This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050
EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0209	Period: From 01/01/2018 To 12/31/2018	Worksheet S Parts I-III Date/Time Prepared: 5/29/2019 9:29 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 5/29/2019 Time: 9:29 am
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

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

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by METHODIST MEDICAL CTR OF ILLINOIS (14-0209) for the cost reporting period beginning 01/01/2018 and ending 12/31/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-12,230	100,429	0	0	1.00
2.00	Subprovider - IPF	0	-1,834	9		0	2.00
3.00	Subprovider - IRF	0	-84,287	20		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	-600		0	9.00
200.00	Total	0	-98,351	99,858	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0209	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 9:29 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 221 N E GLEN OAK	PO Box:			1.00
2.00	City: PEORIA	State: IL	Zip Code: 61636	County: PEORIA	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	METHODIST MEDICAL CTR OF ILLINOIS	140209	37900	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF	METHODIST MED CTR - PSYCH	14S209	37900	4	12/15/1983	N	P	P	4.00
5.00	Subprovider - IRF	METHODIST MED CTR - REHAB	14T209	37900	5	12/15/1993	N	P	P	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	METHODIST HOME CARE	147259	37900		06/01/1992	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	METHODIST HOSPICE	141537	37900		01/01/1990				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From: 1.00	To: 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)	2		21.00

		1.00	2.00	3.00	
	Inpatient PPS Information				
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	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.	3	N		23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 9:29 am

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	0	5,450	0	4	7,734	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	106	0	0	33		25.00

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00

		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)			37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00

		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0209	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 9:29 am

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	Y			60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		20.00	1	60.01

		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

		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)	0.00	2.12	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 9:29 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE - GENERAL	1350	7.97	20.18	0.283126	65.00
65.01		FAMILY MEDICINE - GERIATRIC MEDICINE	1351	0.64	0.49	0.566372	65.01

		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	12.22	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 - GENERAL	1350	3.37	25.00	0.118787	67.00
67.01				0.00	0.00	0.000000	67.01

		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)	Y	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

		1.00	2.00	3.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N		0	76.00

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N	81.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N	87.00

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	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.	N	N	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.	N	N	98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.06
	Rural Providers			
105.00	Does this hospital qualify as a CAH?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 9:29 am

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N				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.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	2,283,674	125,754	2,371,936	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act?Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HB0721	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-2 Part I Date/Time Prepared: 5/29/2019 9:29 am

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name: PEORIA HOME OFFICE	Contractor's Name: NGS	Contractor's Number: 00131	141.00
142.00	Street: 221 NE GLEN OAK	PO Box:		142.00
143.00	City: PEORIA	State: IL	Zip Code: 61636	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00

		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y		145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00

		1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N	149.00

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)		168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.00	169.00

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2017	12/29/2017	170.00

		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 14-0209	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/29/2019 9:29 am

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

		Y/N	Date	
		1.00	2.00	
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00

Financial Data and Reports

		Y/N	Type	Date	
		1.00	2.00	3.00	
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00

Approved Educational Activities

		Y/N	Legal Oper.	
		1.00	2.00	
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y	6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

Bad Debts

		Y/N	
		1.00	
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.	Y	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

		Y/N	
		1.00	
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N	15.00

PS&R Data

		Part A		Part B		
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
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	05/07/2019	Y	05/07/2019	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 14-0209	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/29/2019 9:29 am

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00

		1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)		
	Capital Related Cost		
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		27.00
	Interest Expense		
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		31.00
	Purchased Services		
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		33.00
	Provider-Based Physicians		
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KEITH	LYONS	41.00
42.00	Enter the employer/company name of the cost report preparer.	UNITYPOINT HEALTH - PEORIA		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	309-672-4281	KEITH.LYONS@UNITYPOINT.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 14-0209	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/29/2019 9:29 am

		3.00		
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT ANALYST		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: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-3 Part I Date/Time Prepared: 5/29/2019 9:29 am

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	174	63,510	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)		174	63,510	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	12	4,380	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	12	4,380	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)		198	72,270	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	44	16,060		0	16.00
17.00	SUBPROVIDER - IRF	41.00	38	13,870		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	116.00	0	0			24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		280				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)		19	6,935			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: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-3 Part I Date/Time Prepared: 5/29/2019 9:29 am

