	-2,415	4,611,090	40.00
41.00	04100	SUBPROVIDER - I RF	-4,373,533	6,502,241	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	9,444,819	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-7,680,525	48,516,005	50.00
51.00	05100	RECOVERY ROOM	-559	6,654,075	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-3,525	7,597,075	52.00
53.00	05300	ANESTHESIOLOGY	-5,450	1,499,314	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-161,915	25,207,292	54.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-741,951	26,954,284	60.00
60.01	06001	BLOOD LABORATORY	0	4,593,055	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	-3,539,680	15,687,535	65.00
66.00	06600	PHYSICAL THERAPY	-20,152	7,445,091	66.00
67.00	06700	OCCUPATIONAL THERAPY	-1,451	5,380,605	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-4,925	4,487,753	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-74	224,993	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	95,053,676	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	72,576,890	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	46,490,895	73.00
74.00	07400	RENAL DIALYSIS	-180	2,330,588	74.00
76.00	03020	DEV EVALUATION	-572	2,965,207	76.00
76.97	07697	CARDIAC REHABILITATION	-737	956,923	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	90.02
90.03	09003	AMBULATORY CARE	-3,157	4,702,925	90.03
90.04	09004	OTHER	0	0	90.04
91.00	09100	EMERGENCY	-6,731,893	19,017,980	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-46,618	1,965,345	105.00

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Provider CCN: 14-0208

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

Worksheet A
Date/Time Prepared:
5/29/2019 4:49 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
106.00	10600	HEART ACQUISITION	-178,964	4,237,410	106.00
108.00	10800	LUNG ACQUISITION	-83,114	1,149,808	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-154,723,873	988,500,578	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	456	190.00
190.01	19001	OTHER NONREIMB	-199,738	2,484,818	190.01
190.02	19002	OTHER	0	0	190.02
200.00		TOTAL (SUM OF LINES 118 through 199)	-154,923,611	990,985,852	200.00

RECLASSIFICATIONS

Provider CCN: 14-0208

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

Worksheet A-6
Date/Time Prepared:
5/29/2019 4:49 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - RECLASS IMPLANT COSTS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	72,576,890	1.00
	TOTALS		0	72,576,890	
B - RECLASS CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	46,490,895	1.00
	TOTALS		0	46,490,895	
C - RECLASS MEDICAL SUPPLIES COST					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	167,630,566	1.00
2.00	ADMINISTRATIVE AND GENERAL	5.06	0	100,019	2.00
3.00	OTHER NONREIMB	190.01	0	9,071	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
	TOTALS		0	167,739,656	
D - RECLASS HOMEBOUND NURSERY					
1.00	NURSERY	43.00	5,835,856	1,354,831	1.00
	TOTALS		5,835,856	1,354,831	
E - RECLASS NURSERY					
1.00	NURSERY	43.00	2,052,102	202,030	1.00
	TOTALS		2,052,102	202,030	
F - RECLASS PARAMEDICAL EDUCATION					
1.00	ER PARAMEDIC TRNG	23.00	578,692	325,145	1.00
	TOTALS		578,692	325,145	
G - RECLASS PASTORAL CARE					
1.00	PASTORAL CARE	23.01	161,465	19,622	1.00
	TOTALS		161,465	19,622	
H - RECLASS BUILDING DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	28,815,558	1.00
	TOTALS		0	28,815,558	
I - RECLASS EQUIPMENT DEPRECIATION					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	25,000,625	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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
	TOTALS		0	25,000,625		
J - RECLASS LAND IMP. DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,698,424		1.00
	TOTALS		0	1,698,424		
K - RECLASS LEASEHOLD IMP. DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	405,261		1.00
	TOTALS		0	405,261		
L - RECLASS CAPITAL INTEREST						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	29,076		1.00
	TOTALS		0	29,076		
M - RECLASS REMEDIATION COST						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	43,833		1.00
	TOTALS		0	43,833		
N - RECLASS VEHICLE DEPRECIATION						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	45,074		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
	TOTALS		0	45,074		
P - RECLASS PHARMACY RESIDENCY						
1.00	PHARMACY RESIDENCY	23.02	282,427	13,134		1.00
	TOTALS		282,427	13,134		
Q - RECLASS KIDNEY TRANSP REL COST						
1.00	OPERATING ROOM	50.00	949,513	927,801		1.00
	TOTALS		949,513	927,801		
R - HEART TRANSPL ACQUIS COST						
1.00	HEART ACQUISITION	106.00	1,434,230	2,692,993		1.00
	TOTALS		1,434,230	2,692,993		
S - ADDITIONAL TRANSPLANT SALARY						
1.00	KIDNEY ACQUISITION	105.00	48,555	0		1.00
2.00	HEART ACQUISITION	106.00	71,616	0		2.00
3.00	LUNG ACQUISITION	108.00	7,700	0		3.00
4.00		0.00	0	0		4.00
	TOTALS		127,871	0		
T - TRANSPLANT DIRECTOR HEART SALARY						
1.00	HEART ACQUISITION	106.00	53,096	0		1.00
2.00	LUNG ACQUISITION	108.00	1,720	0		2.00
	TOTALS		54,816	0		

RECLASSIFICATIONS

Provider CCN: 14-0208

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

Worksheet A-6
Date/Time Prepared:
5/29/2019 4:49 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
U - RECLASS BONUS PAY						
1.00		0.00	0	0	1.00	
2.00	NONPATIENT TELEPHONES	5.01	8,266	0	2.00	
4.00	PURCHASING RECEIVING AND STORES	5.03	34,902	0	4.00	
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	83,494	0	5.00	
6.00	ADMINISTRATIVE AND GENERAL	5.06	852,868	0	6.00	
7.00	MAINTENANCE & REPAIRS	6.00	16,987	0	7.00	
9.00	DIETARY	10.00	8,266	0	9.00	
10.00	NURSING ADMINISTRATION	13.00	29,411	0	10.00	
11.00	PHARMACY	15.00	63,084	0	11.00	
13.00	SOCIAL SERVICE	17.00	8,206	0	13.00	
14.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	80,568	0	14.00	
15.00	ADULTS & PEDIATRICS	30.00	458,952	0	15.00	
16.00	INTENSIVE CARE UNIT	31.00	52,793	0	16.00	
17.00	NEONATAL INTENSIVE CARE UNIT	31.01	10,031	0	17.00	
18.00	SUBPROVIDER - IPF	40.00	38,476	0	18.00	
19.00	SUBPROVIDER - IRF	41.00	32,861	0	19.00	
20.00	OPERATING ROOM	50.00	90,256	0	20.00	
21.00	RECOVERY ROOM	51.00	9,536	0	21.00	
22.00	DELIVERY ROOM & LABOR ROOM	52.00	10,031	0	22.00	
24.00	RADIOLOGY-DIAGNOSTIC	54.00	63,290	0	24.00	
26.00	RESPIRATORY THERAPY	65.00	36,145	0	26.00	
28.00	OCCUPATIONAL THERAPY	67.00	9,193	0	28.00	
29.00	ELECTROCARDIOLOGY	69.00	9,776	0	29.00	
31.00	RENAL DIALYSIS	74.00	7,151	0	31.00	
32.00	DEV EVALUATION	76.00	10,290	0	32.00	
34.00	AMBULATORY CARE	90.03	8,832	0	34.00	
35.00	EMERGENCY	91.00	38,303	0	35.00	
36.00	KIDNEY ACQUISITION	105.00	16,409	0	36.00	
37.00	OTHER NONREIMB	190.01	29,465	0	37.00	
TOTALS			2,117,842	0		
V - PAIN CENTER						
1.00	AMBULATORY CARE	90.03	974,686	359,510	1.00	
TOTALS			974,686	359,510		
W - NON TEACHING PEDS SPECIALISTS						
1.00	ADULTS & PEDIATRICS	30.00	0	26,781,527	1.00	
TOTALS			0	26,781,527		
X - GIFT OF HOPE PRE TRANSPL LAB FEES						
1.00	KIDNEY ACQUISITION	105.00	0	291,430	1.00	
2.00	HEART ACQUISITION	106.00	0	141,946	2.00	
3.00	LUNG ACQUISITION	108.00	0	45,865	3.00	
TOTALS			0	479,241		
Y - LUNG TRANSPLANT COSTS						
1.00	LUNG ACQUISITION	108.00	306,349	868,789	1.00	
TOTALS			306,349	868,789		
Z - MOVE SPA RESEARCH COSTS						
1.00	OTHER NONREIMB	190.01	66,877	488,311	1.00	
2.00		0.00	0	0	2.00	
TOTALS			66,877	488,311		
AA - TRANSPL FIN COORD						
1.00	KIDNEY ACQUISITION	105.00	0	9,997	1.00	
2.00	HEART ACQUISITION	106.00	0	22,493	2.00	
3.00	LUNG ACQUISITION	108.00	0	2,499	3.00	
TOTALS			0	34,989		
500.00	Grand Total: Increases		14,942,726	377,393,215	500.00	

RECLASSIFICATIONS

Provider CCN: 14-0208

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

Worksheet A-6
Date/Time Prepared:
5/29/2019 4:49 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - RECLASS IMPLANT COSTS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	72,576,890	0		1.00
	TOTALS		0	72,576,890			
B - RECLASS CHARGEABLE DRUGS							
1.00	PHARMACY	15.00	0	46,490,895	0		1.00
	TOTALS		0	46,490,895			
C - RECLASS MEDICAL SUPPLIES COST							
1.00	NONPATIENT TELEPHONES	5.01	0	148	0		1.00
2.00		0.00	0	0	0		2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	107,276	0		3.00
4.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	7	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	1	0		5.00
7.00	MAINTENANCE & REPAIRS	6.00	0	4,465	0		7.00
8.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,483	0		8.00
9.00	HOUSEKEEPING	9.00	0	1,876	0		9.00
10.00	DIETARY	10.00	0	16,094	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	1,471	0		11.00
12.00	PHARMACY	15.00	0	189,126	0		12.00
13.00	SOCIAL SERVICE	17.00	0	285,950	0		13.00
14.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	304	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	0	8,024,263	0		15.00
16.00	INTENSIVE CARE UNIT	31.00	0	6,512,246	0		16.00
17.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	1,481,379	0		17.00
18.00	SUBPROVIDER - IPF	40.00	0	84,282	0		18.00
19.00	SUBPROVIDER - IRF	41.00	0	263,007	0		19.00
20.00	OPERATING ROOM	50.00	0	93,942,581	0		20.00
21.00	RECOVERY ROOM	51.00	0	244,331	0		21.00
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,620,164	0		22.00
23.00	ANESTHESIOLOGY	53.00	0	1,482,801	0		23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	21,770,103	0		24.00
25.00	LABORATORY	60.00	0	5,692,014	0		25.00
26.00	BLOOD LABORATORY	60.01	0	930,047	0		26.00
27.00	RESPIRATORY THERAPY	65.00	0	7,680,708	0		27.00
28.00	PHYSICAL THERAPY	66.00	0	12,940,876	0		28.00
29.00	OCCUPATIONAL THERAPY	67.00	0	46,360	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	0	266,976	0		30.00
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	7,532	0		31.00
32.00	RENAL DIALYSIS	74.00	0	735,034	0		32.00
33.00	DEVELOPMENT	76.00	0	77,247	0		33.00
34.00	CARDIAC REHABILITATION	76.97	0	14,994	0		34.00
35.00	AMBULATORY CARE	90.03	0	137,922	0		35.00
36.00	EMERGENCY	91.00	0	3,173,408	0		36.00
37.00	KIDNEY ACQUISITION	105.00	0	180	0		37.00
	TOTALS		0	167,739,656			
D - RECLASS HOMEBOUND NURSERY							
1.00	NEONATAL INTENSIVE CARE UNIT	31.01	5,835,856	1,354,831	0		1.00
	TOTALS		5,835,856	1,354,831			
E - RECLASS NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	2,052,102	202,030	0		1.00
	TOTALS		2,052,102	202,030			
F - RECLASS PARAMEDICAL EDUCATION							
1.00	EMERGENCY	91.00	578,692	325,145	0		1.00
	TOTALS		578,692	325,145			
G - RECLASS PASTORAL CARE							
1.00	ADMINISTRATIVE AND GENERAL	5.06	161,465	19,622	0		1.00
	TOTALS		161,465	19,622			
H - RECLASS BUILDING DEPRECIATION							
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	28,815,558	9		1.00
	TOTALS		0	28,815,558			
I - RECLASS EQUIPMENT DEPRECIATION							
1.00		0.00	0	0	9		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	130	9		2.00
3.00	DATA PROCESSING	5.02	0	1,168,098	9		3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	3,561	9		4.00
5.00	ADMINISTRATIVE	5.04	0	81,367	9		5.00
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	1,050	9		6.00
7.00	ADMINISTRATIVE AND GENERAL	5.06	0	1,819,066	9		7.00
8.00	MAINTENANCE & REPAIRS	6.00	0	212,363	9		8.00

RECLASSIFICATIONS

Provider CCN: 14-0208

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

Worksheet A-6
Date/Time Prepared:
5/29/2019 4:49 pm

Decreases								
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
9.00	HOUSEKEEPING	9.00	0	56,775	9		9.00	
10.00	DIETARY	10.00	0	327,373	9		10.00	
11.00	NURSING ADMINISTRATION	13.00	0	435,196	9		11.00	
12.00	PHARMACY	15.00	0	565,503	9		12.00	
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	6,229	9		13.00	
14.00	I&R SERVICES-OTHER PRGM COSTS APRVD	22.00	0	2,924	9		14.00	
15.00	ADULTS & PEDIATRICS	30.00	0	2,090,754	9		15.00	
16.00	INTENSIVE CARE UNIT	31.00	0	1,678,787	9		16.00	
17.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	831,361	9		17.00	
18.00	SUBPROVIDER - IPF	40.00	0	35,184	9		18.00	
19.00	SUBPROVIDER - IRF	41.00	0	38,416	9		19.00	
20.00	OPERATING ROOM	50.00	0	5,118,291	9		20.00	
21.00	RECOVERY ROOM	51.00	0	254,016	9		21.00	
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	234,340	9		22.00	
23.00	ANESTHESIOLOGY	53.00	0	70,442	9		23.00	
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,251,486	9		24.00	
25.00	LABORATORY	60.00	0	1,649	9		25.00	
26.00	RESPIRATORY THERAPY	65.00	0	523,494	9		26.00	
27.00	PHYSICAL THERAPY	66.00	0	708,726	9		27.00	
28.00	OCCUPATIONAL THERAPY	67.00	0	79,307	9		28.00	
29.00	ELECTROCARDIOLOGY	69.00	0	385,396	9		29.00	
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	42,728	9		30.00	
31.00	RENAL DIALYSIS	74.00	0	55,286	9		31.00	
32.00	DEV EVALUATION	76.00	0	26,644	9		32.00	
33.00	CARDIAC REHABILITATION	76.97	0	48,212	9		33.00	
34.00	AMBULATORY CARE	90.03	0	78,484	9		34.00	
35.00	EMERGENCY	91.00	0	742,959	9		35.00	
36.00		0.00	0	0	9		36.00	
37.00	OTHER NONREIMB	190.01	0	1,723	0		37.00	
38.00	LAUNDRY & LINEN SERVICE	8.00	0	23,305	0		38.00	
	TOTALS		0	25,000,625				
J - RECLASS LAND IMP. DEPRECIATION								
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	1,698,424	9		1.00	
	TOTALS		0	1,698,424				
K - RECLASS LEASEHOLD IMP. DEPRECIATION								
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	405,261	11		1.00	
	TOTALS		0	405,261				
L - RECLASS CAPITAL INTEREST								
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	29,076	11		1.00	
	TOTALS		0	29,076				
M - RECLASS REMEDIATION COST								
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	43,833	11		1.00	
	TOTALS		0	43,833				
N - RECLASS VEHICLE DEPRECIATION								
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	45,074	9		1.00	
2.00		0.00	0	0	9		2.00	
3.00		0.00	0	0	9		3.00	
4.00		0.00	0	0	9		4.00	
	TOTALS		0	45,074				
P - RECLASS PHARMACY RESIDENCY								
1.00	PHARMACY	15.00	282,427	13,134	0		1.00	
	TOTALS		282,427	13,134				
Q - RECLASS KIDNEY TRANSP REL COST								
1.00	KIDNEY ACQUISITION	105.00	949,513	927,801	0		1.00	
	TOTALS		949,513	927,801				
R - HEART TRANSP ACQUIS COST								
1.00	OPERATING ROOM	50.00	1,434,230	2,692,993	0		1.00	
	TOTALS		1,434,230	2,692,993				
S - ADDITIONAL TRANSPLANT SALARY								
1.00	DIETARY	10.00	39,870	0	0		1.00	
2.00	SOCIAL SERVICE	17.00	4,110	0	0		2.00	
3.00	PHARMACY	15.00	22,558	0	0		3.00	
4.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	61,333	0	0		4.00	
	TOTALS		127,871	0	0			
T - TRANSPLANT DIRECTOR HEART SALARY								
1.00	KIDNEY ACQUISITION	105.00	54,816	0	0		1.00	
2.00		0.00	0	0	0		2.00	
	TOTALS		54,816	0	0			
U - RECLASS BONUS PAY								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,117,842	0	0		1.00	
2.00		0.00	0	0	0		2.00	
4.00		0.00	0	0	0		4.00	

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
5.00	0.00	0	0	0		5.00	
6.00	0.00	0	0	0		6.00	
7.00	0.00	0	0	0		7.00	
9.00	0.00	0	0	0		9.00	
10.00	0.00	0	0	0		10.00	
11.00	0.00	0	0	0		11.00	
13.00	0.00	0	0	0		13.00	
14.00	0.00	0	0	0		14.00	
15.00	0.00	0	0	0		15.00	
16.00	0.00	0	0	0		16.00	
17.00	0.00	0	0	0		17.00	
18.00	0.00	0	0	0		18.00	
19.00	0.00	0	0	0		19.00	
20.00	0.00	0	0	0		20.00	
21.00	0.00	0	0	0		21.00	
22.00	0.00	0	0	0		22.00	
24.00	0.00	0	0	0		24.00	
26.00	0.00	0	0	0		26.00	
28.00	0.00	0	0	0		28.00	
29.00	0.00	0	0	0		29.00	
31.00	0.00	0	0	0		31.00	
32.00	0.00	0	0	0		32.00	
34.00	0.00	0	0	0		34.00	
35.00	0.00	0	0	0		35.00	
36.00	0.00	0	0	0		36.00	
37.00	0.00	0	0	0		37.00	
TOTALS		2,117,842	0				
V - PAIN CENTER							
1.00	ADULTS & PEDIATRICS	30.00	974,686	359,510	0	1.00	
TOTALS			974,686	359,510			
W - NON TEACHING PEDIATRIC SPECIALISTS							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	26,781,527	0	1.00	
TOTALS			0	26,781,527			
X - GIFT OF HOPE PRE TRANSPL LAB FEES							
1.00	LABORATORY	60.00	0	479,241	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
TOTALS			0	479,241			
Y - LUNG TRANSPLANT COSTS							
1.00	OPERATING ROOM	50.00	306,349	868,789	0	1.00	
TOTALS			306,349	868,789			
Z - MOVE SPA RESEARCH COSTS							
1.00	ADULTS & PEDIATRICS	30.00	66,877	18,043	0	1.00	
2.00	EMERGENCY	91.00	0	470,268	0	2.00	
TOTALS			66,877	488,311			
AA - TRANSPL FIN COORD							
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	34,989	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
TOTALS			0	34,989			
500.00	Grand Total: Decreases		14,942,726	377,393,215		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0208

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

Worksheet A-7
Part I
Date/Time Prepared:
5/29/2019 4:49 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	10,246,009	0	0	0	1.00
2.00	Land Improvements	29,747,342	711,590	0	711,590	2.00
3.00	Buildings and Fixtures	622,790,312	43,181,071	0	43,181,071	3.00
4.00	Building Improvements	5,604,432	497,326	0	497,326	4.00
5.00	Fixed Equipment	252,447,355	18,337,721	-18,875	18,318,846	5.00
6.00	Movable Equipment	368,417	71,281	0	71,281	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	921,203,867	62,798,989	-18,875	62,780,114	8.00
9.00	Reconciling Items	-132,553,290	-5,232,402	0	-5,232,402	9.00
10.00	Total (line 8 minus line 9)	1,053,757,157	68,031,391	-18,875	68,012,516	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	10,246,009	0			1.00
2.00	Land Improvements	30,458,932	4,004,096			2.00
3.00	Buildings and Fixtures	665,913,291	121,310,394			3.00
4.00	Building Improvements	6,101,758	3,821,090			4.00
5.00	Fixed Equipment	269,996,742	103,385,350			5.00
6.00	Movable Equipment	439,698	290,642			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	983,156,430	232,811,572			8.00
9.00	Reconciling Items	-137,785,692	0			9.00
10.00	Total (line 8 minus line 9)	1,120,942,122	232,811,572			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0208