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	16,108	11,014	40,784			1.00
2.00	HMO and other (see instructions)	5,732	0				2.00
3.00	HMO IPF Subprovider	16	0				3.00
4.00	HMO IRF Subprovider	135	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	16,108	11,014	40,784			7.00
8.00	INTENSIVE CARE UNIT	2,494	159	2,712			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	85	2,771			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		1,462	3,918			13.00
14.00	Total (see instructions)	18,602	12,720	50,185	31.09	2,054.10	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	2,721	0	13,016	7.76	85.10	16.00
17.00	SUBPROVIDER - IRF	4,771	0	5,501	0.00	28.30	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	34,262	0	52,284	0.00	75.40	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	27.10	24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				38.85	2,270.00	27.00
28.00	Observation Bed Days		1,279	4,598			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			930			30.00
31.00	Employee discount days - IRF			52			31.00
32.00	Labor & delivery days (see instructions)	0	468	902			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: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-3 Part I Date/Time Prepared: 5/29/2019 9:29 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,865	3,394	12,396	1.00
2.00	HMO and other (see instructions)			1,110	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
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	3,865	3,394	12,396	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	346	0	2,308	16.00
17.00	SUBPROVIDER - IRF	0.00	0	377	0	437	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-3 Part II Date/Time Prepared: 5/29/2019 9:29 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	169,461,174	-1,509,114	167,952,060	4,894,034.00	34.32	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		5,009,430	0	5,009,430	49,993.00	100.20	3.00
4.00	Physician-Part A - Administrative		1,161,650	0	1,161,650	7,863.00	147.74	4.00
4.01	Physicians - Part A - Teaching		1,847,655	0	1,847,655	15,882.00	116.34	4.01
5.00	Physician and Non Physician-Part B		50,490,641	0	50,490,641	430,727.00	117.22	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	4,934,172	-1,781,130	3,153,042	105,625.00	29.85	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		18,990,640	152,190	19,142,830	709,608.00	26.98	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		3,478,520	0	3,478,520	96,754.00	35.95	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		276,279	0	276,279	1,743.00	158.51	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		33,687,221	0	33,687,221	941,468.00	35.78	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		37,410,393	0	37,410,393			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		6,582,422	0	6,582,422			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		662,155	0	662,155			21.00
22.00	Physician Part A - Administrative		115,514	0	115,514			22.00
22.01	Physician Part A - Teaching		183,730	0	183,730			22.01
23.00	Physician Part B		5,518,901	0	5,518,901			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		1,367,726	0	1,367,726			25.00
25.50	Home office wage-related (core)		8,609,877	0	8,609,877			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		26,966	0	26,966			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	2,355,778	-953,961	1,401,817	39,064.00	35.89	26.00
27.00	Administrative & General	5.00	2,319,675	70,311	2,389,986	131,658.00	18.15	27.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-3 Part II Date/Time Prepared: 5/29/2019 9:29 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		1,150,165	0	1,150,165	4,535.00	253.62	28.00
29.00	Maintenance & Repairs	6.00	1,734,259	0	1,734,259	64,182.00	27.02	29.00
30.00	Operation of Plant	7.00	1,178,526	0	1,178,526	58,318.00	20.21	30.00
31.00	Laundry & Linen Service	8.00	116,147	0	116,147	7,575.00	15.33	31.00
32.00	Housekeeping	9.00	2,056,006	0	2,056,006	149,027.00	13.80	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,480,846	-216,278	1,264,568	27,058.00	46.74	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	1,127,643	216,278	1,343,921	124,989.00	10.75	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	925,836	0	925,836	34,671.00	26.70	38.00
39.00	Central Services and Supply	14.00	602,692	0	602,692	35,886.00	16.79	39.00
40.00	Pharmacy	15.00	4,424,738	0	4,424,738	100,079.00	44.21	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0209

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2019 9:29 am

		Worksheet A Line Number	Amount Reported	Reclassification 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)		108,329,441	272,016	108,601,457	4,296,342.00	25.28	1.00
2.00	Excluded area salaries (see instructions)		18,990,640	152,190	19,142,830	709,608.00	26.98	2.00
3.00	Subtotal salaries (line 1 minus line 2)		89,338,801	119,826	89,458,627	3,586,734.00	24.94	3.00
4.00	Subtotal other wages & related costs (see inst.)		37,442,020	0	37,442,020	1,039,965.00	36.00	4.00
5.00	Subtotal wage-related costs (see inst.)		46,162,750	0	46,162,750	0.00	51.60	5.00
6.00	Total (sum of lines 3 thru 5)		172,943,571	119,826	173,063,397	4,626,699.00	37.41	6.00
7.00	Total overhead cost (see instructions)		19,472,311	-883,650	18,588,661	777,042.00	23.92	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-3 Part IV Date/Time Prepared: 5/29/2019 9:29 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	8,194,567	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)	14,357,957	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	15,627,199	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	389,041	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	149,962	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)	1,124,426	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	979,178	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	10,612,419	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	19,035	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	239,915	22.00
23.00	Tuition Reimbursement	147,142	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	51,840,841	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: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-3 Part V Date/Time Prepared: 5/29/2019 9:29 am

	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	3,478,520	51,840,841	1.00
2.00	Hospital	3,478,520	50,296,615	2.00
3.00	Subprovider - IPF	0	1,149,921	3.00
4.00	Subprovider - IRF	0	394,305	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA

Provider CCN: 14-0209
Component CCN: 14-7259

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

Worksheet S-4
Date/Time Prepared: 5/29/2019 9:29 am

		Home Health Agency I	
		1.00	
0.00	County	PEORIA	0.00

		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
	HOME HEALTH AGENCY STATISTICAL DATA						
1.00	Home Health Aide Hours	0	0	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,781.00	0.00	0.00	0.00	2.00

		Enter the number of hours in your normal work week	Number of Employees (Full Time Equivalent) Staff	Contract	Total	
		0	1.00	2.00	3.00	
	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES					
3.00	Administrator and Assistant Administrator(s)	0.00	0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)		0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel		0.00	0.00	0.00	5.00
6.00	Direct Nursing Service		0.00	0.00	0.00	6.00
7.00	Nursing Supervisor		0.00	0.00	0.00	7.00
8.00	Physical Therapy Service		0.00	0.00	0.00	8.00
9.00	Physical Therapy Supervisor		0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service		0.00	0.00	0.00	10.00
11.00	Occupational Therapy Supervisor		0.00	0.00	0.00	11.00
12.00	Speech Pathology Service		0.00	0.00	0.00	12.00
13.00	Speech Pathology Supervisor		0.00	0.00	0.00	13.00
14.00	Medical Social Service		0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor		0.00	0.00	0.00	15.00
16.00	Home Health Aide		0.00	0.00	0.00	16.00
17.00	Home Health Aide Supervisor		0.00	0.00	0.00	17.00
18.00	Other (specify)		0.00	0.00	0.00	18.00
	HOME HEALTH AGENCY CBSA CODES					
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.		2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).		37900			20.00
20.01			99914			20.01

		Full Episodes Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
	PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	12,323	1,413	378	291	14,405	21.00
22.00	Skilled Nursing Visit Charges	2,224,481	255,744	68,331	52,744	2,601,300	22.00
23.00	Physical Therapy Visits	12,757	264	101	338	13,460	23.00
24.00	Physical Therapy Visit Charges	2,398,128	49,632	18,988	63,356	2,530,104	24.00
25.00	Occupational Therapy Visits	3,314	119	13	78	3,524	25.00
26.00	Occupational Therapy Visit Charges	623,032	22,372	2,444	14,664	662,512	26.00
27.00	Speech Pathology Visits	452	25	3	9	489	27.00
28.00	Speech Pathology Visit Charges	84,976	4,700	564	1,692	91,932	28.00
29.00	Medical Social Service Visits	102	3	1	1	107	29.00
30.00	Medical Social Service Visit Charges	22,950	675	225	225	24,075	30.00
31.00	Home Health Aide Visits	2,137	86	12	42	2,277	31.00
32.00	Home Health Aide Visit Charges	193,399	7,783	1,086	3,801	206,069	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	31,085	1,910	508	759	34,262	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	5,546,966	340,906	91,638	136,482	6,115,992	35.00
36.00	Total Number of Episodes (standard/non outlier)	2,064		185	64	2,313	36.00
37.00	Total Number of Outlier Episodes		55		1	56	37.00
38.00	Total Non-Routine Medical Supply Charges	262,354	58,491	8,808	1,539	331,192	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 14-0209
Hospice CCN: 14-1537

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

Worksheet S-9
PARTS I THROUGH IV
Date/Time Prepared:
5/29/2019 9:29 am

Hospice I

		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015							
1.00	Hospice Continuous Home Care							1.00
2.00	Hospice Routine Home Care							2.00
3.00	Hospice Inpatient Respite Care							3.00
4.00	Hospice General Inpatient Care							4.00
5.00	Total Hospice Days							5.00
	Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015							
6.00	Number of patients receiving hospice care							6.00
7.00	Total number of unduplicated Continuous Care hours billable to Medicare							7.00
8.00	Average Length of Stay (line 5 / line 6)							8.00
9.00	Unduplicated census count							9.00

NOTE: Parts I and II, columns 1 and 2 also include the days reported in columns 3 and 4.

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
	PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	27,275	0	0	27,275	11.00
12.00	Hospice Inpatient Respite Care	0	0	0	0	12.00
13.00	Hospice General Inpatient Care	322	0	0	322	13.00
14.00	Total Hospice Days	27,597	0	0	27,597	14.00
	PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015					
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet S-10 | Date/Time Prepared: 5/29/2019 9:29 am