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

Worksheet A-7
Part II
Date/Time Prepared:
5/29/2019 4:49 pm

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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0208

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

Worksheet A-7
Part III
Date/Time Prepared:
5/29/2019 4:49 pm

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	NEW CAP REL COSTS-BLDG & FIXT	1,120,502,425	0	1,120,502,425	0.999608	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	439,698	0	439,698	0.000392	0	2.00
3.00	Total (sum of lines 1-2)	1,120,942,123	0	1,120,942,123	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	38,766,843	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	31,247,716	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	70,014,559	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	478,170	0	0	0	39,245,013	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	31,247,716	2.00
3.00	Total (sum of lines 1-2)	478,170	0	0	0	70,492,729	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0208

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

Worksheet A-8

Date/Time Prepared:
5/29/2019 4:49 pm

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
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0	0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0	0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0	0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0	0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0	0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0	0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0	0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-65,766,950	0		0.00	0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0	0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-26,711,205	0			0	12.00
13.00 Laundry and linen service		0	0		0.00	0	13.00
14.00 Cafeteria-employees and guests		0	0		0.00	0	14.00
15.00 Rental of quarters to employee and others		0	0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0	0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0	0		0.00	0	17.00
18.00 Sale of medical records and abstracts	A	-16	16	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0	0		0.00	0	19.00
20.00 Vending machines		0	0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0	0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0	0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	65	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	66	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	114	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	6,166,013	1	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	6,035	2	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00 Non-physician Anesthetist		0	19	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0	0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	67	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		-533,500	30	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	68	SPEECH PATHOLOGY	68.00		31.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.00
33.01 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.01
33.02 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.02
33.03 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.03
33.04 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.04
33.05 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.05
33.06 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.06
33.07 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.07
33.08 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.08
34.00 MI SC REV		0			0.00	0 34.00
35.00 MI SC REV	B	-1,328	NONPATIENT TELEPHONES		5.01	0 35.00
38.00 MI SC REV	B	-50	PURCHASING RECEIVING AND STORES		5.03	0 38.00
39.00 MI SC REV	B	-523,023	ADMINISTRATIVE AND GENERAL		5.06	0 39.00
41.00 MI SC REV	B	-3,756	MAINTENANCE & REPAIRS		6.00	0 41.00
42.00 MI SC REV	B	-3,722,549	DIETARY		10.00	0 42.00
43.00 MI SC REV	B	-349	NURSING ADMINISTRATION		13.00	0 43.00
44.00 MI SC REV	B	-17,055	PHARMACY		15.00	0 44.00
45.00 MI SC REV	B	-372,229	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00	0 45.00
45.01 MI SC REV	B	-3,450	CASHIERING/ACCOUNTS RECEIVABLE		5.05	0 45.01
45.02 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 45.02
45.03 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 45.03
45.04 MI SC REV	B	-204,532	ADULTS & PEDIATRICS		30.00	0 45.04
45.05 MI SC REV	B	8,600	INTENSIVE CARE UNIT		31.00	0 45.05
45.06 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 45.06
45.07 MI SC REV	B	-67,533	NEONATAL INTENSIVE CARE UNIT		31.01	0 45.07
45.08 MI SC REV	B	250	SUBPROVIDER - I PF		40.00	0 45.08
45.09 MI SC REV	B	-6,629	OPERATING ROOM		50.00	0 45.09
45.10 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 45.10
45.11 MI SC REV	B	-56,115	RADIOLOGY-DIAGNOSTIC		54.00	0 45.11
45.12 MI SC REV	B	-685,710	LABORATORY		60.00	0 45.12
45.13 MI SC REV	B	-3,328	PHYSICAL THERAPY		66.00	0 45.13
45.14 MI SC REV	B	50	OCCUPATIONAL THERAPY		67.00	0 45.14
45.15 MI SC REV	B	250	ELECTROCARDIOLOGY		69.00	0 45.15
45.16 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 45.16
45.17 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 45.17
45.18 LOBBYING	A	-6,051	ADMINISTRATIVE AND GENERAL		5.06	0 45.18
45.19 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 45.19
45.20 MI SC REV	B	-9,001	HEART ACQUISITION		106.00	0 45.20
45.21 MI SC REV	B	-718	KIDNEY ACQUISITION		105.00	0 45.21
45.22 MI SC REV	B	-333,716	EMERGENCY		91.00	0 45.22
45.23 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 45.23
45.24 NONALLOWABLE COSTS	A	-533,308	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 45.24
45.25 NON ALLOWABLE COST	A	-234	NONPATIENT TELEPHONES		5.01	0 45.25
45.26 NONALLOWABLE COSTS	A	-486	DATA PROCESSING		5.02	0 45.26
45.27 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 45.27
45.28 NONALLOWABLE COSTS	A	-1,318	PURCHASING RECEIVING AND STORES		5.03	0 45.28

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.	Ref.	
			Cost Center	Line #			
			1.00	2.00			3.00
45.29 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	45.29
45.30 NONALLOWABLE COSTS	A	0			0.00	0	45.30
45.31 NONALLOWABLE COST	A	-11,492	CASHIERING/ACCOUNTS RECEIVABLE		5.05	0	45.31
45.32 NONALLOWABLE COST	A	-9,817,121	ADMINISTRATIVE AND GENERAL		5.06	0	45.32
45.33 NONALLOWABLE COSTS	A	-12,313	MAINTENANCE & REPAIRS		6.00	0	45.33
45.34 NONALLOWABLE COSTS	A	-9,218	HOUSEKEEPING		9.00	0	45.34
45.35 NONALLOWABLE COSTS	A	-24,089	DIETARY		10.00	0	45.35
45.36 NONALLOWABLE COSTS	A	-4,953	NURSING ADMINISTRATION		13.00	0	45.36
45.37 NONALLOWABLE COSTS	A	-16,539	PHARMACY		15.00	0	45.37
45.38 NONALLOWABLE COSTS	A	0			0.00	0	45.38
45.39 NONALLOWABLE COSTS	A	-315,777	SOCIAL SERVICE		17.00	0	45.39
45.40 NONALLOWABLE COSTS	A	-253,832	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00	0	45.40
45.41 NONALLOWABLE COSTS	A	0			0.00	0	45.41
45.42 NONALLOWABLE COSTS	A	-554,400	ADULTS & PEDIATRICS		30.00	0	45.42
45.43 NONALLOWABLE COSTS	A	-12,990	INTENSIVE CARE UNIT		31.00	0	45.43
45.44 NONALLOWABLE COSTS	A	-5,984	NEONATAL INTENSIVE CARE UNIT		31.01	0	45.44
45.45 NONALLOWABLE COSTS	A	-2,665	SUBPROVIDER - IPF		40.00	0	45.45
45.46 NONALLOWABLE COSTS	A	-8,650	SUBPROVIDER - IRF		41.00	0	45.46
45.47 NONALLOWABLE COSTS	A	-161,268	OPERATING ROOM		50.00	0	45.47
45.48 NONALLOWABLE COSTS	A	-559	RECOVERY ROOM		51.00	0	45.48
45.49 NONALLOWABLE COSTS	A	-3,525	DELIVERY ROOM & LABOR ROOM		52.00	0	45.49
45.50 NONALLOWABLE COSTS	A	-5,450	ANESTHESIOLOGY		53.00	0	45.50
45.51 NONALLOWABLE COSTS	A	-64,382	RADIOLOGY-DIAGNOSTIC		54.00	0	45.51
45.52 NONALLOWABLE COSTS	A	-56,241	LABORATORY		60.00	0	45.52
45.53 NONALLOWABLE COSTS	A	-5,175	ELECTROCARDIOLOGY		69.00	0	45.53
45.54 NONALLOWABLE COSTS	A	-2,256	RESPIRATORY THERAPY		65.00	0	45.54
45.55 NONALLOWABLE COSTS	A	-2,879	PHYSICAL THERAPY		66.00	0	45.55
45.56 NONALLOWABLE COSTS	A	-1,501	OCCUPATIONAL THERAPY		67.00	0	45.56
45.57 NONALLOWABLE COSTS	A	-74	ELECTROENCEPHALOGRAPHY		70.00	0	45.57
45.58 NONALLOWABLE COSTS	A	-180	RENAL DIALYSIS		74.00	0	45.58
45.59 NONALLOWABLE COSTS	A	-572	DEV EVALUATION		76.00	0	45.59
45.60 NONALLOWABLE COSTS	A	-737	CARDIAC REHABILITATION		76.97	0	45.60
45.61 NONALLOWABLE COST	A	-3,157	AMBULATORY CARE		90.03	0	45.61
45.62 NONALLOWABLE COSTS	A	-73,019	EMERGENCY		91.00	0	45.62
45.63 NONALLOWABLE COSTS	A	-45,900	KIDNEY ACQUISITION		105.00	0	45.63
45.64 NONALLOWABLE COSTS	A	-199,738	OTHER NONREIMB		190.01	0	45.64
45.65 PUBLIC RELATIONS	A	-1,956	ADMINISTRATIVE AND GENERAL		5.06	0	45.65
45.66 INTEREST OFFSET	A	-13,045,411	ADMINISTRATIVE AND GENERAL		5.06	0	45.66
45.67 ELIMINATE MEDICAID ASSESSMENT	A	-36,816,667	ADMINISTRATIVE AND GENERAL		5.06	0	45.67
45.71 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	45.71
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-154,923,611					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: 14-0208

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2019 4:49 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	PERSONNEL	13,897,097	0
2.00	5.02	DATA PROCESSING	DATA PROCESSING	22,163,821	37,282,332
3.00	5.06	ADMINISTRATIVE AND GENERAL	A&G	22,826,503	56,599,124
4.00	1.00	NEW CAP REL COSTS-BLDG & FIX	NEW CAP. -B&F	2,086,848	0
4.01	2.00	NEW CAP REL COSTS-MVBLE EQUI	NEW CAP. -M. E.	6,195,982	0
4.02	0.00			0	0
4.03	0.00			0	0
5.00	0			67,170,251	93,881,456

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

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

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

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

6.00	B	0.00	ADVOCATE HEALTH	100.00	6.00
7.00		0.00		0.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 14-0208

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2019 4:49 pm

	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	13,897,097	0		1.00
2.00	-15,118,511	0		2.00
3.00	-33,772,621	0		3.00
4.00	2,086,848	9		4.00
4.01	6,195,982	9		4.01
4.02	0	0		4.02
4.03	0	0		4.03
5.00	-26,711,205			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0208

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2019 4:49 pm

	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	5.06	ADMINISTRATIVE AND GENERAL	2,931,626	2,931,626	0	177,200	0	1.00
2.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	666,477	666,477	0	177,200	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	35,299,762	35,299,762	0	177,200	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	2,014,399	2,014,399	0	177,200	0	4.00
5.00	31.01	NEONATAL INTENSIVE CARE UNIT	2,806,153	2,806,153	0	154,100	0	5.00
6.00	41.00	SUBPROVIDER - IRF	4,364,883	4,364,883	0	177,200	0	6.00
7.00	50.00	OPERATING ROOM	7,512,628	7,512,628	0	208,000	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	41,418	41,418	0	208,000	0	8.00
9.00	65.00	RESPIRATORY THERAPY	3,537,424	3,537,424	0	225,300	0	9.00
10.00	66.00	PHYSICAL THERAPY	13,945	13,945	0	177,200	0	10.00
11.00	91.00	EMERGENCY	6,325,158	6,325,158	0	208,000	0	11.00
12.00	106.00	HEART ACQUISITION	329,443	0	329,443	177,200	1,872	12.00
13.00	108.00	LUNG ACQUISITION	134,826	0	134,826	177,200	607	13.00
200.00			65,978,142	65,513,873	464,269		2,479	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	5.06	ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	6.00
7.00	50.00	OPERATING ROOM	0	0	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	8.00
9.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	9.00
10.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	10.00
11.00	91.00	EMERGENCY	0	0	0	0	0	11.00
12.00	106.00	HEART ACQUISITION	159,480	7,974	0	0	0	12.00
13.00	108.00	LUNG ACQUISITION	51,712	2,586	0	0	0	13.00
200.00			211,192	10,560	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	5.06	ADMINISTRATIVE AND GENERAL	0	0	0	2,931,626		1.00
2.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	666,477		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	35,299,762		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	2,014,399		4.00
5.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	2,806,153		5.00
6.00	41.00	SUBPROVIDER - IRF	0	0	0	4,364,883		6.00
7.00	50.00	OPERATING ROOM	0	0	0	7,512,628		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	41,418		8.00
9.00	65.00	RESPIRATORY THERAPY	0	0	0	3,537,424		9.00
10.00	66.00	PHYSICAL THERAPY	0	0	0	13,945		10.00
11.00	91.00	EMERGENCY	0	0	0	6,325,158		11.00
12.00	106.00	HEART ACQUISITION	0	159,480	169,963	169,963		12.00
13.00	108.00	LUNG ACQUISITION	0	51,712	83,114	83,114		13.00
200.00			0	211,192	253,077	65,766,950		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0208

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2019 4:49 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	39,245,013	39,245,013				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	31,247,716		31,247,716			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	79,631,595	126,891	0	79,758,486		4.00
5.01 00540 NONPATIENT TELEPHONES	2,602,999	247,696	162	106,445	2,957,302	5.01
5.02 00550 DATA PROCESSING	27,462,487	60,176	1,459,979	13,918	32,192	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	5,703,310	609	4,451	471,457	32,192	5.03
5.04 00570 ADMINITTING	6,176	1,685	101,699	31	24,876	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	42,202,746	437,896	1,312	209,008	163,888	5.05
5.06 00590 ADMINISTRATIVE AND GENERAL	56,937,033	19,925,917	2,271,904	4,393,192	263,392	5.06
6.00 00600 MAINTENANCE & REPAIRS	26,199,282	4,885,268	265,428	873,002	149,255	6.00
8.00 00800 LAUNDRY & LINEN SERVICE	3,341,093	0	29,128	0	0	8.00
9.00 00900 HOUSEKEEPING	12,208,107	436	70,962	1,969,071	19,023	9.00
10.00 01000 DIETARY	8,859,935	78,488	409,176	1,393,757	64,385	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	997,053	800,996	543,941	126,081	39,509	13.00
15.00 01500 PHARMACY	18,882,538	390,817	703,670	3,027,678	48,288	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	48,444	5,214	7,785	0	76,091	16.00
17.00 01700 SOCIAL SERVICE	3,134,993	0	0	613,074	26,339	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	15,822,956	0	0	3,601,325	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	11,564,932	0	3,655	0	83,407	22.00
23.00 02300 ER PARAMEDIC TRNG	903,837	15,327	5,451	126,387	17,559	23.00
23.01 02301 PASTORAL CARE	181,087	2,393	1,705	35,264	7,316	23.01
23.02 02302 PHARMACY RESIDENCY	295,561	1,747	3,140	61,683	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	126,248,481	2,217,155	2,322,764	22,426,356	506,299	30.00
31.00 03100 INTENSIVE CARE UNIT	39,280,818	94,850	2,098,277	6,761,928	55,605	31.00
31.01 03101 NEONATAL INTENSIVE CARE UNIT	9,239,512	848,926	520,114	1,683,564	52,678	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	4,611,090	4,632	43,976	908,789	108,283	40.00
41.00 04100 SUBPROVIDER - I RF	6,502,241	34,722	48,015	1,296,483	33,656	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	9,444,819	908,417	740,157	1,722,746	48,288	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	48,516,005	1,651,430	6,389,991	7,446,825	187,301	50.00
51.00 05100 RECOVERY ROOM	6,654,075	27,719	317,489	1,322,607	11,706	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	7,597,075	49,288	292,896	1,495,871	36,582	52.00
53.00 05300 ANESTHESIOLOGY	1,499,314	0	88,044	211,983	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	25,207,292	2,159,284	9,063,473	4,488,174	229,736	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	26,954,284	303,173	2,061	1,661	133,159	60.00
60.01 06001 BLOOD LABORATORY	4,593,055	0	0	0	11,706	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	15,687,535	82	654,303	3,089,172	38,045	65.00
66.00 06600 PHYSICAL THERAPY	7,445,091	136,185	885,820	1,405,206	30,729	66.00
67.00 06700 OCCUPATIONAL THERAPY	5,380,605	3,224	99,124	1,084,289	70,238	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	4,487,753	643	481,698	894,119	54,142	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	224,993	33,255	53,405	45,313	7,316	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	95,053,676	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	72,576,890	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	46,490,895	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	2,330,588	240,586	69,101	456,163	0	74.00
76.00 03020 DEV EVALUATION	2,965,207	0	33,302	592,253	35,119	76.00
76.97 07697 CARDIAC REHABILITATION	956,923	0	60,259	191,478	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02 09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03 09003 AMBULATORY CARE	4,702,925	6,021	167,345	854,281	71,701	90.03
90.04 09004 OTHER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	19,017,980	2,425,249	923,157	3,690,830	146,329	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0208

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

Worksheet B
Part I
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	1,965,345	34,665	0	115,854	1,463	105.00
106.00 10600 HEART ACQUISITION	4,237,410	0	7,243	340,476	5,853	106.00
108.00 10800 LUNG ACQUISITION	1,149,808	0	0	68,965	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	988,500,578	38,161,062	31,245,562	79,616,759	2,923,646	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	456	0	0	0	0	190.00
190.01 19001 OTHER NONREIMB	2,484,818	1,083,951	2,154	141,727	33,656	190.01
190.02 19002 OTHER	0	0	0	0	0	190.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	990,985,852	39,245,013	31,247,716	79,758,486	2,957,302	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0208

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

Worksheet B Part I Date/Time Prepared: 5/29/2019 4:49 pm

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540 NONPATIENT TELEPHONES						5.01
5.02	00550 DATA PROCESSING	29,028,752					5.02
5.03	00560 PURCHASING RECEIVING AND STORES	0	6,212,019				5.03
5.04	00570 ADMINITTING	0	0	134,467			5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	43,014,850		5.05
5.06	00590 ADMINISTRATIVE AND GENERAL	0	0	0	0	83,791,438	5.06
6.00	00600 MAINTENANCE & REPAIRS	0	165	0	0	32,372,400	6.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	0	0	3,370,221	8.00
9.00	00900 HOUSEKEEPING	0	70	0	0	14,267,669	9.00
10.00	01000 DIETARY	0	596	0	0	10,806,337	10.00
11.00	01100 CAFETERIA	0	0	0	0	0	11.00
13.00	01300 NURSING ADMINISTRATION	0	55	0	0	2,507,635	13.00
15.00	01500 PHARMACY	0	6,977	0	0	23,059,968	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	137,534	16.00
17.00	01700 SOCIAL SERVICE	0	10,597	0	0	3,785,003	17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	19,424,281	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	11	0	0	11,652,005	22.00
23.00	02300 ER PARAMEDIC TRNG	0	133	0	0	1,068,694	23.00
23.01	02301 PASTORAL CARE	0	0	0	0	227,765	23.01
23.02	02302 PHARMACY RESIDENCY	0	31	0	0	362,162	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	4,196,970	288,963	25,096	6,219,010	164,451,094	30.00
31.00	03100 INTENSIVE CARE UNIT	1,536,623	241,331	10,291	2,276,974	52,356,697	31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT	337,443	27,719	2,260	500,025	13,212,241	31.01
32.00	03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000 SUBPROVIDER - I/PF	194,168	3,123	1,300	287,718	6,163,079	40.00
41.00	04100 SUBPROVIDER - I/RF	188,744	9,747	1,264	279,681	8,394,553	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	351,611	29,068	2,355	521,019	13,768,480	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,581,739	3,480,755	10,277	3,825,632	74,089,955	50.00
51.00	05100 RECOVERY ROOM	348,323	9,054	960	516,147	9,208,080	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	361,502	60,040	2,199	535,675	10,431,128	52.00
53.00	05300 ANESTHESIOLOGY	544,269	54,950	2,241	806,500	3,207,301	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,874,087	806,756	11,928	5,740,639	51,581,369	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	1,962,147	210,935	8,829	2,907,518	32,483,767	60.00
60.01	06001 BLOOD LABORATORY	443,423	34,466	2,393	657,066	5,742,109	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	1,262,316	284,632	8,085	1,870,505	22,894,675	65.00
66.00	06600 PHYSICAL THERAPY	515,804	479,563	2,025	764,321	11,664,744	66.00
67.00	06700 OCCUPATIONAL THERAPY	238,904	1,718	818	354,008	7,232,928	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	546,414	9,894	2,160	809,678	7,286,501	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	46,642	279	261	69,115	480,579	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,283,949	0	6,273	1,902,561	98,246,459	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,765,498	0	9,006	2,616,122	76,967,516	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	4,075,563	0	18,732	6,039,188	56,624,378	73.00
74.00	07400 RENAL DIALYSIS	108,184	27,239	698	160,308	3,392,867	74.00
76.00	03020 DEV EVALUATION	72,468	2,863	157	107,384	3,808,753	76.00
76.97	07697 CARDIAC REHABILITATION	33,513	556	49	49,660	1,292,438	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003 AMBULATORY CARE	227,690	11,622	4	337,392	6,378,981	90.03
90.04	09004 OTHER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	1,892,162	117,414	4,547	2,803,814	31,021,482	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	13,116	2	88	19,435	2,149,968	105.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0208

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

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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
106.00	10600	HEART ACQUISITION	18,829	402	126	27,900	4,638,239	106.00
108.00	10800	LUNG ACQUISITION	6,651	240	45	9,855	1,235,564	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	29,028,752	6,211,966	134,467	43,014,850	987,239,037	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	456	190.00
190.01	19001	OTHER NONREIMB	0	53	0	0	3,746,359	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	29,028,752	6,212,019	134,467	43,014,850	990,985,852	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0208

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

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Cost Center Description		ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.06	6.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.04	00570	ADMITTING					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00590	ADMINISTRATIVE AND GENERAL	83,791,438				5.06	
6.00	00600	MAINTENANCE & REPAIRS	2,990,012	35,362,412			6.00	
8.00	00800	LAUNDRY & LINEN SERVICE	311,284	135,622	3,817,127		8.00	
9.00	00900	HOUSEKEEPING	1,317,805	552,777	0	16,138,251	9.00	
10.00	01000	DIETARY	998,106	1,434,893	0	755,148	10.00	
11.00	01100	CAFETERIA	0	0	0	0	11.00	
13.00	01300	NURSING ADMINISTRATION	231,613	116,526	0	181,155	13.00	
15.00	01500	PHARMACY	2,129,888	506,314	0	179,922	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	12,703	178,151	0	130,894	16.00	
17.00	01700	SOCIAL SERVICE	349,594	29,485	0	23,126	17.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,794,085	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,076,214	560,207	0	166,663	22.00	
23.00	02300	ER PARAMEDIC TRNG	98,708	9,683	7,965	119,485	23.00	
23.01	02301	PASTORAL CARE	21,037	32,107	0	9,867	23.01	
23.02	02302	PHARMACY RESIDENCY	33,450	2,253	0	463	23.02	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,189,437	10,330,322	1,942,969	2,770,523	5,857,573	30.00
31.00	03100	INTENSIVE CARE UNIT	4,835,822	2,867,399	438,520	1,131,643	1,154,400	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	1,220,322	398,025	30,535	38,698	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	569,240	533,580	56,034	217,849	328,294	40.00
41.00	04100	SUBPROVIDER - IRF	775,346	696,669	75,074	171,905	395,762	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,271,698	864,970	50,232	124,265	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,843,171	5,027,437	110,056	611,766	0	50.00
51.00	05100	RECOVERY ROOM	850,486	823,113	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	963,450	1,991,032	85,799	39,931	0	52.00
53.00	05300	ANESTHESIOLOGY	296,236	95,547	0	8,017	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,764,210	3,281,628	500,725	2,299,672	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	3,000,298	778,668	26,628	563,663	0	60.00
60.01	06001	BLOOD LABORATORY	530,358	0	0	34,073	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	2,114,621	191,498	0	182,235	0	65.00
66.00	06600	PHYSICAL THERAPY	1,077,391	236,179	90,449	280,907	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	668,055	270,841	0	401,471	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	673,003	312,025	37,050	169,746	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	44,388	54,061	29,189	39,623	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,074,338	0	0	991,961	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	7,108,951	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,229,997	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	313,375	112,794	0	22,664	0	74.00
76.00	03020	DEV EVALUATION	351,788	283,112	0	95,588	0	76.00
76.97	07697	CARDIAC REHABILITATION	119,373	127,789	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	589,182	655,452	28,017	306,500	0	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	2,865,237	1,699,985	256,075	1,967,271	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	198,577	37,621	0	0	0	105.00
106.00	10600	HEART ACQUISITION	428,402	38,461	0	0	0	106.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0208

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

Worksheet B
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Cost Center Description			ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	6.00	8.00	9.00	10.00	
108.00	10800	LUNG ACQUISITION	114,120	9,783	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	83,445,371	35,276,009	3,765,317	14,036,694	13,994,484	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	42	69,795	0	61,670	0	190.00
190.01	19001	OTHER NONREIMB	346,025	16,608	51,810	2,039,887	0	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	83,791,438	35,362,412	3,817,127	16,138,251	13,994,484	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 14-0208		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part I Date/Time Prepared: 5/29/2019 4:49 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11.00	13.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA	6,258,455				11.00
13.00	01300	NURSING ADMINISTRATION	8,829	3,045,758			13.00
15.00	01500	PHARMACY	198,658	0	26,074,750		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	459,282	16.00
17.00	01700	SOCIAL SERVICE	51,504	20,449	0	350	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	257,519	1,523	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	806	0	22.00
23.00	02300	ER PARAMEDIC TRNG	10,301	1,021	13,125	0	23.00
23.01	02301	PASTORAL CARE	2,943	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY	4,415	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,160,216	1,270,994	537,558	158,719	3,426,434
31.00	03100	INTENSIVE CARE UNIT	613,632	401,819	627,089	671	667,885
31.01	03101	NEONATAL INTENSIVE CARE UNIT	135,382	84,481	21,131	29,305	165,192
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	85,349	56,495	22,681	21,691	0
41.00	04100	SUBPROVIDER - I RF	119,195	73,813	6,181	22,928	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	151,569	99,447	25,287	5,423	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	640,119	341,743	229,370	55,219	0
51.00	05100	RECOVERY ROOM	114,780	74,663	36,461	2,305	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	138,325	91,281	58,048	3,628	0
53.00	05300	ANESTHESIOLOGY	26,488	17,105	226,867	1,521	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	384,072	110,628	69,374	47,519	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	3	5	16,750	0
60.01	06001	BLOOD LABORATORY	0	0	0	1,115	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	294,308	190	748	5,583	0
66.00	06600	PHYSICAL THERAPY	114,780	15,033	330	4,024	0
67.00	06700	OCCUPATIONAL THERAPY	92,707	2,375	116	2,570	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	80,935	44,975	7,673	27,690	0
70.00	07000	ELECTROENCEPHALOGRAPHY	5,886	0	0	274	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	23,803,842	5,149	0
74.00	07400	RENAL DIALYSIS	32,374	21,457	14,217	151	0
76.00	03020	DEV EVALUATION	48,561	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	14,715	10,203	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	FAMILY PRACTICES	0	0	0	0	0
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0
90.03	09003	AMBULATORY CARE	64,748	48,658	42,132	66	0
90.04	09004	OTHER	0	0	0	0	0
91.00	09100	EMERGENCY	363,470	239,084	329,523	46,631	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	5,886	2,589	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0208

Period:
From 01/01/2018
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			11.00	13.00	15.00	16.00	17.00	
106.00	10600	HEART ACQUISITION	20,602	11,694	0	0	0	106.00
108.00	10800	LUNG ACQUISITION	4,415	2,720	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,246,683	3,044,443	26,072,564	459,282	4,259,511	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMB	11,772	1,315	2,186	0	0	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	6,258,455	3,045,758	26,074,750	459,282	4,259,511	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS		Subtotal	ER PARAMEDIC TRNG	PASTORAL CARE	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMIN TTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
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
13.00 01300 NURSING ADMINISTRATION						13.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	21,477,408					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		13,455,895				22.00
23.00 02300 ER PARAMEDIC TRNG			1,328,982	1,328,982		23.00
23.01 02301 PASTORAL CARE			293,719		294,113	23.01
23.02 02302 PHARMACY RESIDENCY			402,743			23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	11,238,791	7,041,259	226,375,889	303,897	201,342	30.00
31.00 03100 INTENSIVE CARE UNIT	2,190,942	1,372,656	68,659,175	92,209	39,246	31.00
31.01 03101 NEONATAL INTENSIVE CARE UNIT	1,082,765	678,367	17,096,444	22,961	9,707	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	0	0	8,054,292	10,817	11,161	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	10,731,426	14,412	13,455	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	16,361,371	21,973	19,202	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	2,956,956	1,852,574	92,758,366	124,574	0	50.00
51.00 05100 RECOVERY ROOM	0	0	11,109,888	14,921	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	13,802,622	18,537	0	52.00
53.00 05300 ANESTHESIOLOGY	214,193	134,195	4,227,470	5,677	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	7,261	4,549	63,051,007	84,678	0	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	36,869,782	49,516	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	6,307,655	8,471	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	25,683,858	34,493	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	13,483,837	18,109	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	8,671,063	11,645	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	8,639,598	11,603	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	654,000	878	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	108,312,758	145,464	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	84,076,467	112,915	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	85,663,366	115,046	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	3,909,899	5,251	0	74.00
76.00 03020 DEV EVALUATION	0	0	4,587,802	6,161	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	1,564,518	2,101	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02 09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03 09003 AMBULATORY CARE	0	0	8,113,736	10,897	0	90.03
90.04 09004 OTHER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	3,786,500	2,372,295	44,947,553	60,365	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS		Subtotal	ER PARAMEDIC TRNG	PASTORAL CARE			
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS						
	21.00	22.00						
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	2,394,641	3,216	0	105.00
106.00	10600	HEART ACQUISITION	0	0	5,137,398	6,900	0	106.00
108.00	10800	LUNG ACQUISITION	0	0	1,366,602	1,835	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	21,477,408	13,455,895	984,637,927	1,320,457	294,113	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	131,963	177	0	190.00
190.01	19001	OTHER NONREIMB	0	0	6,215,962	8,348	0	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	21,477,408	13,455,895	990,985,852	1,328,982	294,113	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0208		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part I Date/Time Prepared: 5/29/2019 4:49 pm	
Cost Center Description			Subtotal	PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23A.01	23.02	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
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
13.00	01300	NURSING ADMINISTRATION						13.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	ER PARAMEDIC TRNG						23.00
23.01	02301	PASTORAL CARE						23.01
23.02	02302	PHARMACY RESIDENCY	403,284	403,284				23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	226,881,128	92,457	226,973,585	-18,280,050	208,693,535	30.00
31.00	03100	INTENSIVE CARE UNIT	68,790,630	27,998	68,818,628	-3,563,598	65,255,030	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	17,129,112	6,972	17,136,084	-1,761,132	15,374,952	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	8,076,270	3,287	8,079,557	0	8,079,557	40.00
41.00	04100	SUBPROVIDER - IRF	10,759,293	4,379	10,763,672	0	10,763,672	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	16,402,546	6,676	16,409,222	0	16,409,222	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	92,882,940	37,803	92,920,743	-4,809,530	88,111,213	50.00
51.00	05100	RECOVERY ROOM	11,124,809	4,528	11,129,337	0	11,129,337	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,821,159	5,625	13,826,784	0	13,826,784	52.00
53.00	05300	ANESTHESIOLOGY	4,233,147	1,723	4,234,870	-348,388	3,886,482	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	63,135,685	25,696	63,161,381	-11,810	63,149,571	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	36,919,298	15,026	36,934,324	0	36,934,324	60.00
60.01	06001	BLOOD LABORATORY	6,316,126	2,571	6,318,697	0	6,318,697	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	25,718,351	10,467	25,728,818	0	25,728,818	65.00
66.00	06600	PHYSICAL THERAPY	13,501,946	5,495	13,507,441	0	13,507,441	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,682,708	3,534	8,686,242	0	8,686,242	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,651,201	3,521	8,654,722	0	8,654,722	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	654,878	267	655,145	0	655,145	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	108,458,222	44,142	108,502,364	0	108,502,364	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	84,189,382	34,265	84,223,647	0	84,223,647	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	85,778,412	34,912	85,813,324	0	85,813,324	73.00
74.00	07400	RENAL DIALYSIS	3,915,150	1,593	3,916,743	0	3,916,743	74.00
76.00	03020	DEV EVALUATION	4,593,963	1,870	4,595,833	0	4,595,833	76.00
76.97	07697	CARDIAC REHABILITATION	1,566,619	638	1,567,257	0	1,567,257	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	8,124,633	3,307	8,127,940	0	8,127,940	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	45,007,918	18,318	45,026,236	-6,158,795	38,867,441	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0208

Period:
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Cost Center Description		Subtotal	PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23A. 01	23. 02	24. 00	25. 00	26. 00		
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	2,397,857	976	2,398,833	0	2,398,833	105.00
106.00	10600	HEART ACQUISITION	5,144,298	2,094	5,146,392	0	5,146,392	106.00
108.00	10800	LUNG ACQUISITION	1,368,437	557	1,368,994	0	1,368,994	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	984,629,402	400,697	984,626,815	-34,933,303	949,693,512	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	132,140	54	132,194	0	132,194	190.00
190.01	19001	OTHER NONREIMB	6,224,310	2,533	6,226,843	0	6,226,843	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	990,985,852	403,284	990,985,852	-34,933,303	956,052,549	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0208

Period:
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Cost Center Description	CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
	Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	124,885	126,891	0	251,776	251,776 4.00
5.01 00540	NONPATIENT TELEPHONES	243,385	247,696	162	491,243	336 5.01
5.02 00550	DATA PROCESSING	61	60,176	1,459,979	1,520,216	44 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	609	4,451	5,060	1,487 5.03
5.04 00570	ADMITTING	0	1,685	101,699	103,384	0 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	433,289	437,896	1,312	872,497	659 5.05
5.06 00590	ADMINISTRATIVE AND GENERAL	167,796	19,925,917	2,271,904	22,365,617	13,859 5.06
6.00 00600	MAINTENANCE & REPAIRS	7,784	4,885,268	265,428	5,158,480	2,754 6.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	29,128	29,128	0 8.00
9.00 00900	HOUSEKEEPING	78	436	70,962	71,476	6,212 9.00
10.00 01000	DIETARY	243,029	78,488	409,176	730,693	4,397 10.00
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	0	800,996	543,941	1,344,937	398 13.00
15.00 01500	PHARMACY	861	390,817	703,670	1,095,348	9,552 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	14,680	5,214	7,785	27,679	0 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	1,934 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,348	0	0	1,348	11,361 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	3,655	3,655	0 22.00
23.00 02300	ER PARAMEDIC TRNG	0	15,327	5,451	20,778	399 23.00
23.01 02301	PASTORAL CARE	0	2,393	1,705	4,098	111 23.01
23.02 02302	PHARMACY RESIDENCY	0	1,747	3,140	4,887	195 23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	2,319,551	2,217,155	2,322,764	6,859,470	70,908 30.00
31.00 03100	INTENSIVE CARE UNIT	116,986	94,850	2,098,277	2,310,113	21,332 31.00
31.01 03101	NEONATAL INTENSIVE CARE UNIT	16,589	848,926	520,114	1,385,629	5,311 31.01
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - I PF	0	4,632	43,976	48,608	2,867 40.00
41.00 04100	SUBPROVIDER - I RF	29,213	34,722	48,015	111,950	4,090 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	908,417	740,157	1,648,574	5,435 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	956,916	1,651,430	6,389,991	8,998,337	23,493 50.00
51.00 05100	RECOVERY ROOM	0	27,719	317,489	345,208	4,172 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	48	49,288	292,896	342,232	4,719 52.00
53.00 05300	ANESTHESIOLOGY	0	0	88,044	88,044	669 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	403,235	2,159,284	9,063,473	11,625,992	14,159 54.00
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	303,173	2,061	305,234	5 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
65.00 06500	RESPIRATORY THERAPY	102,256	82	654,303	756,641	9,746 65.00
66.00 06600	PHYSICAL THERAPY	147,733	136,185	885,820	1,169,738	4,433 66.00
67.00 06700	OCCUPATIONAL THERAPY	112	3,224	99,124	102,460	3,421 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	9,058	643	481,698	491,399	2,821 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	118	33,255	53,405	86,778	143 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	240,586	69,101	309,687	1,439 74.00
76.00 03020	DEV EVALUATION	4,361	0	33,302	37,663	1,868 76.00
76.97 07697	CARDIAC REHABILITATION	0	0	60,259	60,259	604 76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	FAMILY PRACTICES	0	0	0	0	0 90.01
90.02 09002	WOMEN'S HEALTH CENTER	0	0	0	0	0 90.02
90.03 09003	AMBULATORY CARE	51,080	6,021	167,345	224,446	2,695 90.03
90.04 09004	OTHER	0	0	0	0	0 90.04
91.00 09100	EMERGENCY	29,207	2,425,249	923,157	3,377,613	11,644 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0208

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2019 4:49 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	100,627	34,665	0	135,292	365	105.00
106.00 10600 HEART ACQUISITION	0	0	7,243	7,243	1,074	106.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	218	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	5,524,286	38,161,062	31,245,562	74,930,910	251,329	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 OTHER NONREIMB	867,274	1,083,951	2,154	1,953,379	447	190.01
190.02 19002 OTHER	0	0	0	0	0	190.02
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers				0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	6,391,560	39,245,013	31,247,716	76,884,289	251,776	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0208		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/29/2019 4:49 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	491,579					5.01
5.02	00550	DATA PROCESSING	5,351	1,525,611				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5,351		11,898			5.03
5.04	00570	ADMINING	4,135			107,519		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	27,242				900,398	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	43,782					5.06
6.00	00600	MAINTENANCE & REPAIRS	24,810					6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0					8.00
9.00	00900	HOUSEKEEPING	3,162					9.00
10.00	01000	DIETARY	10,702					10.00
11.00	01100	CAFETERIA	0					11.00
13.00	01300	NURSING ADMINISTRATION	6,567					13.00
15.00	01500	PHARMACY	8,027		13			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,648					16.00
17.00	01700	SOCIAL SERVICE	4,378		20			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	13,864					22.00
23.00	02300	ER PARAMEDIC TRNG	2,919					23.00
23.01	02301	PASTORAL CARE	1,216					23.01
23.02	02302	PHARMACY RESIDENCY	0					23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	84,163	220,325	554	20,847	131,664	30.00
31.00	03100	INTENSIVE CARE UNIT	9,243	80,773	462	8,155	47,570	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	8,756	17,738	53	1,791	10,446	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	17,999	10,206	6	1,030	6,011	40.00
41.00	04100	SUBPROVIDER - I/RF	5,594	9,921	19	1,002	5,843	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	8,027	18,482	56	1,866	10,885	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	31,134	135,709	6,668	8,144	79,925	50.00
51.00	05100	RECOVERY ROOM	1,946	18,310	17	761	10,783	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,081	19,002	115	1,742	11,191	52.00
53.00	05300	ANESTHESIOLOGY	0	28,610	105	1,776	16,849	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	38,188	203,642	1,546	9,452	119,933	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	22,134	103,140	404	6,996	60,744	60.00
60.01	06001	BLOOD LABORATORY	1,946	23,309	66	1,897	13,727	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	6,324	66,354	545	6,407	39,079	65.00
66.00	06600	PHYSICAL THERAPY	5,108	27,113	919	1,605	15,968	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,675	12,558	3	648	7,396	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	9,000	28,722	19	1,712	16,916	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,216	2,452	1	207	1,444	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	67,491	0	4,971	39,748	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	92,804	0	7,137	54,656	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	214,232	0	14,844	126,170	73.00
74.00	07400	RENAL DIALYSIS	0	5,687	52	553	3,349	74.00
76.00	03020	DEV EVALUATION	5,838	3,809	5	124	2,243	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,762	1	39	1,037	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	11,919	11,969	22	4	7,049	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	24,324	99,462	225	3,604	58,577	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	243	689	0	70	406	105.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0208