		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)	0.225242	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	24,856,082	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	220,927,326	6.00
7.00	Medicaid cost (line 1 times line 6)	49,762,113	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)	24,906,031	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	24,274	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)	5,468	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)	5,468	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)	24,911,499	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)	5,677,786	3,628,360	9,306,146	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,278,876	3,628,360	4,907,236	21.00
22.00	Payments received from patients for amounts previously written off as charity care	36,315	119,480	155,795	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,242,561	3,508,880	4,751,441	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)	11,284,053	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	1,012,704	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	1,558,006	27.01
28.00	Non-Medicare bad debt expense (see instructions)	9,726,047	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	2,736,016	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	7,487,457	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	32,398,956	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A | Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		9,507,179	9,507,179	269,785	9,776,964	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	1,138,980	1,138,980	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,963,102	874,100	2,837,202	-1,019,175	1,818,027	4.00
4.01	00401	PARKING	392,676	828,711	1,221,387	-908,211	313,176	4.01
5.00	00500	ADMINISTRATIVE & GENERAL	2,319,675	24,081,675	26,401,350	-322,074	26,079,276	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,734,259	1,676,911	3,411,170	0	3,411,170	6.00
7.00	00700	OPERATION OF PLANT	1,178,526	10,146,750	11,325,276	0	11,325,276	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	116,147	78,168	194,315	0	194,315	8.00
9.00	00900	HOUSEKEEPING	2,056,006	1,582,388	3,638,394	0	3,638,394	9.00
10.00	01000	DIETARY	1,480,846	807,643	2,288,489	-337,663	1,950,826	10.00
11.00	01100	CAFETERIA	1,127,643	1,598,806	2,726,449	320,863	3,047,312	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	925,836	244,903	1,170,739	0	1,170,739	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	602,692	-2,023,015	-1,420,323	-257,165	-1,677,488	14.00
15.00	01500	PHARMACY	4,424,738	10,822,300	15,247,038	-9,586,040	5,660,998	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	6,014,816	6,085,225	12,100,041	-3,179	12,096,862	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	4,934,172	2,931,258	7,865,430	-1,781,130	6,084,300	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	968,782	968,782	1,781,130	2,749,912	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	15,324,551	7,334,752	22,659,303	-1,385,271	21,274,032	30.00
31.00	03100	INTENSIVE CARE UNIT	1,500,291	889,905	2,390,196	2,018,222	4,408,418	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,577,213	1,045,116	2,622,329	-2,311,043	311,286	34.00
40.00	04000	SUBPROVIDER - IPF	4,280,759	1,472,033	5,752,792	260,001	6,012,793	40.00
41.00	04100	SUBPROVIDER - IRF	1,552,112	1,293,285	2,845,397	-1,302,631	1,542,766	41.00
43.00	04300	NURSERY	1,272,863	1,322,472	2,595,335	-484,993	2,110,342	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,982,034	31,773,188	38,755,222	-16,209,819	22,545,403	50.00
51.00	05100	RECOVERY ROOM	1,737,558	712,165	2,449,723	-101,452	2,348,271	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,218,881	2,461,623	4,680,504	-1,895,874	2,784,630	52.00
53.00	05300	ANESTHESIOLOGY	10,126,332	3,434,409	13,560,741	-369,091	13,191,650	53.00
53.01	03950	PAIN CLINIC	487,707	665,151	1,152,858	-959,652	193,206	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,752,706	3,762,001	7,514,707	-456,057	7,058,650	54.00
54.01	05401	NORTHSIDE IMAGING	96,714	37,147	133,861	351,889	485,750	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	65,009	52,962	117,971	219,457	337,428	54.02
54.03	05403	NORTHSIDE ULTRASOUND	40,877	22,052	62,929	87,026	149,955	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	1,178,636	1,178,636	-1,178,636	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	2,015,473	1,659,981	3,675,454	4,551	3,680,005	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	387,688	1,108,147	1,495,835	-84,731	1,411,104	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	477,778	343,043	820,821	43,690	864,511	57.00
57.01	05701	NORTHSIDE CT	72,133	57,130	129,263	213,655	342,918	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	385,676	222,775	608,451	-1,588	606,863	58.00
58.01	05801	NORTHSIDE MRI	99,377	87,355	186,732	303,284	490,016	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	704,276	704,276	59.00
60.00	06000	LABORATORY	6,039,242	11,554,389	17,593,631	-1,279,779	16,313,852	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	947,409	947,409	63.00
64.00	06400	INTRAVENOUS THERAPY	196,077	54,496	250,573	2,793,159	3,043,732	64.00
65.00	06500	RESPIRATORY THERAPY	1,366,596	665,888	2,032,484	-350,204	1,682,280	65.00
66.00	06600	PHYSICAL THERAPY	0	1,993,152	1,993,152	194,603	2,187,755	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	635,972	635,972	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	608,189	608,189	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	251,863	251,863	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	894,730	505,719	1,400,449	-22,798	1,377,651	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	1,949,697	1,949,697	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	15,532,194	15,532,194	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	13,633,567	13,633,567	73.00
74.00	07400	RENAL DIALYSIS	234,135	261,175	495,310	-49,761	445,549	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	323,268	99,852	423,120	-62,438	360,682	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	468,100	794,953	1,263,053	-139,435	1,123,618	76.01
76.02	03140	CARDIOLOGY	589,444	345,683	935,127	-32,145	902,982	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	1,283,644	1,283,644	76.03
76.97	07697	CARDIAC REHABILITATION	5,078	2,188	7,266	0	7,266	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	624,640	624,640	76.98