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

Worksheet B
Part II
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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
106.00	10600	HEART ACQUISITION	973	990	1	100	583	106.00
108.00	10800	LUNG ACQUISITION	0	350	0	35	206	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	485,985	1,525,611	11,898	107,519	900,398	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMB	5,594	0	0	0	0	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	491,579	1,525,611	11,898	107,519	900,398	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0208	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/29/2019 4:49 pm		
Cost Center Description		ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		5.06	6.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	22,423,258			5.06
6.00	00600	MAINTENANCE & REPAIRS	800,149	5,986,193		6.00
8.00	00800	LAUNDRY & LINEN SERVICE	83,302	22,958	135,388	8.00
9.00	00900	HOUSEKEEPING	352,654	93,575	0	9.00
10.00	01000	DIETARY	267,100	242,900	0	10.00
11.00	01100	CAFETERIA	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	61,981	19,726	0	13.00
15.00	01500	PHARMACY	569,973	85,709	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,399	30,158	0	16.00
17.00	01700	SOCIAL SERVICE	93,554	4,991	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	480,110	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	288,003	94,832	0	22.00
23.00	02300	ER PARAMEDIC TRNG	26,415	1,639	283	23.00
23.01	02301	PASTORAL CARE	5,630	5,435	0	23.01
23.02	02302	PHARMACY RESIDENCY	8,952	381	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,064,873	1,748,732	68,913	90,488
31.00	03100	INTENSIVE CARE UNIT	1,294,100	485,397	15,554	36,960
31.01	03101	NEONATAL INTENSIVE CARE UNIT	326,567	67,378	1,083	1,264
32.00	03200	CORONARY CARE UNIT	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	152,333	90,325	1,987	7,115
41.00	04100	SUBPROVIDER - IRF	207,488	117,933	2,663	5,614
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	340,316	146,423	1,782	4,059
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,831,281	851,051	3,904	19,980
51.00	05100	RECOVERY ROOM	227,596	139,338	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	257,826	337,044	3,043	1,304
53.00	05300	ANESTHESIOLOGY	79,275	16,174	0	262
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,274,937	555,518	17,760	75,108
57.00	05700	CT SCAN	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00	06000	LABORATORY	802,901	131,814	944	18,409
60.01	06001	BLOOD LABORATORY	141,928	0	0	1,113
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	565,888	32,417	0	5,952
66.00	06600	PHYSICAL THERAPY	288,317	39,981	3,208	9,174
67.00	06700	OCCUPATIONAL THERAPY	178,776	45,848	0	13,112
68.00	06800	SPEECH PATHOLOGY	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	180,100	52,820	1,314	5,544
70.00	07000	ELECTROENCEPHALOGRAPHY	11,878	9,151	1,035	1,294
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,428,358	0	0	32,398
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,902,406	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,399,585	0	0	0
74.00	07400	RENAL DIALYSIS	83,861	19,094	0	740
76.00	03020	DEV EVALUATION	94,141	47,926	0	3,122
76.97	07697	CARDIAC REHABILITATION	31,945	21,632	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000	CLINIC	0	0	0	0
90.01	09001	FAMILY PRACTICES	0	0	0	0
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0
90.03	09003	AMBULATORY CARE	157,669	110,956	994	10,010
90.04	09004	OTHER	0	0	0	0
91.00	09100	EMERGENCY	766,758	287,776	9,083	64,252
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	53,141	6,368	0	0
106.00	10600	HEART ACQUISITION	114,643	6,511	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0208

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	6.00	8.00	9.00	10.00	
108.00	10800	LUNG ACQUISITION	30,539	1,656	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	22,330,648	5,971,567	133,550	458,442	1,280,456	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11	11,815	0	2,014	0	190.00
190.01	19001	OTHER NONREIMB	92,599	2,811	1,838	66,623	0	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	22,423,258	5,986,193	135,388	527,079	1,280,456	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0208		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/29/2019 4:49 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11.00	13.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	572,631					11.00
13.00	01300	808	1,440,334				13.00
15.00	01500	18,177	0	1,792,675			15.00
16.00	01600	0	0	0	78,159		16.00
17.00	01700	4,712	9,670	0	59	120,073	17.00
21.00	02100	23,562	720	0	0	0	21.00
22.00	02200	0	0	55	0	0	22.00
23.00	02300	942	483	902	0	0	23.00
23.01	02301	269	0	0	0	0	23.01
23.02	02302	404	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	197,657	601,053	36,958	27,011	96,589	30.00
31.00	03100	56,146	190,019	43,113	114	18,827	31.00
31.01	03101	12,387	39,951	1,453	4,987	4,657	31.01
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	7,809	26,716	1,559	3,691	0	40.00
41.00	04100	10,906	34,906	425	3,902	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	13,868	47,028	1,739	923	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	58,569	161,610	15,769	9,397	0	50.00
51.00	05100	10,502	35,308	2,507	392	0	51.00
52.00	05200	12,656	43,167	3,991	617	0	52.00
53.00	05300	2,424	8,089	15,597	259	0	53.00
54.00	05400	35,141	52,316	4,770	8,087	0	54.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	2	0	2,850	0	60.00
60.01	06001	0	0	0	190	0	60.01
62.00	06200	0	0	0	0	0	62.00
65.00	06500	26,928	90	51	950	0	65.00
66.00	06600	10,502	7,109	23	685	0	66.00
67.00	06700	8,482	1,123	8	437	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	7,405	21,268	528	4,712	0	69.00
70.00	07000	539	0	0	47	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	1,636,548	876	0	73.00
74.00	07400	2,962	10,147	977	26	0	74.00
76.00	03020	4,443	0	0	0	0	76.00
76.97	07697	1,346	4,825	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	5,924	23,010	2,897	11	0	90.03
90.04	09004	0	0	0	0	0	90.04
91.00	09100	33,256	113,062	22,655	7,936	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
105.00	10500	539	1,224	0	0	0	105.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0208

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

Worksheet B
Part II
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11.00	13.00	15.00	16.00	17.00	
106.00	10600 HEART ACQUISITION	1,885	5,530	0	0	0	106.00
108.00	10800 LUNG ACQUISITION	404	1,286	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	571,554	1,439,712	1,792,525	78,159	120,073	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 OTHER NONREIMB	1,077	622	150	0	0	190.01
190.02	19002 OTHER	0	0	0	0	0	190.02
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)	572,631	1,440,334	1,792,675	78,159	120,073	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0208

Period:
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To 12/31/2018

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Cost Center Description	INTERNS & RESIDENTS					
	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	ER PARAMEDIC TRNG	PASTORAL CARE	PHARMACY RESIDENCY	
	21.00	22.00	23.00	23.01	23.02	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	PURCHASING RECEIVING AND STORES					5.03
5.04 00570	ADMINISTRATIVE					5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590	ADMINISTRATIVE AND GENERAL					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
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
13.00 01300	NURSING ADMINISTRATION					13.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	517,101				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		405,852			22.00
23.00 02300	ER PARAMEDIC TRNG			58,662		23.00
23.01 02301	PASTORAL CARE				17,081	23.01
23.02 02302	PHARMACY RESIDENCY					14,834
23.02 02302	PHARMACY RESIDENCY					23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS					30.00
31.00 03100	INTENSIVE CARE UNIT					31.00
31.01 03101	NEONATAL INTENSIVE CARE UNIT					31.01
32.00 03200	CORONARY CARE UNIT					32.00
33.00 03300	BURN INTENSIVE CARE UNIT					33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT					34.00
40.00 04000	SUBPROVIDER - I PF					40.00
41.00 04100	SUBPROVIDER - I RF					41.00
42.00 04200	SUBPROVIDER					42.00
43.00 04300	NURSERY					43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM					50.00
51.00 05100	RECOVERY ROOM					51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00 05300	ANESTHESIOLOGY					53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					54.00
57.00 05700	CT SCAN					57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)					58.00
59.00 05900	CARDIAC CATHETERIZATION					59.00
60.00 06000	LABORATORY					60.00
60.01 06001	BLOOD LABORATORY					60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS					62.00
65.00 06500	RESPIRATORY THERAPY					65.00
66.00 06600	PHYSICAL THERAPY					66.00
67.00 06700	OCCUPATIONAL THERAPY					67.00
68.00 06800	SPEECH PATHOLOGY					68.00
69.00 06900	ELECTROCARDIOLOGY					69.00
70.00 07000	ELECTROENCEPHALOGRAPHY					70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS					71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT					72.00
73.00 07300	DRUGS CHARGED TO PATIENTS					73.00
74.00 07400	RENAL DIALYSIS					74.00
76.00 03020	DEV EVALUATION					76.00
76.97 07697	CARDIAC REHABILITATION					76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC					88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00 09000	CLINIC					90.00
90.01 09001	FAMILY PRACTICES					90.01
90.02 09002	WOMEN'S HEALTH CENTER					90.02
90.03 09003	AMBULATORY CARE					90.03
90.04 09004	OTHER					90.04
91.00 09100	EMERGENCY					91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF					99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0208

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

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Cost Center Description	INTERNS & RESIDENTS						
	SERVICES-SALAR	SERVICES-OTHER	ER PARAMEDIC	PASTORAL CARE	PHARMACY		
	Y & FRINGES	PRGM COSTS	TRNG		RESIDENCY		
	21.00	22.00	23.00	23.01	23.02		
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION					105.00
106.00	10600	HEART ACQUISITION					106.00
108.00	10800	LUNG ACQUISITION					108.00
109.00	10900	PANCREAS ACQUISITION					109.00
110.00	11000	INTESTINAL ACQUISITION					110.00
111.00	11100	ISLET ACQUISITION					111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					190.00
190.01	19001	OTHER NONREIMB					190.01
190.02	19002	OTHER					190.02
200.00		Cross Foot Adjustments	517,101	405,852	58,662	17,081	14,834
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	517,101	405,852	58,662	17,081	14,834

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0208	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/29/2019 4:49 pm
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00540	NONPATIENT TELEPHONES			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00560	PURCHASING RECEIVING AND STORES			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590	ADMINISTRATIVE AND GENERAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
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
13.00	01300	NURSING ADMINISTRATION			13.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300	ER PARAMEDIC TRNG			23.00
23.01	02301	PASTORAL CARE			23.01
23.02	02302	PHARMACY RESIDENCY			23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	14,856,157	0	14,856,157
31.00	03100	INTENSIVE CARE UNIT	4,723,502	0	4,723,502
31.01	03101	NEONATAL INTENSIVE CARE UNIT	1,889,451	0	1,889,451
32.00	03200	CORONARY CARE UNIT	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0
40.00	04000	SUBPROVIDER - IPF	408,300	0	408,300
41.00	04100	SUBPROVIDER - IRF	558,467	0	558,467
42.00	04200	SUBPROVIDER	0	0	0
43.00	04300	NURSERY	2,249,463	0	2,249,463
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	12,234,971	0	12,234,971
51.00	05100	RECOVERY ROOM	796,840	0	796,840
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,044,730	0	1,044,730
53.00	05300	ANESTHESIOLOGY	258,133	0	258,133
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,036,549	0	14,036,549
57.00	05700	CT SCAN	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0
60.00	06000	LABORATORY	1,455,577	0	1,455,577
60.01	06001	BLOOD LABORATORY	184,176	0	184,176
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,517,372	0	1,517,372
66.00	06600	PHYSICAL THERAPY	1,583,883	0	1,583,883
67.00	06700	OCCUPATIONAL THERAPY	385,947	0	385,947
68.00	06800	SPEECH PATHOLOGY	0	0	0
69.00	06900	ELECTROCARDIOLOGY	824,280	0	824,280
70.00	07000	ELECTROENCEPHALOGRAPHY	116,185	0	116,185
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,572,966	0	2,572,966
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,057,003	0	2,057,003
73.00	07300	DRUGS CHARGED TO PATIENTS	3,392,255	0	3,392,255
74.00	07400	RENAL DIALYSIS	438,574	0	438,574
76.00	03020	DEV EVALUATION	201,182	0	201,182
76.97	07697	CARDIAC REHABILITATION	123,450	0	123,450
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0
90.00	09000	CLINIC	0	0	0
90.01	09001	FAMILY PRACTICES	0	0	0
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0
90.03	09003	AMBULATORY CARE	569,575	0	569,575
90.04	09004	OTHER	0	0	0
91.00	09100	EMERGENCY	4,880,227	0	4,880,227
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0208

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

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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	198,337	0	198,337	105.00
106.00	10600	HEART ACQUISITION	139,533	0	139,533	106.00
108.00	10800	LUNG ACQUISITION	34,694	0	34,694	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	73,731,779	0	73,731,779	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,840	0	13,840	190.00
190.01	19001	OTHER NONREIMB	2,125,140	0	2,125,140	190.01
190.02	19002	OTHER	0	0	0	190.02
200.00		Cross Foot Adjustments	1,013,530	0	1,013,530	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	76,884,289	0	76,884,289	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0208

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS					DATA PROCESSING (GROSS CHARGES)	
	NEW BLDG & FIXT (ACTUAL DEPR)	NEW MVBLE EQUIP (EQUIP DEPR NEW)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)			
	1.00	2.00	4.00	5.01	5.02		
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	38,561,924					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		25,000,625				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	124,682	0	365,191,199			4.00
5.01 00540	NONPATIENT TELEPHONES	243,385	130	487,379	2,021		5.01
5.02 00550	DATA PROCESSING	59,129	1,168,098	63,727	22	3,668,035,354	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	598	3,561	2,158,665	22	0	5.03
5.04 00570	ADMINISTRATIVE	1,656	81,367	140	17	0	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	430,274	1,050	956,987	112	0	5.05
5.06 00590	ADMINISTRATIVE AND GENERAL	19,579,089	1,817,702	20,115,162	180	0	5.06
6.00 00600	MAINTENANCE & REPAIRS	4,800,237	212,363	3,997,224	102	0	6.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	23,305	0	0	0	8.00
9.00 00900	HOUSEKEEPING	428	56,775	9,015,812	13	0	9.00
10.00 01000	DIETARY	77,122	327,373	6,381,611	44	0	10.00
11.00 01100	CAFETERIA	0	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	787,054	435,196	577,287	27	0	13.00
15.00 01500	PHARMACY	384,015	562,991	13,862,866	33	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,123	6,229	0	52	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	2,807,088	18	0	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	16,489,433	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,924	0	57	0	22.00
23.00 02300	ER PARAMEDIC TRNG	15,060	4,361	578,692	12	0	23.00
23.01 02301	PASTORAL CARE	2,351	1,364	161,465	5	0	23.01
23.02 02302	PHARMACY RESIDENCY	1,717	2,512	282,427	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	2,178,564	1,858,394	102,683,865	346	530,332,630	30.00
31.00 03100	INTENSIVE CARE UNIT	93,199	1,678,787	30,960,924	38	194,165,130	31.00
31.01 03101	NEONATAL INTENSIVE CARE UNIT	834,150	416,132	7,708,555	36	42,638,755	31.01
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - I/PF	4,551	35,184	4,161,083	74	24,534,700	40.00
41.00 04100	SUBPROVIDER - I/RF	34,118	38,416	5,936,221	23	23,849,345	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	892,605	592,184	7,887,958	33	44,428,980	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	1,622,686	5,112,496	34,096,870	128	326,224,260	50.00
51.00 05100	RECOVERY ROOM	27,237	254,016	6,055,839	8	44,013,580	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	48,430	234,340	6,849,163	25	45,678,737	52.00
53.00 05300	ANESTHESIOLOGY	0	70,442	970,611	0	68,772,940	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,121,700	7,251,486	20,550,058	157	489,523,245	54.00
57.00 05700	CT SCAN	0	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000	LABORATORY	297,896	1,649	7,606	91	247,933,648	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	8	56,030,197	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500	RESPIRATORY THERAPY	81	523,494	14,144,430	26	159,504,119	65.00
66.00 06600	PHYSICAL THERAPY	133,815	708,726	6,434,035	21	65,176,203	66.00
67.00 06700	OCCUPATIONAL THERAPY	3,168	79,307	4,964,648	48	30,187,456	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	632	385,396	4,093,916	37	69,043,952	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	32,676	42,728	207,474	5	5,893,635	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	162,237,648	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	223,085,370	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	514,981,477	73.00
74.00 07400	RENAL DIALYSIS	236,398	55,286	2,088,641	0	13,669,955	74.00
76.00 03020	DEV EVALUATION	0	26,644	2,711,756	24	9,156,986	76.00
76.97 07697	CARDIAC REHABILITATION	0	48,212	876,723	0	4,234,633	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.01 09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02 09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03 09003	AMBULATORY CARE	5,916	133,889	3,911,508	49	28,770,527	90.03
90.04 09004	OTHER	0	0	0	0	0	90.04
91.00 09100	EMERGENCY	2,383,036	738,598	16,899,248	100	239,090,471	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0208

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 4:49 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (GROSS CHARGES)	
		NEW BLDG & FIXT (ACTUAL DEPR)	NEW MVBLE EQUIP (EQUIP DEPR NEW)				
		1.00	2.00				
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	34,062	0	530,462	1	1,657,280	105.00
106.00	10600 HEART ACQUISITION	0	5,795	1,558,942	4	2,379,140	106.00
108.00	10800 LUNG ACQUISITION	0	0	315,769	0	840,355	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	37,496,840	24,998,902	364,542,270	1,998	3,668,035,354	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 OTHER NONREIMB	1,065,084	1,723	648,929	23	0	190.01
190.02	19002 OTHER	0	0	0	0	0	190.02
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)	39,245,013	31,247,716	79,758,486	2,957,302	29,028,752	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.017714	1.249877	0.218402	1,463.286492	0.007914	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			251,776	491,579	1,525,611	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000689	243.235527	0.000416	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: 14-0208

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

Worksheet B-1
Date/Time Prepared:
5/29/2019 4:49 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	167,627,749					5.03
5.04	00570	ADMITTING	0	2,544,929,693				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	7	0	3,668,035,354			5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	0	0	0	-83,791,438	907,194,414	5.06
6.00	00600	MAINTENANCE & REPAIRS	4,465	0	0	0	32,372,400	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	1	0	0	0	3,370,221	8.00
9.00	00900	HOUSEKEEPING	1,876	0	0	0	14,267,669	9.00
10.00	01000	DIETARY	16,094	0	0	0	10,806,337	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,471	0	0	0	2,507,635	13.00
15.00	01500	PHARMACY	188,284	0	0	0	23,059,968	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	137,534	16.00
17.00	01700	SOCIAL SERVICE	285,950	0	0	0	3,785,003	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	19,424,281	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	304	0	0	0	11,652,005	22.00
23.00	02300	ER PARAMEDIC TRNG	3,590	0	0	0	1,068,694	23.00
23.01	02301	PASTORAL CARE	0	0	0	0	227,765	23.01
23.02	02302	PHARMACY RESIDENCY	842	0	0	0	362,162	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,797,586	481,310,464	530,332,630	0	164,451,094	30.00
31.00	03100	INTENSIVE CARE UNIT	6,512,246	194,165,130	194,165,130	0	52,356,697	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	747,980	42,638,755	42,638,755	0	13,212,241	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	84,282	24,534,700	24,534,700	0	6,163,079	40.00
41.00	04100	SUBPROVIDER - IRF	263,007	23,849,345	23,849,345	0	8,394,553	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	784,379	44,428,980	44,428,980	0	13,768,480	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	93,925,368	193,902,817	326,224,260	0	74,089,955	50.00
51.00	05100	RECOVERY ROOM	244,331	18,121,237	44,013,580	0	9,208,080	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,620,164	41,486,767	45,678,737	0	10,431,128	52.00
53.00	05300	ANESTHESIOLOGY	1,482,801	42,278,285	68,772,940	0	3,207,301	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,770,103	225,049,622	489,523,245	0	51,581,369	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	5,692,014	166,578,011	247,933,648	0	32,483,767	60.00
60.01	06001	BLOOD LABORATORY	930,047	45,156,747	56,030,197	0	5,742,109	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	7,680,708	152,550,623	159,504,119	0	22,894,675	65.00
66.00	06600	PHYSICAL THERAPY	12,940,876	38,209,032	65,176,203	0	11,664,744	66.00
67.00	06700	OCCUPATIONAL THERAPY	46,360	15,439,180	30,187,456	0	7,232,928	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	266,976	40,760,665	69,043,952	0	7,286,501	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,532	4,933,335	5,893,635	0	480,579	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	118,353,400	162,237,648	0	98,246,459	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	169,933,738	223,085,370	0	76,967,516	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	353,430,141	514,981,477	0	56,624,378	73.00
74.00	07400	RENAL DIALYSIS	735,034	13,164,640	13,669,955	0	3,392,867	74.00
76.00	03020	DEV EVALUATION	77,247	2,961,873	9,156,986	0	3,808,753	76.00
76.97	07697	CARDIAC REHABILITATION	14,994	932,105	4,234,633	0	1,292,438	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	313,619	84,846	28,770,527	0	6,378,981	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	3,168,398	85,798,480	239,090,471	0	31,021,482	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0208

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 4:49 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)		
		5.03	5.04	5.05	5A.06	5.06		
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	61	1,657,280	1,657,280	0	2,149,968	105.00
106.00	10600	HEART ACQUISITION	10,852	2,379,140	2,379,140	0	4,638,239	106.00
108.00	10800	LUNG ACQUISITION	6,480	840,355	840,355	0	1,235,564	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	167,626,329	2,544,929,693	3,668,035,354	-83,791,438	903,447,599	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	456	190.00
190.01	19001	OTHER NONREIMB	1,420	0	0	0	3,746,359	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,212,019	134,467	43,014,850		83,791,438	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.037058	0.000053	0.011727		0.092363	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	11,898	107,519	900,398		22,423,258	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000071	0.000042	0.000245		0.024717	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: 14-0208

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

Worksheet B-1
Date/Time Prepared:
5/29/2019 4:49 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQ. FEET)	LAUNDRY & LINEN SERVICE (POUNDS)	HOUSEKEEPING (HSK HOURS)	DIETARY (MEALS)	CAFETERIA (FTE'S)	
		6.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
8.00	00800	1,051,833					8.00
9.00	00900	4,034	4,646,040				9.00
10.00	01000	16,442		104,675			10.00
11.00	01100	42,680		4,898	1,716,628		11.00
13.00	01300	0		0	767,691	4,253	13.00
15.00	01500	3,466		1,175	0	6	15.00
16.00	01600	15,060		1,167	0	135	16.00
17.00	01700	5,299		849	0	0	17.00
21.00	02100	877		150	0	35	21.00
22.00	02200	0		0	0	175	22.00
23.00	02300	16,663		1,081	0	0	23.00
23.01	02301	288	9,695	775	0	7	23.01
23.02	02302	955	0	64	0	2	23.02
		67	0	3	0	3	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	307,269	2,364,897	17,970	718,517	1,468	30.00
31.00	03100	85,289	533,748	7,340	141,604	417	31.00
31.01	03101	11,839	37,166	251	0	92	31.01
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	15,871	68,202	1,413	40,270	58	40.00
41.00	04100	20,722	91,377	1,115	48,546	81	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	25,728	61,140	806	0	103	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	149,538	133,955	3,968	0	435	50.00
51.00	05100	24,483	0	0	0	78	51.00
52.00	05200	59,222	104,431	259	0	94	52.00
53.00	05300	2,842	0	52	0	18	53.00
54.00	05400	97,610	609,461	14,916	0	261	54.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	23,161	32,410	3,656	0	0	60.00
60.01	06001	0	0	221	0	0	60.01
62.00	06200	0	0	0	0	0	62.00
65.00	06500	5,696	0	1,182	0	200	65.00
66.00	06600	7,025	110,090	1,822	0	78	66.00
67.00	06700	8,056	0	2,604	0	63	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	9,281	45,096	1,101	0	55	69.00
70.00	07000	1,608	35,527	257	0	4	70.00
71.00	07100	0	0	6,434	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	3,355	0	147	0	22	74.00
76.00	03020	8,421	0	620	0	33	76.00
76.97	07697	3,801	0	0	0	10	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	19,496	34,101	1,988	0	44	90.03
90.04	09004	0	0	0	0	0	90.04
91.00	09100	50,565	311,683	12,760	0	247	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0208

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 4:49 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS)	HOUSEKEEPING (HSK HOURS)	DIETARY (MEALS)	CAFETERIA (FTE'S)	
		6.00	8.00	9.00	10.00	11.00	
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	1,119	0	0	0	4
106.00	10600	HEART ACQUISITION	1,144	0	0	0	14
108.00	10800	LUNG ACQUISITION	291	0	0	0	3
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,049,263	4,582,979	91,044	1,716,628	4,245
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,076	0	400	0	0
190.01	19001	OTHER NONREIMB	494	63,061	13,231	0	8
190.02	19002	OTHER	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	35,362,412	3,817,127	16,138,251	13,994,484	6,258,455
203.00		Unit cost multiplier (Wkst. B, Part I)	33.619797	0.821587	154.174836	8.152310	1,471.538914
204.00		Cost to be allocated (per Wkst. B, Part II)	5,986,193	135,388	527,079	1,280,456	572,631
205.00		Unit cost multiplier (Wkst. B, Part II)	5.691201	0.029141	5.035386	0.745914	134.641665
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0208

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

Worksheet B-1
Date/Time Prepared:
5/29/2019 4:49 pm

Cost Center Description	NURSING ADMINISTRATION	PHARMACY (DRUGS)	MEDICAL RECORDS & LIBRARY (MR TIME)	SOCIAL SERVICE (SS TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (IR TIME)	
	(NURSING HOURS)					
	13.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMINITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
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
13.00 01300 NURSING ADMINISTRATION	6,488,221					13.00
15.00 01500 PHARMACY	0	50,870,383				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	48,616			16.00
17.00 01700 SOCIAL SERVICE	43,561	0	37	72,405		17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	3,244	0	0	0	23,664	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,573	0	0	0	22.00
23.00 02300 ER PARAMEDIC TRNG	2,175	25,607	0	0	0	23.00
23.01 02301 PASTORAL CARE	0	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	2,707,534	1,048,747	16,801	58,244	12,383	30.00
31.00 03100 INTENSIVE CARE UNIT	855,974	1,223,416	71	11,353	2,414	31.00
31.01 03101 NEONATAL INTENSIVE CARE UNIT	179,965	41,226	3,102	2,808	1,193	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	120,348	44,249	2,296	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	157,241	12,058	2,427	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	211,846	49,334	574	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	727,997	447,488	5,845	0	3,258	50.00
51.00 05100 RECOVERY ROOM	159,051	71,134	244	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	194,452	113,249	384	0	0	52.00
53.00 05300 ANESTHESIOLOGY	36,437	442,606	161	0	236	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	235,666	135,345	5,030	0	8	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	7	10	1,773	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	118	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	404	1,460	591	0	0	65.00
66.00 06600 PHYSICAL THERAPY	32,025	644	426	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	5,060	227	272	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	95,807	14,969	2,931	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	29	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	46,439,961	545	0	0	73.00
74.00 07400 RENAL DIALYSIS	45,708	27,737	16	0	0	74.00
76.00 03020 DEV EVALUATION	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	21,734	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02 09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03 09003 AMBULATORY CARE	103,654	82,197	7	0	0	90.03
90.04 09004 OTHER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	509,308	642,882	4,936	0	4,172	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0208

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

Worksheet B-1

Date/Time Prepared:
5/29/2019 4:49 pm

Cost Center Description	NURSING ADMINISTRATION	PHARMACY (DRUGS)	MEDICAL RECORDS & LIBRARY (MR TIME)	SOCIAL SERVICE (SS TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (IR TIME)	
	(NURSING HOURS)					
	13.00	15.00	16.00	17.00	21.00	
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	5,515	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	24,911	0	0	0	0	106.00
108.00 10800 LUNG ACQUISITION	5,795	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	6,485,419	50,866,119	48,616	72,405	23,664	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 OTHER NONREIMB	2,802	4,264	0	0	0	190.01
190.02 19002 OTHER	0	0	0	0	0	190.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,045,758	26,074,750	459,282	4,259,511	21,477,408	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.469429	0.512572	9.447137	58.828962	907.598377	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	1,440,334	1,792,675	78,159	120,073	517,101	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.221992	0.035240	1.607681	1.658352	21.851800	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: 14-0208

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (IR TIME)	Reconciliation	ER PARAMEDIC TRNG (ACCUM. COST)	PASTORAL CARE (DAYS)	Reconciliation	
		22.00	23A	23.00	23.01	23A.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
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
13.00	01300	NURSING ADMINISTRATION					13.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	23,664				22.00
23.00	02300	ER PARAMEDIC TRNG		-1,328,982	989,656,870		23.00
23.01	02301	PASTORAL CARE		0		251,184	23.01
23.02	02302	PHARMACY RESIDENCY		0		-403,284	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,383	0	226,375,889	171,954	0 30.00
31.00	03100	INTENSIVE CARE UNIT	2,414	0	68,659,175	33,518	0 31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	1,193	0	17,096,444	8,290	0 31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00	04000	SUBPROVIDER - I PF	0	0	8,054,292	9,532	0 40.00
41.00	04100	SUBPROVIDER - I RF	0	0	10,731,426	11,491	0 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	0	0	16,361,371	16,399	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,258	0	92,758,366	0	0 50.00
51.00	05100	RECOVERY ROOM	0	0	11,109,888	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	13,802,622	0	0 52.00
53.00	05300	ANESTHESIOLOGY	236	0	4,227,470	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8	0	63,051,007	0	0 54.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	0	0	36,869,782	0	0 60.00
60.01	06001	BLOOD LABORATORY	0	0	6,307,655	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
65.00	06500	RESPIRATORY THERAPY	0	0	25,683,858	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	13,483,837	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	8,671,063	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	8,639,598	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	654,000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	108,312,758	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	84,076,467	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	85,663,366	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	3,909,899	0	0 74.00
76.00	03020	DEV EVALUATION	0	0	4,587,802	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0	0	1,564,518	0	0 76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0 90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0 90.02
90.03	09003	AMBULATORY CARE	0	0	8,113,736	0	0 90.03
90.04	09004	OTHER	0	0	0	0	0 90.04
91.00	09100	EMERGENCY	4,172	0	44,947,553	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0208

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		INTERNS & RESIDENTS	Reconciliation	ER PARAMEDIC TRNG (ACCUM. COST)	PASTORAL CARE (DAYS)	Reconciliation	
		SERVICES-OTHER PRGM COSTS (IR TIME)					
		22.00	23A	23.00	23.01	23A.02	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	2,394,641	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	5,137,398	0	0	106.00
108.00	10800 LUNG ACQUISITION	0	0	1,366,602	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	23,664	-1,328,982	983,308,945	251,184	-403,284	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	131,963	0	0	190.00
190.01	19001 OTHER NONREIMB	0	0	6,215,962	0	0	190.01
190.02	19002 OTHER	0	0	0	0	0	190.02
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)	13,455,895		1,328,982	294,113		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	568.623014		0.001343	1.170907		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	405,852		58,662	17,081		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	17.150609		0.000059	0.068002		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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0208

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

Worksheet B-1
Date/Time Prepared:
5/29/2019 4:49 pm

Cost Center Description		PHARMACY RESIDENCY (ACCUM. COST)	
		23.02	
GENERAL SERVICE COST CENTERS			
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	NONPATIENT TELEPHONES	5.01
5.02	00550	DATA PROCESSING	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	00570	ADMINISTRATIVE	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	5.06
6.00	00600	MAINTENANCE & REPAIRS	6.00
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
13.00	01300	NURSING ADMINISTRATION	13.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
23.00	02300	ER PARAMEDIC TRNG	23.00
23.01	02301	PASTORAL CARE	23.01
23.02	02302	PHARMACY RESIDENCY	23.02
		990,582,568	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	31.01
32.00	03200	CORONARY CARE UNIT	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34.00
40.00	04000	SUBPROVIDER - I/PF	40.00
41.00	04100	SUBPROVIDER - I/RF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
		226,881,128	
		68,790,630	
		17,129,112	
		0	
		0	
		0	
		8,076,270	
		10,759,293	
		0	
		16,402,546	
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03020	DEV EVALUATION	76.00
76.97	07697	CARDIAC REHABILITATION	76.97
		92,882,940	
		11,124,809	
		13,821,159	
		4,233,147	
		63,135,685	
		0	
		0	
		0	
		36,919,298	
		6,316,126	
		0	
		25,718,351	
		13,501,946	
		8,682,708	
		0	
		8,651,201	
		654,878	
		108,458,222	
		84,189,382	
		85,778,412	
		3,915,150	
		4,593,963	
		1,566,619	
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	09001	FAMILY PRACTICES	90.01
90.02	09002	WOMEN'S HEALTH CENTER	90.02
90.03	09003	AMBULATORY CARE	90.03
90.04	09004	OTHER	90.04
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
		0	
		0	
		0	
		0	
		8,124,633	
		0	
		45,007,918	
OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF	99.10
		0	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0208

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

Worksheet B-1
Date/Time Prepared:
5/29/2019 4:49 pm

Cost Center Description		PHARMACY RESIDENCY (ACCUM. COST)	
		23.02	
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	2,397,857	105.00
106.00	10600 HEART ACQUISITION	5,144,298	106.00
108.00	10800 LUNG ACQUISITION	1,368,437	108.00
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	984,226,118	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	132,140	190.00
190.01	19001 OTHER NONREIMB	6,224,310	190.01
190.02	19002 OTHER	0	190.02
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)	403,284	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000407	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	14,834	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000015	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0208

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2019 4:49 pm

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	208,693,535		208,693,535	0	208,693,535	30.00
31.00	03100	INTENSIVE CARE UNIT	65,255,030		65,255,030	0	65,255,030	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	15,374,952		15,374,952	0	15,374,952	31.01
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	8,079,557		8,079,557	0	8,079,557	40.00
41.00	04100	SUBPROVIDER - I RF	10,763,672		10,763,672	0	10,763,672	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	16,409,222		16,409,222	0	16,409,222	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	88,111,213		88,111,213	0	88,111,213	50.00
51.00	05100	RECOVERY ROOM	11,129,337		11,129,337	0	11,129,337	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,826,784		13,826,784	0	13,826,784	52.00
53.00	05300	ANESTHESIOLOGY	3,886,482		3,886,482	0	3,886,482	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	63,149,571		63,149,571	0	63,149,571	54.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	36,934,324		36,934,324	0	36,934,324	60.00
60.01	06001	BLOOD LABORATORY	6,318,697		6,318,697	0	6,318,697	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	25,728,818	0	25,728,818	0	25,728,818	65.00
66.00	06600	PHYSICAL THERAPY	13,507,441	0	13,507,441	0	13,507,441	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,686,242	0	8,686,242	0	8,686,242	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,654,722		8,654,722	0	8,654,722	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	655,145		655,145	0	655,145	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	108,502,364		108,502,364	0	108,502,364	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	84,223,647		84,223,647	0	84,223,647	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	85,813,324		85,813,324	0	85,813,324	73.00
74.00	07400	RENAL DIALYSIS	3,916,743		3,916,743	0	3,916,743	74.00
76.00	03020	DEV EVALUATION	4,595,833		4,595,833	0	4,595,833	76.00
76.97	07697	CARDIAC REHABILITATION	1,567,257		1,567,257	0	1,567,257	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0		0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0		0	0	0	90.02
90.03	09003	AMBULATORY CARE	8,127,940		8,127,940	0	8,127,940	90.03
90.04	09004	OTHER	0		0	0	0	90.04
91.00	09100	EMERGENCY	38,867,441		38,867,441	0	38,867,441	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	16,942,945		16,942,945	0	16,942,945	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	2,398,833		2,398,833	0	2,398,833	105.00
106.00	10600	HEART ACQUISITION	5,146,392		5,146,392	0	5,146,392	106.00
108.00	10800	LUNG ACQUISITION	1,368,994		1,368,994	0	1,368,994	108.00
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
200.00		Subtotal (see instructions)	966,636,457	0	966,636,457	0	966,636,457	200.00
201.00		Less Observation Beds	16,942,945		16,942,945	0	16,942,945	201.00
202.00		Total (see instructions)	949,693,512	0	949,693,512	0	949,693,512	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0208	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/29/2019 4:49 pm
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		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	469,078,939		469,078,939		30.00
31.00	03100	INTENSIVE CARE UNIT	194,165,130		194,165,130		31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	42,638,755		42,638,755		31.01
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - I/PF	24,534,700		24,534,700		40.00
41.00	04100	SUBPROVIDER - I/RP	23,849,345		23,849,345		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	44,428,980		44,428,980		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	193,902,817	132,321,443	326,224,260	0.270094	50.00
51.00	05100	RECOVERY ROOM	18,121,237	25,892,343	44,013,580	0.252861	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	41,486,767	4,191,970	45,678,737	0.302696	52.00
53.00	05300	ANESTHESIOLOGY	42,278,285	26,494,655	68,772,940	0.056512	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	225,049,622	264,473,623	489,523,245	0.129002	54.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	166,578,011	81,355,637	247,933,648	0.148969	60.00
60.01	06001	BLOOD LABORATORY	45,156,747	10,873,450	56,030,197	0.112773	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	152,550,623	6,953,496	159,504,119	0.161305	65.00
66.00	06600	PHYSICAL THERAPY	38,209,032	26,967,171	65,176,203	0.207245	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,439,180	14,748,276	30,187,456	0.287743	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	40,760,665	28,283,287	69,043,952	0.125351	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,933,335	960,300	5,893,635	0.111161	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	118,353,400	43,884,248	162,237,648	0.668787	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	169,933,738	53,151,632	223,085,370	0.377540	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	353,430,141	161,551,336	514,981,477	0.166634	73.00
74.00	07400	RENAL DIALYSIS	13,164,640	505,315	13,669,955	0.286522	74.00
76.00	03020	DEV EVALUATION	2,961,873	6,195,113	9,156,986	0.501894	76.00
76.97	07697	CARDIAC REHABILITATION	932,105	3,302,528	4,234,633	0.370105	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0.000000	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0.000000	90.02
90.03	09003	AMBULATORY CARE	84,846	28,685,681	28,770,527	0.282509	90.03
90.04	09004	OTHER	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	85,798,480	153,291,991	239,090,471	0.162564	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	12,231,525	49,022,166	61,253,691	0.276603	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	1,657,280	0	1,657,280		105.00
106.00	10600	HEART ACQUISITION	2,379,140	0	2,379,140		106.00
108.00	10800	LUNG ACQUISITION	840,355	0	840,355		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	2,544,929,693	1,123,105,661	3,668,035,354		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	2,544,929,693	1,123,105,661	3,668,035,354		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0208	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/29/2019 4:49 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT			31.01
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.270094		50.00
51.00	05100	RECOVERY ROOM	0.252861		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.302696		52.00
53.00	05300	ANESTHESIOLOGY	0.056512		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129002		54.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.148969		60.00
60.01	06001	BLOOD LABORATORY	0.112773		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
65.00	06500	RESPIRATORY THERAPY	0.161305		65.00
66.00	06600	PHYSICAL THERAPY	0.207245		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.287743		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.125351		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.111161		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.668787		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.377540		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.166634		73.00
74.00	07400	RENAL DIALYSIS	0.286522		74.00
76.00	03020	DEV EVALUATION	0.501894		76.00
76.97	07697	CARDIAC REHABILITATION	0.370105		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	FAMILY PRACTICES	0.000000		90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000		90.02
90.03	09003	AMBULATORY CARE	0.282509		90.03
90.04	09004	OTHER	0.000000		90.04
91.00	09100	EMERGENCY	0.162564		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.276603		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
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: 14-0208