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A | Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,556,865	1,274,107	2,830,972	2,418,531	5,249,503	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	2,120,272	1,094,587	3,214,859	-187,899	3,026,960	90.01
90.02	09005	CLINIC	0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	49,556,917	18,222,504	67,779,421	-5,072,646	62,706,775	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	866,277	262,407	1,128,684	-1,382	1,127,302	90.06
90.07	09004	WOUND CARE CENTER	1,034,508	964,008	1,998,516	-745,359	1,253,157	90.07
90.08	09008	INTENSIVISTS CLINIC	4,533,602	1,076,590	5,610,192	-25,514	5,584,678	90.08
90.09	09009	NEUROLOGY CLINIC	1,807,816	621,018	2,428,834	-97,967	2,330,867	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	939,871	508,623	1,448,494	-47,637	1,400,857	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	571,264	164,716	735,980	-352	735,628	90.11
90.12	09012	VASCULAR CLINIC	103,332	807,308	910,640	-240	910,400	90.12
90.13	09013	ONCOLOGY CLINIC	956,723	287,710	1,244,433	-1,288	1,243,145	90.13
91.00	09100	EMERGENCY	4,429,238	10,162,785	14,592,023	-1,328,468	13,263,555	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	12,800	12,800	-12,800	0	95.00
101.00	10100	HOME HEALTH AGENCY	4,737,522	4,208,049	8,945,571	-103,740	8,841,831	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		4,119,162	4,119,162	0	4,119,162	113.00
116.00	11600	HOSPICE	1,773,115	2,069,550	3,842,665	0	3,842,665	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	168,828,858	193,280,531	362,109,389	-1,927,050	360,182,339	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	330,225	983,591	1,313,816	0	1,313,816	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	25,425	25,425	0	25,425	194.01
194.02	07952	WELLNESS CENTER	302,091	551,047	853,138	-315	852,823	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	0	1,927,365	1,927,365	194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	169,461,174	194,840,594	364,301,768	0	364,301,768	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A | Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	9,776,964		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	1,138,980		2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,755,919	9,573,946		4.00
4.01	00401	PARKING	-313,176	0		4.01
5.00	00500	ADMINISTRATIVE & GENERAL	52,010,574	78,089,850		5.00
6.00	00600	MAINTENANCE & REPAIRS	-48,837	3,362,333		6.00
7.00	00700	OPERATION OF PLANT	202,628	11,527,904		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	194,315		8.00
9.00	00900	HOUSEKEEPING	3,231	3,641,625		9.00
10.00	01000	DIETARY	0	1,950,826		10.00
11.00	01100	CAFETERIA	-1,706,967	1,340,345		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	6,962,114	8,132,853		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	-1,677,488		14.00
15.00	01500	PHARMACY	-1,084,755	4,576,243		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,667,923	2,667,923		16.00
17.00	01700	SOCIAL SERVICE	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		19.00
20.00	02000	NURSING SCHOOL	-12,096,862	0		20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	-27,527	6,056,773		21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	-61,280	2,688,632		22.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-482,545	20,791,487		30.00
31.00	03100	INTENSIVE CARE UNIT	-3,762	4,404,656		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	-460	310,826		34.00
40.00	04000	SUBPROVIDER - IPF	-27,850	5,984,943		40.00
41.00	04100	SUBPROVIDER - IRF	-4,549	1,538,217		41.00
43.00	04300	NURSERY	-904,947	1,205,395		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-1,113,983	21,431,420		50.00
51.00	05100	RECOVERY ROOM	-38	2,348,233		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,390,581	1,394,049		52.00
53.00	05300	ANESTHESIOLOGY	-11,049,007	2,142,643		53.00
53.01	03950	PAIN CLINIC	-76,892	116,314		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-202,366	6,856,284		54.00
54.01	05401	NORTHSIDE IMAGING	9,635	495,385		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	7,604	345,032		54.02
54.03	05403	NORTHSIDE ULTRASOUND	6,035	155,990		54.03
54.04	05404	NORTHSIDE CARDIO	0	0		54.04
54.05	05405	NORTHSIDE ADMIN	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	-1,262,280	2,417,725		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	1,411,104		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	864,511		57.00
57.01	05701	NORTHSIDE CT	8,504	351,422		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	606,863		58.00
58.01	05801	NORTHSIDE MRI	12,227	502,243		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	704,276		59.00
60.00	06000	LABORATORY	-454,461	15,859,391		60.00
60.01	06001	NORTHSIDE LAB	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	947,409		63.00
64.00	06400	INTRAVENOUS THERAPY	8,225	3,051,957		64.00
65.00	06500	RESPIRATORY THERAPY	-9,015	1,673,265		65.00
66.00	06600	PHYSICAL THERAPY	-87,903	2,099,852		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	635,972		67.00
68.00	06800	SPEECH PATHOLOGY	0	608,189		68.00
69.00	06900	ELECTROCARDIOLOGY	0	251,863		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-29,580	1,348,071		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	1,949,697		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	15,532,194		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,633,567		73.00
74.00	07400	RENAL DIALYSIS	-3,410	442,139		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	360,682		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	1,123,618		76.01
76.02	03140	CARDIOLOGY	0	902,982		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	1,283,644		76.03
76.97	07697	CARDIAC REHABILITATION	-1,146	6,120		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	624,640		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A | Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	-224,452	5,025,051		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	-1,442,540	1,584,420		90.01
90.02	09005	CLINIC	0	0		90.02
90.03	09002	PHYSICIAN OFFICES	-43,843,323	18,863,452		90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	-704,048	423,254		90.06
90.07	09004	WOUND CARE CENTER	-531,498	721,659		90.07
90.08	09008	INTENSIVISTS CLINIC	-4,889,069	695,609		90.08
90.09	09009	NEUROLOGY CLINIC	-1,943,128	387,739		90.09
90.10	09010	RHEUMOTOLOGY CLINIC	-816,505	584,352		90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	-548,509	187,119		90.11
90.12	09012	VASCULAR CLINIC	-559,984	350,416		90.12
90.13	09013	ONCOLOGY CLINIC	-826,029	417,116		90.13
91.00	09100	EMERGENCY	-7,303,910	5,959,645		91.00
92.00	09200	OBSERVATION BEDS				92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	0		95.00
101.00	10100	HOME HEALTH AGENCY	-133,733	8,708,098		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	-4,119,162	0		113.00
116.00	11600	HOSPICE	5,925	3,848,590		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-30,669,525	329,512,814		118.00
		NONREIMBURSABLE COST CENTERS				
191.00	19100	RESEARCH	-7,464	1,306,352		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
194.00	07950	HEARTLAND PHARMACY	0	0		194.00
194.01	07951	FOUNDATION	0	25,425		194.01
194.02	07952	WELLNESS CENTER	-68,624	784,199		194.02
194.03	07954	CAPITAL LABOR	0	0		194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	1,927,365		194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	-30,745,613	333,556,155		200.00

RECLASSIFICATIONS | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-6 | Date/Time Prepared: 5/29/2019 9:29 am

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - MEDICAL SUPPLIES RECLASS					
1.00	MEDICAL SUPPLIES CHRGED TO PATIENTS	71.00	0	1,949,697		1.00
2.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00	0	15,532,194		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
	0		0	17,481,891		
	B - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	13,633,567		1.00
2.00	DIETARY	10.00	0	1,181		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	35,428		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
	0		0	13,670,176		
	C - FOOD PREP RECLASS					
1.00	CAFETERIA	11.00	216,278	104,961		1.00
	0		216,278	104,961		
	D - PARKING RECLASS					
1.00	OTHER NON-REIMBURSABLE	194.05	291,990	616,221		1.00
	0		291,990	616,221		
	E - EQUIPMENT RENTAL					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	983,810		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
	0		0	983,810		
	F - CHILD CARE					
1.00	OTHER NON-REIMBURSABLE	194.05	661,971	357,183		1.00
	0		661,971	357,183		
	H - PT BILLING					
1.00	ADMINISTRATIVE & GENERAL	5.00	70,311	32,570		1.00
	0		70,311	32,570		
	I - IP AMBULANCE					
1.00	ADULTS & PEDIATRICS	30.00	0	12,800		1.00
	0		0	12,800		
	L - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	269,785		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	155,170		2.00
	0		0	424,955		
	M - NORTHSIDE ADMIN ALLOCATION					
1.00	NORTHSIDE IMAGING	54.01	0	351,889		1.00
2.00	NORTHSIDE MRI	58.01	0	304,591		2.00
3.00	NORTHSIDE CT	57.01	0	215,673		3.00
4.00	NORTHSIDE MAMMOGRAPHY	54.02	0	219,457		4.00
5.00	NORTHSIDE ULTRASOUND	54.03	0	87,026		5.00
	0		0	1,178,636		
	N - HYPERBARIC OXYGEN					
1.00	HYPERBARIC OXYGEN THERAPY	76.98	71,973	252,161		1.00
	0		71,973	252,161		
	P - BH ADMIN					
1.00	SUBPROVIDER - IPF	40.00	0	260,475		1.00
	0		0	260,475		
	Q - COST CENTER MAPPING RECLASSES					
1.00	ADULTS & PEDIATRICS	30.00	291,389	218,357		1.00
2.00	INTENSIVE CARE UNIT	31.00	1,436,922	723,371		2.00
3.00	NURSERY	43.00	58	183		3.00
4.00	OPERATING ROOM	50.00	1,652,208	1,259,649		4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	94,628	105,565		5.00
6.00	ANESTHESIOLOGY	53.00	31,668	22,566		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	311,120	227,753		7.00
8.00	RADIOLOGY-THERAPEUTIC	55.00	90,906	30,565		8.00
9.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	26,913	25,652		9.00
10.00	CARDIAC CATHETERIZATION	59.00	438,337	265,939		10.00
11.00	LABORATORY	60.00	49,907	28,631		11.00
12.00	INTRAVENOUS THERAPY	64.00	2,128,773	751,580		12.00
13.00	RESPIRATORY THERAPY	65.00	59,199	19,590		13.00
14.00	PHYSICAL THERAPY	66.00	489,453	381,285		14.00
15.00	OCCUPATIONAL THERAPY	67.00	206,657	429,315		15.00
16.00	SPEECH PATHOLOGY	68.00	100,411	507,778		16.00
17.00	ELECTROCARDIOLOGY	69.00	189,087	62,776		17.00

RECLASSIFICATIONS | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-6 | Date/Time Prepared: 5/29/2019 9:29 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
18.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	5,851	1,570	18.00
19.00	PULMONARY FUNCTION TESTING	76.03	1,026,648	256,996	19.00
20.00	HYPERBARIC OXYGEN THERAPY	76.98	162,647	137,859	20.00
21.00	CLINIC	90.00	1,753,876	857,091	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
	0		10,546,658	6,314,071	
	R - TEACHING PHYSICIAN SALARY				
1.00	I&R SRVCES-OTHER PRGM COSTS APPRVD	22.00	1,781,130	0	1.00
	0		1,781,130	0	
	S - BLOOD RECLASS				
1.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	947,409	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
	0		0	947,409	
	T - TEMP LOCUM				
1.00	ADULTS & PEDIATRICS	30.00	146	0	1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	0	229,863	2.00
3.00	PHYSICIAN OFFICES	90.03	0	1,279,397	3.00
	0		146	1,509,260	
500.00	Grand Total: Increases		13,640,457	44,146,579	500.00

RECLASSIFICATIONS | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-6 | Date/Time Prepared: 5/29/2019 9:29 am