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2019 4:49 pm

		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			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	208,693,535		208,693,535	0	208,693,535	30.00
31.00	03100	INTENSIVE CARE UNIT	65,255,030		65,255,030	0	65,255,030	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	15,374,952		15,374,952	0	15,374,952	31.01
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	8,079,557		8,079,557	0	8,079,557	40.00
41.00	04100	SUBPROVIDER - I RF	10,763,672		10,763,672	0	10,763,672	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	16,409,222		16,409,222	0	16,409,222	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	88,111,213		88,111,213	0	88,111,213	50.00
51.00	05100	RECOVERY ROOM	11,129,337		11,129,337	0	11,129,337	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,826,784		13,826,784	0	13,826,784	52.00
53.00	05300	ANESTHESIOLOGY	3,886,482		3,886,482	0	3,886,482	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	63,149,571		63,149,571	0	63,149,571	54.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	36,934,324		36,934,324	0	36,934,324	60.00
60.01	06001	BLOOD LABORATORY	6,318,697		6,318,697	0	6,318,697	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	25,728,818	0	25,728,818	0	25,728,818	65.00
66.00	06600	PHYSICAL THERAPY	13,507,441	0	13,507,441	0	13,507,441	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,686,242	0	8,686,242	0	8,686,242	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,654,722		8,654,722	0	8,654,722	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	655,145		655,145	0	655,145	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	108,502,364		108,502,364	0	108,502,364	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	84,223,647		84,223,647	0	84,223,647	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	85,813,324		85,813,324	0	85,813,324	73.00
74.00	07400	RENAL DIALYSIS	3,916,743		3,916,743	0	3,916,743	74.00
76.00	03020	DEV EVALUATION	4,595,833		4,595,833	0	4,595,833	76.00
76.97	07697	CARDIAC REHABILITATION	1,567,257		1,567,257	0	1,567,257	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0		0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0		0	0	0	90.02
90.03	09003	AMBULATORY CARE	8,127,940		8,127,940	0	8,127,940	90.03
90.04	09004	OTHER	0		0	0	0	90.04
91.00	09100	EMERGENCY	38,867,441		38,867,441	0	38,867,441	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	16,942,945		16,942,945	0	16,942,945	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	2,398,833		2,398,833	0	2,398,833	105.00
106.00	10600	HEART ACQUISITION	5,146,392		5,146,392	0	5,146,392	106.00
108.00	10800	LUNG ACQUISITION	1,368,994		1,368,994	0	1,368,994	108.00
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
200.00		Subtotal (see instructions)	966,636,457	0	966,636,457	0	966,636,457	200.00
201.00		Less Observation Beds	16,942,945		16,942,945	0	16,942,945	201.00
202.00		Total (see instructions)	949,693,512	0	949,693,512	0	949,693,512	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0208

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2019 4:49 pm

			Title XIX			Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio				
	Inpatient	Outpatient	Total (col. 6 + col. 7)						
	6.00	7.00	8.00				9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	469,078,939		469,078,939				30.00
31.00	03100	INTENSIVE CARE UNIT	194,165,130		194,165,130				31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	42,638,755		42,638,755				31.01
32.00	03200	CORONARY CARE UNIT	0		0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
40.00	04000	SUBPROVIDER - I/PF	24,534,700		24,534,700				40.00
41.00	04100	SUBPROVIDER - I/RP	23,849,345		23,849,345				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	44,428,980		44,428,980				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	193,902,817	132,321,443	326,224,260	0.270094	0.000000		50.00
51.00	05100	RECOVERY ROOM	18,121,237	25,892,343	44,013,580	0.252861	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	41,486,767	4,191,970	45,678,737	0.302696	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	42,278,285	26,494,655	68,772,940	0.056512	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	225,049,622	264,473,623	489,523,245	0.129002	0.000000		54.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000		59.00
60.00	06000	LABORATORY	166,578,011	81,355,637	247,933,648	0.148969	0.000000		60.00
60.01	06001	BLOOD LABORATORY	45,156,747	10,873,450	56,030,197	0.112773	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000		62.00
65.00	06500	RESPIRATORY THERAPY	152,550,623	6,953,496	159,504,119	0.161305	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	38,209,032	26,967,171	65,176,203	0.207245	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	15,439,180	14,748,276	30,187,456	0.287743	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	40,760,665	28,283,287	69,043,952	0.125351	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,933,335	960,300	5,893,635	0.111161	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	118,353,400	43,884,248	162,237,648	0.668787	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	169,933,738	53,151,632	223,085,370	0.377540	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	353,430,141	161,551,336	514,981,477	0.166634	0.000000		73.00
74.00	07400	RENAL DIALYSIS	13,164,640	505,315	13,669,955	0.286522	0.000000		74.00
76.00	03020	DEV EVALUATION	2,961,873	6,195,113	9,156,986	0.501894	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	932,105	3,302,528	4,234,633	0.370105	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000		89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0.000000	0.000000		90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0.000000	0.000000		90.02
90.03	09003	AMBULATORY CARE	84,846	28,685,681	28,770,527	0.282509	0.000000		90.03
90.04	09004	OTHER	0	0	0	0.000000	0.000000		90.04
91.00	09100	EMERGENCY	85,798,480	153,291,991	239,090,471	0.162564	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	12,231,525	49,022,166	61,253,691	0.276603	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0	0	0				99.10
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	1,657,280	0	1,657,280				105.00
106.00	10600	HEART ACQUISITION	2,379,140	0	2,379,140				106.00
108.00	10800	LUNG ACQUISITION	840,355	0	840,355				108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
200.00		Subtotal (see instructions)	2,544,929,693	1,123,105,661	3,668,035,354				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	2,544,929,693	1,123,105,661	3,668,035,354				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0208	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/29/2019 4:49 pm
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital Cost
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT			31.01
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03020	DEV EVALUATION	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	FAMILY PRACTICES	0.000000		90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000		90.02
90.03	09003	AMBULATORY CARE	0.000000		90.03
90.04	09004	OTHER	0.000000		90.04
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
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: 14-0208	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part I Date/Time Prepared: 5/29/2019 4:49 pm
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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)	Hospital Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	14,856,157	0	14,856,157	184,182	80.66	30.00
31.00	INTENSIVE CARE UNIT	4,723,502		4,723,502	33,518	140.92	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	1,889,451		1,889,451	8,290	227.92	31.01
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	408,300	0	408,300	9,532	42.83	40.00
41.00	SUBPROVIDER - IRF	558,467	0	558,467	11,491	48.60	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	2,249,463		2,249,463	16,399	137.17	43.00
200.00	Total (lines 30 through 199)	24,685,340		24,685,340	263,412		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	51,423	4,147,779				30.00
31.00	INTENSIVE CARE UNIT	9,770	1,376,788				31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	0				31.01
32.00	CORONARY CARE UNIT	0	0				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	3,027	129,646				40.00
41.00	SUBPROVIDER - IRF	5,521	268,321				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	69,741	5,922,534				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0208

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

Worksheet D
Part II
Date/Time Prepared:
5/29/2019 4:49 pm

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,234,971	326,224,260	0.037505	51,294,017	1,923,782	50.00
51.00	05100	RECOVERY ROOM	796,840	44,013,580	0.018104	5,793,115	104,879	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,044,730	45,678,737	0.022871	102,464	2,343	52.00
53.00	05300	ANESTHESIOLOGY	258,133	68,772,940	0.003753	10,666,731	40,032	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,036,549	489,523,245	0.028674	71,802,780	2,058,873	54.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,455,577	247,933,648	0.005871	45,903,495	269,499	60.00
60.01	06001	BLOOD LABORATORY	184,176	56,030,197	0.003287	12,009,998	39,477	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,517,372	159,504,119	0.009513	36,076,550	343,196	65.00
66.00	06600	PHYSICAL THERAPY	1,583,883	65,176,203	0.024302	8,666,555	210,615	66.00
67.00	06700	OCCUPATIONAL THERAPY	385,947	30,187,456	0.012785	69,340	887	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	824,280	69,043,952	0.011938	13,153,653	157,028	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	116,185	5,893,635	0.019714	1,296,847	25,566	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,572,966	162,237,648	0.015859	30,130,637	477,842	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,057,003	223,085,370	0.009221	57,505,539	530,259	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,392,255	514,981,477	0.006587	98,528,655	649,008	73.00
74.00	07400	RENAL DIALYSIS	438,574	13,669,955	0.032083	5,900,865	189,317	74.00
76.00	03020	DEV EVALUATION	201,182	9,156,986	0.021970	2,220	49	76.00
76.97	07697	CARDIAC REHABILITATION	123,450	4,234,633	0.029152	321,625	9,376	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0.000000	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0.000000	0	0	90.02
90.03	09003	AMBULATORY CARE	569,575	28,770,527	0.019797	80,657	1,597	90.03
90.04	09004	OTHER	0	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	4,880,227	239,090,471	0.020412	24,016,478	490,224	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,206,100	61,253,691	0.019690	3,507,390	69,061	92.00
200.00		Total (lines 50 through 199)	49,879,975	2,864,462,730		476,829,611	7,592,910	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0208	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part III Date/Time Prepared: 5/29/2019 4:49 pm
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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	PPS	
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	597,696	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	159,453	0	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	0	0	0	39,640	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	25,265	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	32,246	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	47,851	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	902,151	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	597,696	184,182	3.25	51,423	30.00
31.00	03100	INTENSIVE CARE UNIT		159,453	33,518	4.76	9,770	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT		39,640	8,290	4.78	0	31.01
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0.00	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	25,265	9,532	2.65	3,027	40.00
41.00	04100	SUBPROVIDER - IRF	0	32,246	11,491	2.81	5,521	41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00
43.00	04300	NURSERY		47,851	16,399	2.92	0	43.00
200.00		Total (lines 30 through 199)		902,151	263,412		69,741	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	167,125					30.00
31.00	03100	INTENSIVE CARE UNIT	46,505					31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	0					31.01
32.00	03200	CORONARY CARE UNIT	0					32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0					33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
40.00	04000	SUBPROVIDER - IPF	8,022					40.00
41.00	04100	SUBPROVIDER - IRF	15,514					41.00
42.00	04200	SUBPROVIDER	0					42.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	237,166					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0208	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 4:49 pm
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Cost Center Description	Title XVIII			Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	162,377	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	19,449	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	24,162	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	7,400	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	110,374	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	64,542	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	11,042	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	44,960	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	23,604	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	15,179	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	15,124	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	1,145	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	189,606	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	147,180	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	149,958	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	6,844	74.00
76.00 03020 DEV EVALUATION	0	0	0	0	8,031	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	2,739	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02 09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03 09003 AMBULATORY CARE	0	0	0	0	14,204	90.03
90.04 09004 OTHER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	0	78,683	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	48,525	92.00
200.00 Total (lines 50 through 199)	0	0	0	0	1,145,128	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0208	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 4:49 pm
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Title XVIII	
							Hospital	PPS
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	162,377	162,377	326,224,260	0.000498	50.00
51.00	05100	RECOVERY ROOM	0	19,449	19,449	44,013,580	0.000442	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	24,162	24,162	45,678,737	0.000529	52.00
53.00	05300	ANESTHESIOLOGY	0	7,400	7,400	68,772,940	0.000108	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	110,374	110,374	489,523,245	0.000225	54.00
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	64,542	64,542	247,933,648	0.000260	60.00
60.01	06001	BLOOD LABORATORY	0	11,042	11,042	56,030,197	0.000197	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	0	44,960	44,960	159,504,119	0.000282	65.00
66.00	06600	PHYSICAL THERAPY	0	23,604	23,604	65,176,203	0.000362	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	15,179	15,179	30,187,456	0.000503	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	15,124	15,124	69,043,952	0.000219	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,145	1,145	5,893,635	0.000194	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	189,606	189,606	162,237,648	0.001169	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	147,180	147,180	223,085,370	0.000660	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	149,958	149,958	514,981,477	0.000291	73.00
74.00	07400	RENAL DIALYSIS	0	6,844	6,844	13,669,955	0.000501	74.00
76.00	03020	DEV EVALUATION	0	8,031	8,031	9,156,986	0.000877	76.00
76.97	07697	CARDIAC REHABILITATION	0	2,739	2,739	4,234,633	0.000647	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0.000000	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0.000000	90.02
90.03	09003	AMBULATORY CARE	0	14,204	14,204	28,770,527	0.000494	90.03
90.04	09004	OTHER	0	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	0	78,683	78,683	239,090,471	0.000329	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	48,525	48,525	61,253,691	0.000792	92.00
200.00		Total (lines 50 through 199)	0	1,145,128	1,145,128	2,864,462,730		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0208	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 4:49 pm
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Cost Center Description		Title XVIII					
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Hospital Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000498	51,294,017	25,544	24,775,506	12,338	50.00
51.00	05100 RECOVERY ROOM	0.000442	5,793,115	2,561	5,204,953	2,301	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000529	102,464	54	29,433	16	52.00
53.00	05300 ANESTHESIOLOGY	0.000108	10,666,731	1,152	4,455,584	481	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000225	71,802,780	16,156	61,044,858	13,735	54.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000260	45,903,495	11,935	13,809,118	3,590	60.00
60.01	06001 BLOOD LABORATORY	0.000197	12,009,998	2,366	1,196,567	236	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.000282	36,076,550	10,174	1,068,889	301	65.00
66.00	06600 PHYSICAL THERAPY	0.000362	8,666,555	3,137	497,380	180	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000503	69,340	35	277,957	140	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000219	13,153,653	2,881	6,055,250	1,326	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000194	1,296,847	252	33,237	6	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.001169	30,130,637	35,223	9,124,615	10,667	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000660	57,505,539	37,954	16,094,007	10,622	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000291	98,528,655	28,672	40,175,629	11,691	73.00
74.00	07400 RENAL DIALYSIS	0.000501	5,900,865	2,956	0	0	74.00
76.00	03020 DEV EVALUATION	0.000877	2,220	2	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000647	321,625	208	1,199,520	776	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICES	0.000000	0	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0.000000	0	0	0	0	90.02
90.03	09003 AMBULATORY CARE	0.000494	80,657	40	5,743,244	2,837	90.03
90.04	09004 OTHER	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.000329	24,016,478	7,901	14,147,781	4,655	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000792	3,507,390	2,778	10,298,236	8,156	92.00
200.00	Total (lines 50 through 199)		476,829,611	191,981	215,231,764	84,054	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0208

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

Worksheet D
Part V
Date/Time Prepared:
5/29/2019 4:49 pm

		Title XVIII		Hospital		PPS		
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		PPS Services (see inst.)	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.270094	24,775,506	0	0	6,691,716	50.00
51.00	05100	RECOVERY ROOM	0.252861	5,204,953	0	0	1,316,130	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.302696	29,433	0	0	8,909	52.00
53.00	05300	ANESTHESIOLOGY	0.056512	4,455,584	0	0	251,794	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129002	61,044,858	0	0	7,874,909	54.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.148969	13,809,118	0	0	2,057,130	60.00
60.01	06001	BLOOD LABORATORY	0.112773	1,196,567	0	0	134,940	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.161305	1,068,889	0	0	172,417	65.00
66.00	06600	PHYSICAL THERAPY	0.207245	497,380	0	0	103,080	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.287743	277,957	0	0	79,980	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.125351	6,055,250	0	0	759,032	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.111161	33,237	0	0	3,695	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.668787	9,124,615	0	0	6,102,424	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.377540	16,094,007	0	0	6,076,131	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.166634	40,175,629	0	0	6,694,626	73.00
74.00	07400	RENAL DIALYSIS	0.286522	0	0	0	0	74.00
76.00	03020	DEV EVALUATION	0.501894	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.370105	1,199,520	0	0	443,948	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	0.282509	5,743,244	0	0	1,622,518	90.03
90.04	09004	OTHER	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.162564	14,147,781	0	0	2,299,920	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.276603	10,298,236	0	0	2,848,523	92.00
200.00		Subtotal (see instructions)		215,231,764	0	0	45,541,822	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		215,231,764	0	0	45,541,822	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0208	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/29/2019 4:49 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03020 DEV EVALUATION	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	90.02
90.03	09003 AMBULATORY CARE	0	0	90.03
90.04	09004 OTHER	0	0	90.04
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Subtotal (see instructions)	0	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: 14-0208	Period: From 01/01/2018	Worksheet D
		Component CCN: 14-S208	To 12/31/2018	Part II
		Title XVIII		Date/Time Prepared: 5/29/2019 4:49 pm
		Subprovider - IPF		PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	12,234,971	326,224,260	0.037505	8,275	310
51.00	05100	RECOVERY ROOM	796,840	44,013,580	0.018104	396	7
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,044,730	45,678,737	0.022871	0	0
53.00	05300	ANESTHESIOLOGY	258,133	68,772,940	0.003753	2,160	8
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,036,549	489,523,245	0.028674	226,900	6,506
57.00	05700	CT SCAN	0	0	0.000000	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0
60.00	06000	LABORATORY	1,455,577	247,933,648	0.005871	664,920	3,904
60.01	06001	BLOOD LABORATORY	184,176	56,030,197	0.003287	2,800	9
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0
65.00	06500	RESPIRATORY THERAPY	1,517,372	159,504,119	0.009513	183,684	1,747
66.00	06600	PHYSICAL THERAPY	1,583,883	65,176,203	0.024302	66,427	1,614
67.00	06700	OCCUPATIONAL THERAPY	385,947	30,187,456	0.012785	89,255	1,141
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0
69.00	06900	ELECTROCARDIOLOGY	824,280	69,043,952	0.011938	98,430	1,175
70.00	07000	ELECTROENCEPHALOGRAPHY	116,185	5,893,635	0.019714	12,830	253
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,572,966	162,237,648	0.015859	42,704	677
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,057,003	223,085,370	0.009221	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	3,392,255	514,981,477	0.006587	1,223,821	8,061
74.00	07400	RENAL DIALYSIS	438,574	13,669,955	0.032083	29,800	956
76.00	03020	DEV EVALUATION	201,182	9,156,986	0.021970	0	0
76.97	07697	CARDIAC REHABILITATION	123,450	4,234,633	0.029152	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0
90.00	09000	CLINIC	0	0	0.000000	0	0
90.01	09001	FAMILY PRACTICES	0	0	0.000000	0	0
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0.000000	0	0
90.03	09003	AMBULATORY CARE	569,575	28,770,527	0.019797	0	0
90.04	09004	OTHER	0	0	0.000000	0	0
91.00	09100	EMERGENCY	4,880,227	239,090,471	0.020412	472,619	9,647
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	61,253,691	0.000000	945	0
200.00		Total (lines 50 through 199)	48,673,875	2,864,462,730		3,125,966	36,015

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0208 Component CCN: 14-S208	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 4:49 pm
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	Title XVIII	Subprovider - IPF	PPS
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	162,377	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	19,449	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	24,162	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	7,400	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	110,374	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	64,542	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	11,042	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	44,960	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	23,604	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	15,179	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	15,124	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	1,145	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	189,606	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	147,180	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	149,958	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	6,844	74.00
76.00	03020 DEV EVALUATION	0	0	0	0	8,031	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	2,739	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003 AMBULATORY CARE	0	0	0	0	14,204	90.03
90.04	09004 OTHER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	78,683	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50 through 199)	0	0	0	0	1,096,603	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0208 Component CCN: 14-S208	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 4:49 pm
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	Title XVIII	Subprovider - IPF	PPS
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	162,377	162,377	326,224,260	0.000498	50.00
51.00	05100 RECOVERY ROOM	0	19,449	19,449	44,013,580	0.000442	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	24,162	24,162	45,678,737	0.000529	52.00
53.00	05300 ANESTHESIOLOGY	0	7,400	7,400	68,772,940	0.000108	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	110,374	110,374	489,523,245	0.000225	54.00
57.00	05700 CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000 LABORATORY	0	64,542	64,542	247,933,648	0.000260	60.00
60.01	06001 BLOOD LABORATORY	0	11,042	11,042	56,030,197	0.000197	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0.000000	62.00
65.00	06500 RESPIRATORY THERAPY	0	44,960	44,960	159,504,119	0.000282	65.00
66.00	06600 PHYSICAL THERAPY	0	23,604	23,604	65,176,203	0.000362	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	15,179	15,179	30,187,456	0.000503	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	15,124	15,124	69,043,952	0.000219	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,145	1,145	5,893,635	0.000194	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	189,606	189,606	162,237,648	0.001169	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	147,180	147,180	223,085,370	0.000660	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	149,958	149,958	514,981,477	0.000291	73.00
74.00	07400 RENAL DIALYSIS	0	6,844	6,844	13,669,955	0.000501	74.00
76.00	03020 DEV EVALUATION	0	8,031	8,031	9,156,986	0.000877	76.00
76.97	07697 CARDIAC REHABILITATION	0	2,739	2,739	4,234,633	0.000647	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000 CLINIC	0	0	0	0	0.000000	90.00
90.01	09001 FAMILY PRACTICES	0	0	0	0	0.000000	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	0	0.000000	90.02
90.03	09003 AMBULATORY CARE	0	14,204	14,204	28,770,527	0.000494	90.03
90.04	09004 OTHER	0	0	0	0	0.000000	90.04
91.00	09100 EMERGENCY	0	78,683	78,683	239,090,471	0.000329	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	61,253,691	0.000000	92.00
200.00	Total (lines 50 through 199)	0	1,096,603	1,096,603	2,864,462,730		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0208 Component CCN: 14-S208	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 4:49 pm
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000498	8,275	4	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000442	396	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000529	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000108	2,160	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000225	226,900	51	1,843	0	54.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000260	664,920	173	2,846	1	60.00
60.01	06001 BLOOD LABORATORY	0.000197	2,800	1	3	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.000282	183,684	52	44	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000362	66,427	24	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000503	89,255	45	184,790	93	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000219	98,430	22	1,390	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000194	12,830	2	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.001169	42,704	50	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000660	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000291	1,223,821	356	2,167	1	73.00
74.00	07400 RENAL DIALYSIS	0.000501	29,800	15	0	0	74.00
76.00	03020 DEV EVALUATION	0.000877	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000647	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICES	0.000000	0	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0.000000	0	0	0	0	90.02
90.03	09003 AMBULATORY CARE	0.000494	0	0	0	0	90.03
90.04	09004 OTHER	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.000329	472,619	155	2,752	1	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	945	0	0	0	92.00
200.00	Total (lines 50 through 199)		3,125,966	950	195,835	96	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0208 Component CCN: 14-S208	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/29/2019 4:49 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.270094	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.252861	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.302696	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.056512	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.129002	1,843	0	0	238	54.00
57.00 05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00 06000 LABORATORY	0.148969	2,846	0	0	424	60.00
60.01 06001 BLOOD LABORATORY	0.112773	3	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0.161305	44	0	0	7	65.00
66.00 06600 PHYSICAL THERAPY	0.207245	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.287743	184,790	0	0	53,172	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.125351	1,390	0	0	174	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.111161	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.668787	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.377540	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.166634	2,167	0	0	361	73.00
74.00 07400 RENAL DIALYSIS	0.286522	0	0	0	0	74.00
76.00 03020 DEV EVALUATION	0.501894	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.370105	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 FAMILY PRACTICES	0.000000	0	0	0	0	90.01
90.02 09002 WOMEN'S HEALTH CENTER	0.000000	0	0	0	0	90.02
90.03 09003 AMBULATORY CARE	0.282509	0	0	0	0	90.03
90.04 09004 OTHER	0.000000	0	0	0	0	90.04
91.00 09100 EMERGENCY	0.162564	2,752	0	0	447	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.276603	0	0	0	0	92.00
200.00	Subtotal (see instructions)		195,835	0	54,823	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		195,835	0	54,823	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0208 Component CCN: 14-S208	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/29/2019 4:49 pm
	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		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 DEV EVALUATION	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 FAMILY PRACTICES	0	0		90.01
90.02 09002 WOMEN'S HEALTH CENTER	0	0		90.02
90.03 09003 AMBULATORY CARE	0	0		90.03
90.04 09004 OTHER	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0208	Period: From 01/01/2018	Worksheet D
		Component CCN: 14-T208	To 12/31/2018	Part II
		Title XVIII	Subprovider - IRF	Date/Time Prepared: 5/29/2019 4:49 pm
				PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,234,971	326,224,260	0.037505	31,465	1,180	50.00
51.00	05100	RECOVERY ROOM	796,840	44,013,580	0.018104	11,580	210	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,044,730	45,678,737	0.022871	0	0	52.00
53.00	05300	ANESTHESIOLOGY	258,133	68,772,940	0.003753	7,410	28	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,036,549	489,523,245	0.028674	729,672	20,923	54.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,455,577	247,933,648	0.005871	757,125	4,445	60.00
60.01	06001	BLOOD LABORATORY	184,176	56,030,197	0.003287	38,153	125	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,517,372	159,504,119	0.009513	375,259	3,570	65.00
66.00	06600	PHYSICAL THERAPY	1,583,883	65,176,203	0.024302	359	9	66.00
67.00	06700	OCCUPATIONAL THERAPY	385,947	30,187,456	0.012785	6,988,152	89,344	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	824,280	69,043,952	0.011938	81,380	972	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	116,185	5,893,635	0.019714	21,980	433	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,572,966	162,237,648	0.015859	349,401	5,541	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,057,003	223,085,370	0.009221	16,440	152	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,392,255	514,981,477	0.006587	3,140,416	20,686	73.00
74.00	07400	RENAL DIALYSIS	438,574	13,669,955	0.032083	312,300	10,020	74.00
76.00	03020	DEV EVALUATION	201,182	9,156,986	0.021970	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	123,450	4,234,633	0.029152	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0.000000	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0.000000	0	0	90.02
90.03	09003	AMBULATORY CARE	569,575	28,770,527	0.019797	0	0	90.03
90.04	09004	OTHER	0	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	4,880,227	239,090,471	0.020412	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	61,253,691	0.000000	1,680	0	92.00
200.00		Total (lines 50 through 199)	48,673,875	2,864,462,730		12,862,772	157,638	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0208 Component CCN: 14-T208	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 4:49 pm
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	162,377	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	19,449	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	24,162	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	7,400	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	110,374	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	64,542	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	11,042	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	44,960	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	23,604	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	15,179	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	15,124	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	1,145	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	189,606	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	147,180	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	149,958	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	6,844	74.00
76.00	03020 DEV EVALUATION	0	0	0	0	8,031	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	2,739	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003 AMBULATORY CARE	0	0	0	0	14,204	90.03
90.04	09004 OTHER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	78,683	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50 through 199)	0	0	0	0	1,096,603	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0208 Component CCN: 14-T208	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 4:49 pm
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	Title XVIII	Subprovider - IRF	PPS
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	162,377	162,377	326,224,260	0.000498	50.00
51.00	05100 RECOVERY ROOM	0	19,449	19,449	44,013,580	0.000442	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	24,162	24,162	45,678,737	0.000529	52.00
53.00	05300 ANESTHESIOLOGY	0	7,400	7,400	68,772,940	0.000108	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	110,374	110,374	489,523,245	0.000225	54.00
57.00	05700 CT SCAN	0	0	0	0	0.000000	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000 LABORATORY	0	64,542	64,542	247,933,648	0.000260	60.00
60.01	06001 BLOOD LABORATORY	0	11,042	11,042	56,030,197	0.000197	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0.000000	62.00
65.00	06500 RESPIRATORY THERAPY	0	44,960	44,960	159,504,119	0.000282	65.00
66.00	06600 PHYSICAL THERAPY	0	23,604	23,604	65,176,203	0.000362	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	15,179	15,179	30,187,456	0.000503	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	15,124	15,124	69,043,952	0.000219	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,145	1,145	5,893,635	0.000194	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	189,606	189,606	162,237,648	0.001169	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	147,180	147,180	223,085,370	0.000660	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	149,958	149,958	514,981,477	0.000291	73.00
74.00	07400 RENAL DIALYSIS	0	6,844	6,844	13,669,955	0.000501	74.00
76.00	03020 DEV EVALUATION	0	8,031	8,031	9,156,986	0.000877	76.00
76.97	07697 CARDIAC REHABILITATION	0	2,739	2,739	4,234,633	0.000647	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000 CLINIC	0	0	0	0	0.000000	90.00
90.01	09001 FAMILY PRACTICES	0	0	0	0	0.000000	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	0	0.000000	90.02
90.03	09003 AMBULATORY CARE	0	14,204	14,204	28,770,527	0.000494	90.03
90.04	09004 OTHER	0	0	0	0	0.000000	90.04
91.00	09100 EMERGENCY	0	78,683	78,683	239,090,471	0.000329	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	61,253,691	0.000000	92.00
200.00	Total (lines 50 through 199)	0	1,096,603	1,096,603	2,864,462,730		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0208 Component CCN: 14-T208	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/29/2019 4:49 pm
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000498	31,465		16	0	50.00
51.00	05100 RECOVERY ROOM	0.000442	11,580		5	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000529	0		0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000108	7,410		1	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000225	729,672		164	0	54.00
57.00	05700 CT SCAN	0.000000	0		0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0		0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0		0	0	59.00
60.00	06000 LABORATORY	0.000260	757,125		197	0	60.00
60.01	06001 BLOOD LABORATORY	0.000197	38,153		8	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0		0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.000282	375,259		106	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000362	359		0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000503	6,988,152		3,515	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0		0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000219	81,380		18	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000194	21,980		4	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.001169	349,401		408	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000660	16,440		11	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000291	3,140,416		914	0	73.00
74.00	07400 RENAL DIALYSIS	0.000501	312,300		156	0	74.00
76.00	03020 DEV EVALUATION	0.000877	0		0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000647	0		0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0		0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0		0	0	89.00
90.00	09000 CLINIC	0.000000	0		0	0	90.00
90.01	09001 FAMILY PRACTICES	0.000000	0		0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0.000000	0		0	0	90.02
90.03	09003 AMBULATORY CARE	0.000494	0		0	0	90.03
90.04	09004 OTHER	0.000000	0		0	0	90.04
91.00	09100 EMERGENCY	0.000329	0		0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	1,680		0	0	92.00
200.00	Total (lines 50 through 199)		12,862,772		5,523	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0208

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

Worksheet D
Part V
Date/Time Prepared:
5/29/2019 4:49 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.270094	0	2,560,662	0	0	50.00
51.00	05100 RECOVERY ROOM	0.252861	0	598,881	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.302696	0	335,877	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.056512	0	608,725	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.129002	0	8,136,059	0	0	54.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.148969	0	3,410,682	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.112773	0	1,121,581	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.161305	0	335,237	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.207245	0	309,557	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.287743	0	432,269	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.125351	0	1,390,400	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.111161	0	155,805	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.668787	0	461,478	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.377540	0	820,594	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.166634	0	4,258,854	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.286522	0	62,580	0	0	74.00
76.00	03020 DEV EVALUATION	0.501894	0	869,518	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.370105	0	34,485	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICES	0.000000	0	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0.000000	0	0	0	0	90.02
90.03	09003 AMBULATORY CARE	0.282509	0	239,605	0	0	90.03
90.04	09004 OTHER	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.162564	0	11,237,137	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.276603	0	1,531,030	0	0	92.00
200.00	Subtotal (see instructions)		0	38,911,016	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 - line 201)		0	38,911,016	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0208	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/29/2019 4:49 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	691,619	0		50.00
51.00 05100 RECOVERY ROOM	151,434	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	101,669	0		52.00
53.00 05300 ANESTHESIOLOGY	34,400	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,049,568	0		54.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	508,086	0		60.00
60.01 06001 BLOOD LABORATORY	126,484	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
65.00 06500 RESPIRATORY THERAPY	54,075	0		65.00
66.00 06600 PHYSICAL THERAPY	64,154	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	124,382	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	174,288	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	17,319	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	308,630	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	309,807	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	709,670	0		73.00
74.00 07400 RENAL DIALYSIS	17,931	0		74.00
76.00 03020 DEV EVALUATION	436,406	0		76.00
76.97 07697 CARDIAC REHABILITATION	12,763	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 FAMILY PRACTICES	0	0		90.01
90.02 09002 WOMEN'S HEALTH CENTER	0	0		90.02
90.03 09003 AMBULATORY CARE	67,691	0		90.03
90.04 09004 OTHER	0	0		90.04
91.00 09100 EMERGENCY	1,826,754	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	423,487	0		92.00
200.00	Subtotal (see instructions)	7,210,617	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	7,210,617	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0208	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 4:49 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		184,182	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		184,182	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		169,229	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)		51,423	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		208,693,535	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)		208,693,535	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		208,693,535	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,133.08	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		58,266,373	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)		58,266,373	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0208		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	65,255,030	33,518	1,946.87	9,770	19,020,920	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	15,374,952	8,290	1,854.64	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					107,824,415	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					185,111,708	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)					5,738,197	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					7,784,891	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					13,523,088	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					171,588,620	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)					14,953	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,133.08	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					16,942,945	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0208		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/29/2019 4:49 pm	
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	14,856,157	208,693,535	0.071186	16,942,945	1,206,100	90.00
91.00	Nursing School cost	0	208,693,535	0.000000	16,942,945	0	91.00
92.00	Allied health cost	597,696	208,693,535	0.002864	16,942,945	48,525	92.00
93.00	All other Medical Education	0	208,693,535	0.000000	16,942,945	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0208 Component CCN: 14-S208	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 4:49 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,532	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,532	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		9,532	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)		3,027	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		8,079,557	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)		8,079,557	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		8,079,557	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		847.62	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,565,746	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,565,746	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0208		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1	
		Component CCN: 14-S208				Date/Time Prepared: 5/29/2019 4:49 pm	
		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
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		43.01
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					532,059		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,097,805		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)					137,668		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					36,965		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					174,633		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,923,172		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)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0208 Component CCN: 14-S208		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/29/2019 4:49 pm	
		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	408,300	8,079,557	0.050535	0	0	90.00
91.00	Nursing School cost	0	8,079,557	0.000000	0	0	91.00
92.00	Allied health cost	25,265	8,079,557	0.003127	0	0	92.00
93.00	All other Medical Education	0	8,079,557	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0208 Component CCN: 14-T208	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 4:49 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			11,491 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			11,491 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			11,491 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)			5,521 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			10,763,672 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)			10,763,672 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			10,763,672 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			936.70 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			5,171,521 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)			5,171,521 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0208 Component CCN: 14-T208		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/29/2019 4:49 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				3,160,235		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				8,331,756		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)				283,835		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				163,161		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				446,996		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				7,884,760		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges				0		54.00
55.00	Target amount per discharge				0.00		55.00
56.00	Target amount (line 54 x line 55)				0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0		57.00
58.00	Bonus payment (see instructions)				0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0		61.00
62.00	Relief payment (see instructions)				0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0208 Component CCN: 14-T208		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/29/2019 4:49 pm	
		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	558,467	10,763,672	0.051884	0	0	90.00
91.00	Nursing School cost	0	10,763,672	0.000000	0	0	91.00
92.00	Allied health cost	32,246	10,763,672	0.002996	0	0	92.00
93.00	All other Medical Education	0	10,763,672	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0208	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/29/2019 4:49 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		149,879,162	30.00
31.00	03100	INTENSIVE CARE UNIT		57,258,553	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.270094	51,294,017	50.00
51.00	05100	RECOVERY ROOM	0.252861	5,793,115	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.302696	102,464	52.00
53.00	05300	ANESTHESIOLOGY	0.056512	10,666,731	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129002	71,802,780	54.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.148969	45,903,495	60.00
60.01	06001	BLOOD LABORATORY	0.112773	12,009,998	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.161305	36,076,550	65.00
66.00	06600	PHYSICAL THERAPY	0.207245	8,666,555	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.287743	69,340	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.125351	13,153,653	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.111161	1,296,847	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.668787	30,130,637	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.377540	57,505,539	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.166634	98,528,655	73.00
74.00	07400	RENAL DIALYSIS	0.286522	5,900,865	74.00
76.00	03020	DEV EVALUATION	0.501894	2,220	76.00
76.97	07697	CARDIAC REHABILITATION	0.370105	321,625	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	90.02
90.03	09003	AMBULATORY CARE	0.282509	80,657	90.03
90.04	09004	OTHER	0.000000	0	90.04
91.00	09100	EMERGENCY	0.162564	24,016,478	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.276603	3,507,390	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		476,829,611	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)		476,829,611	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0208 Component CCN: 14-S208	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/29/2019 4:49 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		7,310,650	40.00
41.00	04100	SUBPROVIDER - IPF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.270094	8,275	50.00
51.00	05100	RECOVERY ROOM	0.252861	396	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.302696	0	52.00
53.00	05300	ANESTHESIOLOGY	0.056512	2,160	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129002	226,900	54.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.148969	664,920	60.00
60.01	06001	BLOOD LABORATORY	0.112773	2,800	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.161305	183,684	65.00
66.00	06600	PHYSICAL THERAPY	0.207245	66,427	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.287743	89,255	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.125351	98,430	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.111161	12,830	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.668787	42,704	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.377540	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.166634	1,223,821	73.00
74.00	07400	RENAL DIALYSIS	0.286522	29,800	74.00
76.00	03020	DEV EVALUATION	0.501894	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.370105	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	90.02
90.03	09003	AMBULATORY CARE	0.282509	0	90.03
90.04	09004	OTHER	0.000000	0	90.04
91.00	09100	EMERGENCY	0.162564	472,619	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.276603	945	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		3,125,966	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)		3,125,966	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0208 Component CCN: 14-T208	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/29/2019 4:49 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200 CORONARY CARE UNIT		0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000 SUBPROVIDER - IPF		0	40.00
41.00	04100 SUBPROVIDER - IRF		11,475,495	41.00
42.00	04200 SUBPROVIDER		0	42.00
43.00	04300 NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.270094	31,465	50.00
51.00	05100 RECOVERY ROOM	0.252861	11,580	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.302696	0	52.00
53.00	05300 ANESTHESIOLOGY	0.056512	7,410	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.129002	729,672	54.00
57.00	05700 CT SCAN	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000 LABORATORY	0.148969	757,125	60.00
60.01	06001 BLOOD LABORATORY	0.112773	38,153	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.161305	375,259	65.00
66.00	06600 PHYSICAL THERAPY	0.207245	359	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.287743	6,988,152	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.125351	81,380	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.111161	21,980	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.668787	349,401	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.377540	16,440	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.166634	3,140,416	73.00
74.00	07400 RENAL DIALYSIS	0.286522	312,300	74.00
76.00	03020 DEV EVALUATION	0.501894	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.370105	0	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000 CLINIC	0.000000	0	90.00
90.01	09001 FAMILY PRACTICES	0.000000	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0.000000	0	90.02
90.03	09003 AMBULATORY CARE	0.282509	0	90.03
90.04	09004 OTHER	0.000000	0	90.04
91.00	09100 EMERGENCY	0.162564	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.276603	1,680	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		12,862,772	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)		12,862,772	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0208	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/29/2019 4:49 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		29,368,822	30.00
31.00	03100	INTENSIVE CARE UNIT		19,115,810	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT		28,502,422	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		4,235,207	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.270094	12,867,495	50.00
51.00	05100	RECOVERY ROOM	0.252861	645,724	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.302696	2,871,966	52.00
53.00	05300	ANESTHESIOLOGY	0.056512	2,976,779	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129002	13,808,333	54.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.148969	12,685,873	60.00
60.01	06001	BLOOD LABORATORY	0.112773	3,799,063	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.161305	24,583,610	65.00
66.00	06600	PHYSICAL THERAPY	0.207245	977,988	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.287743	49,507	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.125351	2,745,660	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.111161	522,779	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.668787	13,116,679	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.377540	6,171,233	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.166634	33,646,662	73.00
74.00	07400	RENAL DIALYSIS	0.286522	363,353	74.00
76.00	03020	DEV EVALUATION	0.501894	870,039	76.00
76.97	07697	CARDIAC REHABILITATION	0.370105	33,856	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	90.02
90.03	09003	AMBULATORY CARE	0.282509	377	90.03
90.04	09004	OTHER	0.000000	0	90.04
91.00	09100	EMERGENCY	0.162564	5,503,392	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.276603	676,297	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		138,916,665	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)		138,916,665	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0208 Component CCN: 14-S208	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/29/2019 4:49 pm	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT		0		31.01
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		1,788,694		40.00
41.00	04100 SUBPROVIDER - IPF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.270094	0	0	50.00
51.00	05100 RECOVERY ROOM	0.252861	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.302696	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.056512	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.129002	77,254	9,966	54.00
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.148969	337,681	50,304	60.00
60.01	06001 BLOOD LABORATORY	0.112773	2,853	322	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.161305	17,388	2,805	65.00
66.00	06600 PHYSICAL THERAPY	0.207245	3,419	709	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.287743	49,634	14,282	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.125351	48,753	6,111	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.111161	2,535	282	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.668787	2,934	1,962	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.377540	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.166634	171,664	28,605	73.00
74.00	07400 RENAL DIALYSIS	0.286522	0	0	74.00
76.00	03020 DEV EVALUATION	0.501894	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.370105	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 FAMILY PRACTICES	0.000000	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0.000000	0	0	90.02
90.03	09003 AMBULATORY CARE	0.282509	0	0	90.03
90.04	09004 OTHER	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.162564	275,499	44,786	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.276603	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		989,614	160,134	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		989,614		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0208 Component CCN: 14-T208	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/29/2019 4:49 pm	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		263,574	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.270094	0	50.00
51.00	05100	RECOVERY ROOM	0.252861	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.302696	0	52.00
53.00	05300	ANESTHESIOLOGY	0.056512	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.129002	22,093	54.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.148969	15,238	60.00
60.01	06001	BLOOD LABORATORY	0.112773	1,798	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.161305	11,777	65.00
66.00	06600	PHYSICAL THERAPY	0.207245	870	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.287743	146,624	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.125351	811	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.111161	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.668787	5,787	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.377540	117	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.166634	82,950	73.00
74.00	07400	RENAL DIALYSIS	0.286522	0	74.00
76.00	03020	DEV EVALUATION	0.501894	14,991	76.00
76.97	07697	CARDIAC REHABILITATION	0.370105	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	90.02
90.03	09003	AMBULATORY CARE	0.282509	0	90.03
90.04	09004	OTHER	0.000000	0	90.04
91.00	09100	EMERGENCY	0.162564	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.276603	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		303,056	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)		303,056	202.00