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - MEDICAL SUPPLIES RECLASS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	100,014	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	73	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	806	0		3.00
4.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	1,234	0		4.00
5.00	NURSERY	43.00	0	17	0		5.00
6.00	OPERATING ROOM	50.00	0	1,704,591	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	7,307	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	43,351	0		8.00
9.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	9	0		9.00
10.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	330	0		10.00
11.00	RESPIRATORY THERAPY	65.00	0	59,693	0		11.00
12.00	GASTRO INTESTINAL SERVICES	76.01	0	32,273	0		12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	656	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	2,122	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	259	0		15.00
16.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	1,671	0		16.00
17.00	SUBPROVIDER - IRF	41.00	0	362	0		17.00
18.00	NURSERY	43.00	0	120	0		18.00
19.00	OPERATING ROOM	50.00	0	15,123,854	0		19.00
20.00	RECOVERY ROOM	51.00	0	162	0		20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	9,580	0		21.00
22.00	ANESTHESIOLOGY	53.00	0	1,410	0		22.00
23.00	PAIN CLINIC	53.01	0	28,294	0		23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	254,654	0		24.00
25.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	4,522	0		25.00
26.00	NORTHSIDE CT	57.01	0	1,060	0		26.00
27.00	RENAL DIALYSIS	74.00	0	119	0		27.00
28.00	GASTRO INTESTINAL SERVICES	76.01	0	51,514	0		28.00
29.00	CLINIC	90.00	0	10	0		29.00
30.00	PHYSICIAN OFFICES	90.03	0	54	0		30.00
31.00	WOUND CARE CENTER	90.07	0	50,480	0		31.00
32.00	VASCULAR CLINIC	90.12	0	240	0		32.00
33.00	EMERGENCY	91.00	0	191	0		33.00
34.00	HOME HEALTH AGENCY	101.00	0	859	0		34.00
	0		0	17,481,891			
	B - DRUGS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	21	0		1.00
2.00	DIETARY	10.00	0	17,428	0		2.00
3.00	CAFETERIA	11.00	0	22	0		3.00
4.00	PHARMACY	15.00	0	9,583,363	0		4.00
5.00	NURSING SCHOOL	20.00	0	2,936	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	66,279	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	8,084	0		7.00
8.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	6,576	0		8.00
9.00	SUBPROVIDER - IPF	40.00	0	474	0		9.00
10.00	SUBPROVIDER - IRF	41.00	0	999	0		10.00
11.00	NURSERY	43.00	0	1,139	0		11.00
12.00	OPERATING ROOM	50.00	0	58,922	0		12.00
13.00	RECOVERY ROOM	51.00	0	15,408	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	14,301	0		14.00
15.00	ANESTHESIOLOGY	53.00	0	421,915	0		15.00
16.00	PAIN CLINIC	53.01	0	2,604	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	32,515	0		17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	458	0		18.00
19.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	0	335	0		19.00
20.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	4,344	0		20.00
21.00	NORTHSIDE CT	57.01	0	958	0		21.00
22.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,258	0		22.00
23.00	NORTHSIDE MRI	58.01	0	1,307	0		23.00
24.00	LABORATORY	60.00	0	28,659	0		24.00
25.00	INTRAVENOUS THERAPY	64.00	0	42	0		25.00
26.00	RESPIRATORY THERAPY	65.00	0	8,721	0		26.00
27.00	PHYSICAL THERAPY	66.00	0	147	0		27.00
28.00	RENAL DIALYSIS	74.00	0	10,065	0		28.00
29.00	GASTRO INTESTINAL SERVICES	76.01	0	4,397	0		29.00
30.00	CARDIOLOGY	76.02	0	25,466	0		30.00
31.00	CLINIC	90.00	0	192,426	0		31.00

RECLASSIFICATIONS | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-6 | Date/Time Prepared: 5/29/2019 9:29 am

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
32.00	CHILLI FAMILY PHYSICIANS	90.01	0	187,899	0		32.00
33.00	PHYSICIAN OFFICES	90.03	0	2,700,734	0		33.00
34.00	ENDOCRINOLOGY, DIABETES & METABOLISM	90.06	0	1,382	0		34.00
35.00	WOUND CARE CENTER	90.07	0	70,239	0		35.00
36.00	INTENSIVISTS CLINIC	90.08	0	25,127	0		36.00
37.00	NEUROLOGY CLINIC	90.09	0	97,967	0		37.00
38.00	RHEUMOTOLOGY CLINIC	90.10	0	47,637	0		38.00
39.00	PEDIATRICS-GASTROENTEROL CLINIC	90.11	0	352	0		39.00
40.00	ONCOLOGY CLINIC	90.13	0	1,288	0		40.00
41.00	EMERGENCY	91.00	0	25,982	0		41.00
	0		0	13,670,176			
	C - FOOD PREP RECLASS						
1.00	DIETARY	10.00	216,278	104,961	0		1.00
	0		216,278	104,961			
	D - PARKING RECLASS						
1.00	PARKING	4.01	291,990	616,221	0		1.00
	0		291,990	616,221			
	E - EQUIPMENT RENTAL						
1.00	DIETARY	10.00	0	177	10		1.00
2.00	CAFETERIA	11.00	0	354	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	191,923	0		3.00
4.00	PHARMACY	15.00	0	2,220	0		4.00
5.00	NURSING SCHOOL	20.00	0	243	0		5.00
6.00	OPERATING ROOM	50.00	0	334,403	0		6.00
7.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	0	64,200	0		7.00
8.00	LABORATORY	60.00	0	384,056	0		8.00
9.00	ELECTROENCEPHALOGRAPHY	70.00	0	666	0		9.00
10.00	RENAL DIALYSIS	74.00	0	4,750	0		10.00
11.00	PHYSICIAN OFFICES	90.03	0	116	0		11.00
12.00	INTENSIVISTS CLINIC	90.08	0	387	0		12.00
13.00	WELLNESS CENTER	194.02	0	315	0		13.00
	0		0	983,810			
	F - CHILD CARE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	661,971	357,183	0		1.00
	0		661,971	357,183			
	H - PT BILLING						
1.00	HOME HEALTH AGENCY	101.00	70,311	32,570	0		1.00
	0		70,311	32,570			
	I - IP AMBULANCE						
1.00	AMBULANCE SERVICES	95.00	0	12,800	0		1.00
	0		0	12,800			
	L - PROPERTY INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	424,955	12		1.00
2.00		0.00	0	0	12		2.00
	0		0	424,955			
	M - NORTHSIDE ADMIN ALLOCATION						
1.00	NORTHSIDE ADMIN	54.05	0	1,178,636	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	0		0	1,178,636			
	N - HYPERBARIC OXYGEN						
1.00	WOUND CARE CENTER	90.07	71,973	252,161	0		1.00
	0		71,973	252,161			
	P - BH ADMIN						
1.00	ADULTS & PEDIATRICS	30.00	0	260,475	0		1.00
	0		0	260,475			
	Q - COST CENTER MAPPING RECLASSES						
1.00	ADULTS & PEDIATRICS	30.00	1,166,289	412,579	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	93,409	39,513	0		2.00
3.00	SURGICAL INTENSIVE CARE UNIT	34.00	1,530,888	770,674	0		3.00
4.00	SUBPROVIDER - IRF	41.00	731,460	569,810	0		4.00
5.00	NURSERY	43.00	228,759	255,199	0		5.00
6.00	OPERATING ROOM	50.00	1,381,547	517,801	0		6.00
7.00	RECOVERY ROOM	51.00	66,544	19,338	0		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	1,046,615	1,018,264	0		8.00
9.00	PAIN CLINIC	53.01	477,570	451,184	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	341,960	322,450	0		10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	85,429	31,033	0		11.00