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

Provider CCN: 14-0208

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/29/2019 4:49 pm

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							
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	23,375	1,133.08	11	12,464	1.00
2.00	INTENSIVE CARE UNIT	43.00	25,598	1,946.87	4	7,787	2.00
2.01	NEONATAL INTENSIVE CARE UNIT	43.01	0	1,854.64	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	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)		48,973		15	20,251	7.00
Cost Center Description		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		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.270094	432,942	116,935	8.00	
9.00	RECOVERY ROOM	51.00	0.252861	9,565	2,419	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.302696	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.056512	86,973	4,915	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.129002	1,078,498	139,128	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00	
18.00	LABORATORY	60.00	0.148969	686,153	102,216	18.00	
18.01	BLOOD LABORATORY	60.01	0.112773	119,896	13,521	18.01	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
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	0.161305	73,122	11,795	23.00	
24.00	PHYSICAL THERAPY	66.00	0.207245	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.287743	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.125351	415,846	52,127	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.111161	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.668787	95,734	64,026	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.377540	5,169	1,952	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.166634	353,518	58,908	31.00	
32.00	RENAL DIALYSIS	74.00	0.286522	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	DEV EVALUATION	76.00	0.501894	0	0	34.00	
34.97	CARDIAC REHABILITATION	76.97	0.370105	0	0	34.97	
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	
37.01	FAMILY PRACTICES	90.01	0.000000	0	0	37.01	
37.02	WOMEN'S HEALTH CENTER	90.02	0.000000	0	0	37.02	
37.03	AMBULATORY CARE	90.03	0.282509	0	0	37.03	
37.04	OTHER	90.04	0.000000	0	0	37.04	
38.00	EMERGENCY	91.00	0.162564	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.276603	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)			3,357,416	567,942	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: 14-0208

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/29/2019 4:49 pm

		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	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	11		0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	4		0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	3.01	0.00	0		0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	0		0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0		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)			15		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
51.01	FAMILY PRACTICES	23.01	0	0.000000		0	51.01
51.02	WOMEN'S HEALTH CENTER	23.02	0	0.000000		0	51.02
51.03	AMBULATORY CARE	23.03	0	0.000000		0	51.03
51.04	OTHER	23.04	0	0.000000		0	51.04
52.00	EMERGENCY	24.00	0	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)		0			0	55.00
Cost Center Description		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	588,193		3,406,389			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)	2,398,833		2,403,138			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)	2,987,026		5,809,527			61.00
62.00	Total Usable Organs (see instructions)		86				62.00
63.00	Medicare Usable Organs (see instructions)		76				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.883721				64.00
65.00	Medicare Cost/Charges (see instructions)	2,639,698		5,134,001			65.00
66.00	Revenue for Organs Sold	78,163		251,087			66.00
67.00	Subtotal (line 65 minus line 66)	2,561,535		4,882,914			67.00
68.00	Organs Furnished Part B	0	0	0	0		68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,561,535	0	4,882,914	0		69.00
Cost Center Description			Living Related	Cadaveric	Revenue		
			1.00	2.00	3.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		8	58			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	20			73.00
74.00	Total (sum of lines 70 through 73)		8	78			74.00
75.00	Organs Transplanted		8	20	0		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	58	0		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	0	0		82.00
83.00	Unusable/Discarded Organs		0	0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		8	78			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.

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

Provider CCN: 14-0208

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/29/2019 4:49 pm

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	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	54	1,133.08	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	5,042	1,946.87	1	1,947	2.00
2.01	NEONATAL INTENSIVE CARE UNIT	43.01	0	1,854.64	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	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)		5,096		1	1,947	7.00
Cost Center Description		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		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.270094	77,036	20,807	8.00	
9.00	RECOVERY ROOM	51.00	0.252861	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.302696	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.056512	12,408	701	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.129002	155,960	20,119	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00	
18.00	LABORATORY	60.00	0.148969	450,524	67,114	18.00	
18.01	BLOOD LABORATORY	60.01	0.112773	8,072	910	18.01	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
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	0.161305	67,886	10,950	23.00	
24.00	PHYSICAL THERAPY	66.00	0.207245	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.287743	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.125351	28,899	3,623	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.111161	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.668787	8,869	5,931	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.377540	1,879	709	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.166634	30,335	5,055	31.00	
32.00	RENAL DIALYSIS	74.00	0.286522	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	DEV EVALUATION	76.00	0.501894	0	0	34.00	
34.97	CARDIAC REHABILITATION	76.97	0.370105	0	0	34.97	
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	
37.01	FAMILY PRACTICES	90.01	0.000000	0	0	37.01	
37.02	WOMEN'S HEALTH CENTER	90.02	0.000000	0	0	37.02	
37.03	AMBULATORY CARE	90.03	0.282509	0	0	37.03	
37.04	OTHER	90.04	0.000000	0	0	37.04	
38.00	EMERGENCY	91.00	0.162564	49	8	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.276603	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			841,917	135,927	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: 14-0208

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/29/2019 4:49 pm

		Heart		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		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	1	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	3.01	0.00	0	0	0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			1	0	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	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
51.01	FAMILY PRACTICES	23.01	0	0.000000	0	0	51.01
51.02	WOMEN'S HEALTH CENTER	23.02	0	0.000000	0	0	51.02
51.03	AMBULATORY CARE	23.03	0	0.000000	0	0	51.03
51.04	OTHER	23.04	0	0.000000	0	0	51.04
52.00	EMERGENCY	24.00	49	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		49		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	137,874		847,013			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)	5,146,392		5,148,965			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)	5,284,266		5,995,978			61.00
62.00	Total Usable Organs (see instructions)		41				62.00
63.00	Medicare Usable Organs (see instructions)		21				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.512195				64.00
65.00	Medicare Cost/Charges (see instructions)	2,706,575		3,071,110			65.00
66.00	Revenue for Organs Sold	15,396		49,457			66.00
67.00	Subtotal (line 65 minus line 66)	2,691,179		3,021,653			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,691,179	0	3,021,653	0	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	13			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	28			73.00
74.00	Total (sum of lines 70 through 73)		0	41			74.00
75.00	Organs Transplanted		0	28	0		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	13	0		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	0	0		82.00
83.00	Unusable/Discarded Organs		0	0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	41			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.

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

Provider CCN: 14-0208

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/29/2019 4:49 pm

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	
Lung Hospital PPS							
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	54	1,133.08	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	5,042	1,946.87	1	1,947	2.00
2.01	NEONATAL INTENSIVE CARE UNIT	43.01	0	1,854.64	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	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)		5,096		1	1,947	7.00
Cost Center Description		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		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.270094	179,741	48,547	8.00	
9.00	RECOVERY ROOM	51.00	0.252861	18,666	4,720	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.302696	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.056512	16,408	927	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.129002	144,223	18,605	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00	
18.00	LABORATORY	60.00	0.148969	194,850	29,027	18.00	
18.01	BLOOD LABORATORY	60.01	0.112773	16,322	1,841	18.01	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
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	0.161305	77,154	12,445	23.00	
24.00	PHYSICAL THERAPY	66.00	0.207245	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.287743	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.125351	40,804	5,115	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.111161	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.668787	11,369	7,603	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.377540	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.166634	35,925	5,986	31.00	
32.00	RENAL DIALYSIS	74.00	0.286522	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	DEV EVALUATION	76.00	0.501894	0	0	34.00	
34.97	CARDIAC REHABILITATION	76.97	0.370105	0	0	34.97	
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	
37.01	FAMILY PRACTICES	90.01	0.000000	0	0	37.01	
37.02	WOMEN'S HEALTH CENTER	90.02	0.000000	0	0	37.02	
37.03	AMBULATORY CARE	90.03	0.282509	0	0	37.03	
37.04	OTHER	90.04	0.000000	0	0	37.04	
38.00	EMERGENCY	91.00	0.162564	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.276603	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)			735,462	134,816	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: 14-0208

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/29/2019 4:49 pm

		Lung		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	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0		0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	1		0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	3.01	0.00	0		0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	0		0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0		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)			1		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
51.01	FAMILY PRACTICES	23.01	0	0.000000		0	51.01
51.02	WOMEN'S HEALTH CENTER	23.02	0	0.000000		0	51.02
51.03	AMBULATORY CARE	23.03	0	0.000000		0	51.03
51.04	OTHER	23.04	0	0.000000		0	51.04
52.00	EMERGENCY	24.00	0	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)		0			0	55.00
Cost Center Description		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	136,763		740,558			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)	1,368,994		1,364,588			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)	1,505,757		2,105,146			61.00
62.00	Total Usable Organs (see instructions)		21				62.00
63.00	Medicare Usable Organs (see instructions)		15				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.714286				64.00
65.00	Medicare Cost/Charges (see instructions)	1,075,541		1,503,676			65.00
66.00	Revenue for Organs Sold	15,396		49,457			66.00
67.00	Subtotal (line 65 minus line 66)	1,060,145		1,454,219			67.00
68.00	Organs Furnished Part B	0	0	0	0		68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,060,145	0	1,454,219	0		69.00
Cost Center Description			Living Related	Cadaveric	Revenue		
			1.00	2.00	3.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	13			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	8			73.00
74.00	Total (sum of lines 70 through 73)		0	21			74.00
75.00	Organs Transplanted		0	8	0		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	13	0		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	0	0		82.00
83.00	Unusable/Discarded Organs		0	0	0		83.00
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	21	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: 14-0208	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 4:49 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		94,932,364	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		31,194,141	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)		9,662,384	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		78,145,234	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		685.24	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		171.79	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).		44.69	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)		15.40	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)		231.88	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		231.88	10.00
11.00	FTE count for residents in dental and podiatric programs.		4.51	11.00
12.00	Current year allowable FTE (see instructions)		236.39	12.00
13.00	Total allowable FTE count for the prior year.		233.63	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.		236.69	14.00
15.00	Sum of lines 12 through 14 divided by 3.		235.57	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		235.57	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.343777	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.341509	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.341509	21.00
22.00	IME payment adjustment (see instructions)		21,514,533	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		13,329,936	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		21,514,533	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		13,329,936	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.93	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.15	31.00
32.00	Sum of lines 30 and 31		29.08	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.21	33.00
34.00	Disproportionate share adjustment (see instructions)		4,165,328	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0208	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 4:49 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0 35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	8,567,421	8,794,820	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	6,407,960	2,216,778	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	8,624,738		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	170,093,488		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		183,423,424	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		12,775,400	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).		12,205,014	52.00
53.00	Nursing and Allied Health Managed Care payment		440,422	53.00
54.00	Special add-on payments for new technologies		6,390	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)		6,312,859	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).		213,630	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		191,981	58.00
59.00	Total (sum of amounts on lines 49 through 58)		215,569,120	59.00
60.00	Primary payer payments		91,181	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		215,477,939	61.00
62.00	Deductibles billed to program beneficiaries		8,966,172	62.00
63.00	Coinurance billed to program beneficiaries		1,426,324	63.00
64.00	Allowable bad debts (see instructions)		2,502,032	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,626,321	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,556,683	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		206,711,764	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)		45,086	70.93
70.94	HRR adjustment amount (see instructions)		-1,379,866	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0208	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 4:49 pm
		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)		205,376,984	71.00
71.01	Sequestration adjustment (see instructions)		4,107,540	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		201,326,841	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)		-57,397	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		3,847,919	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
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	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0208	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/29/2019 4:49 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		45,457,768	2.00
3.00	OPPS payments		43,340,700	3.00
4.00	Outlier payment (see instructions)		81,994	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.897	5.00
6.00	Line 2 times line 5		40,775,618	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		84,054	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
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
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		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)		43,506,748	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		7,570,967	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	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)		35,935,781	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		2,744,215	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)		38,679,996	30.00
31.00	Primary payer payments		8,635	31.00
32.00	Subtotal (line 30 minus line 31)		38,671,361	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,389,917	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		903,446	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		895,726	36.00
37.00	Subtotal (see instructions)		39,574,807	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		39,574,807	40.00
40.01	Sequestration adjustment (see instructions)		791,496	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		35,037,876	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		3,745,435	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0208	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/29/2019 4:49 pm
		Component CCN: 14-S208	Title XVIII	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		54,727	2.00
3.00	OPPS payments		46,163	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		96	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
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
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		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)		46,259	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		9,276	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	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)		36,983	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)		36,983	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		36,983	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		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)		36,983	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)		36,983	40.00
40.01	Sequestration adjustment (see instructions)		740	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		36,887	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-644	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0208 Component CCN: 14-T208	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/29/2019 4:49 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments		0	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
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
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
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		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)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
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)		0	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)		0	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)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		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)		0	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)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		0	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
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-0208		Period: From 01/01/2018 To 12/31/2018		Worksheet E-1 Part I Date/Time Prepared: 5/29/2019 4:49 pm	
		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		202,522,706		35,130,274	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	12/04/2018	1,195,865	12/04/2018	92,398	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-1,195,865		-92,398	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)		201,326,841		35,037,876	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0		3,745,435	6.01	
6.02	SETTLEMENT TO PROGRAM		57,397		0	6.02	
7.00	Total Medicare program liability (see instructions)		201,269,444		38,783,311	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: 14-0208
Component CCN: 14-S208

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2019 4:49 pm

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		2,585,457		36,887	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,585,457		36,887	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		47,832		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		644	6.02
7.00	Total Medicare program liability (see instructions)		2,633,289		36,243	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: 14-0208
Component CCN: 14-T208

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2019 4:49 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		8,711,115			0 2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					0 3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		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)		8,711,115			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)					0 5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0			0 5.01
5.02			0			0 5.02
5.03			0			0 5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0			0 5.50
5.51			0			0 5.51
5.52			0			0 5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0			0 5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					0 6.00
6.01	SETTLEMENT TO PROVIDER		12,620			0 6.01
6.02	SETTLEMENT TO PROGRAM		0			0 6.02
7.00	Total Medicare program liability (see instructions)		8,723,735			0 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0208	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part II Date/Time Prepared: 5/29/2019 4:49 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0208 Component CCN: 14-S208	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part II Date/Time Prepared: 5/29/2019 4:49 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			2,827,316 1.00
2.00	Net IPF PPS Outlier Payments			8,716 2.00
3.00	Net IPF PPS ECT Payments			58,473 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			26.115068 9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			2,894,505 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)			2,894,505 16.00
17.00	Primary payer payments			8,472 17.00
18.00	Subtotal (line 16 less line 17).			2,886,033 18.00
19.00	Deductibles			167,428 19.00
20.00	Subtotal (line 18 minus line 19)			2,718,605 20.00
21.00	Coinsurance			80,364 21.00
22.00	Subtotal (line 20 minus line 21)			2,638,241 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			61,257 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			39,817 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			44,787 25.00
26.00	Subtotal (sum of lines 22 and 24)			2,678,058 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)			8,972 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)			2,687,030 31.00
31.01	Sequestration adjustment (see instructions)			53,741 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			2,585,457 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)			47,832 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			8,716 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: 14-0208 Component CCN: 14-T208	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part III Date/Time Prepared: 5/29/2019 4:49 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			8,584,609 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0250 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			175,984 3.00
4.00	Outlier Payments			217,208 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			31.482192 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			8,977,801 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)			8,977,801 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			8,977,801 19.00
20.00	Deductibles			49,484 20.00
21.00	Subtotal (line 19 minus line 20)			8,928,317 21.00
22.00	Coinsurance			68,675 22.00
23.00	Subtotal (line 21 minus line 22)			8,859,642 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			32,447 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			21,091 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			20,722 26.00
27.00	Subtotal (sum of lines 23 and 25)			8,880,733 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)			21,037 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)			8,901,770 32.00
32.01	Sequestration adjustment (see instructions)			178,035 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			8,711,115 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)			12,620 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			217,208 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: 14-0208	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/29/2019 4:49 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			171.79	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			46.07	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)			14.26	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)			232.12	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			232.12	6.00
7.00	Enter the lesser of line 5 or line 6			232.12	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.	138.14	83.29	221.43	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.	138.14	83.29	221.43	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		4.51		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	138.14	87.80		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	140.52	81.80		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	143.96	82.97		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	140.87	84.19		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	140.87	84.19		17.00
18.00	Per resident amount	150,191.78	142,218.37		18.00
19.00	Approved amount for resident costs	21,157,516	11,973,365	33,130,881	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	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)			33,130,881	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	69,741	41,554		26.00
27.00	Total Inpatient Days (see instructions)	233,642	233,642		27.00
28.00	Ratio of inpatient days to total inpatient days	0.298495	0.177853		28.00
29.00	Program direct GME amount	9,889,402	5,892,427		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		832,600		30.00
31.00	Net Program direct GME amount			14,949,229	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0208	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/29/2019 4:49 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		6,844	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		13,669,955	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000501	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		196,541,269	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		6,312,859	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		99,653	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		202,754,475	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		45,596,645	42.00
43.00	Primary payer payments (see instructions)		8,635	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		45,588,010	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		248,342,485	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.816431	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.183569	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		14,949,229	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		12,205,014	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		2,744,215	50.00

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

Provider CCN: 14-0208

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

Worksheet G

Date/Time Prepared:
5/29/2019 4:49 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	584,887,000	0	0	0	1.00
2.00	Temporary investments	106,244,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	1,504,053,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	531,425,000	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	2,726,609,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	473,862,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	7,409,153,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	2,956,722,000	0	0	0	23.00
24.00	Accumulated depreciation	-5,213,262,000	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)	5,626,475,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	7,712,087,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	667,618,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	8,379,705,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	16,732,789,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,671,124,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	656,815,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	2,327,939,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	2,796,906,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,364,967,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	4,161,873,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	6,489,812,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	10,242,977,000				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)	10,242,977,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	16,732,789,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0208

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

Worksheet G-1

Date/Time Prepared:
5/29/2019 4:49 pm

		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		10,280,393,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		51,801,157			2.00
3.00	Total (sum of line 1 and line 2)		10,332,194,157		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		10,332,194,157		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	CORPORATE ADJUSTMENTS	89,217,157		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		89,217,157		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		10,242,977,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00	CORPORATE ADJUSTMENTS		0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0208

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/29/2019 4:49 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	521,578,840		521,578,840	1.00
2.00	SUBPROVIDER - IPF	24,534,700		24,534,700	2.00
3.00	SUBPROVIDER - IRF	23,849,345		23,849,345	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	569,962,885		569,962,885	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	194,165,130		194,165,130	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	42,638,755		42,638,755	11.01
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	236,803,885		236,803,885	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	806,766,770		806,766,770	17.00
18.00	Ancillary services	1,671,242,698	935,200,376	2,606,443,074	18.00
19.00	Outpatient services	85,798,480	153,291,991	239,090,471	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
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	AMBULATORY CARE	84,846	28,685,681	28,770,527	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,563,892,794	1,117,178,048	3,681,070,842	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,145,909,463		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,145,909,463		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0208

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

Worksheet G-3

Date/Time Prepared:
5/29/2019 4:49 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,681,070,842	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,499,394,248	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,181,676,594	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,145,909,463	4.00
5.00	Net income from service to patients (line 3 minus line 4)	35,767,131	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING	11,982,300	24.00
25.00	Total other income (sum of lines 6-24)	11,982,300	25.00
26.00	Total (line 5 plus line 25)	47,749,431	26.00
27.00	NET NONOPERATING	-4,051,726	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-4,051,726	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	51,801,157	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 14-0208

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

Worksheet 1-5
Date/Time Prepared:
5/29/2019 4:49 pm

		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	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)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	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)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	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)	0	0	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	0	0	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	0	0	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	0	0	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	0	8.00
9.00	Program payment (see instructions)	0	0	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
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0208	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/29/2019 4:49 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		10,269,534	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		640,918	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)		582.52	3.00
4.00	Number of interns & residents (see instructions)		235.57	4.00
5.00	Indirect medical education percentage (see instructions)		12.09	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)		1,241,587	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.93	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.15	8.00
9.00	Sum of lines 7 and 8		29.08	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.07	10.00
11.00	Disproportionate share adjustment (see instructions)		623,361	11.00
12.00	Total prospective capital payments (see instructions)		12,775,400	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00