RECLASSIFICATIONS | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-6 | Date/Time Prepared: 5/29/2019 9:29 am

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
12.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	13,657	6,539	0	12.00
13.00	INTRAVENOUS THERAPY	64.00	67,676	19,476	0	13.00
14.00	RESPIRATORY THERAPY	65.00	270,706	89,873	0	14.00
15.00	PHYSICAL THERAPY	66.00	0	675,988	0	15.00
16.00	ELECTROENCEPHALOGRAPHY	70.00	15,447	6,685	0	16.00
17.00	RENAL DIALYSIS	74.00	22,807	11,228	0	17.00
18.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	53,341	16,518	0	18.00
19.00	GASTRO INTESTINAL SERVICES	76.01	32,869	18,382	0	19.00
20.00	CARDIOLOGY	76.02	5,226	1,453	0	20.00
21.00	PHYSICIAN OFFICES	90.03	1,773,319	598,423	0	21.00
22.00	WOUND CARE CENTER	90.07	162,647	137,859	0	22.00
23.00	EMERGENCY	91.00	978,493	323,802	0	23.00
	0		10,546,658	6,314,071		
	R - TEACHING PHYSICIAN SALARY					
1.00	I&R SRVCES-SALARY & FRINGES APPRVD	21.00	1,781,130	0	0	1.00
	0		1,781,130	0		
	S - BLOOD RECLASS					
1.00	PHARMACY	15.00		457	0	1.00
2.00	OPERATING ROOM	50.00		558	0	2.00
3.00	LABORATORY	60.00		945,602	0	3.00
4.00	RENAL DIALYSIS	74.00		792	0	4.00
	0		0	947,409		
	T - TEMP LOCUM					
1.00	ADULTS & PEDIATRICS	30.00	0	146	0	1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	229,863	0	0	2.00
3.00	PHYSICIAN OFFICES	90.03	1,279,397	0	0	3.00
	0		1,509,260	146		
500.00	Grand Total: Decreases		15,149,571	42,637,465		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-7 Part I Date/Time Prepared: 5/29/2019 9:29 am

			Acquisitions				
		Beginning Balances	Purchases	Donation	Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,458,352	0	0	0	0	1.00
2.00	Land Improvements	10,390,245	0	0	0	0	2.00
3.00	Buildings and Fixtures	221,012,019	14,760,543	0	14,760,543	9,327,569	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	75,189,290	458,916	0	458,916	4,427	5.00
6.00	Movable Equipment	125,085,073	6,503,408	0	6,503,408	1,345,807	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	433,134,979	21,722,867	0	21,722,867	10,677,803	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	433,134,979	21,722,867	0	21,722,867	10,677,803	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	1,458,352	0	1.00
2.00	Land Improvements	10,390,245	0	2.00
3.00	Buildings and Fixtures	226,444,993	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	75,643,779	0	5.00
6.00	Movable Equipment	130,242,674	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	444,180,043	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	444,180,043	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-7 Part II Date/Time Prepared: 5/29/2019 9:29 am

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	9,507,179	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	9,507,179	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	9,507,179	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	Total (sum of lines 1-2)	0	9,507,179	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-7 Part III Date/Time Prepared: 5/29/2019 9:29 am

	Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	313,937,368	0	313,937,368	0.706780	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	130,242,675	0	130,242,675	0.293220	0	2.00
3.00	Total (sum of lines 1-2)	444,180,043	0	444,180,043	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	9,507,179	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	983,810	2.00
3.00	Total (sum of lines 1-2)	0	0	0	9,507,179	983,810	3.00

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	269,785	0	0	9,776,964	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	155,170	0	0	1,138,980	2.00
3.00	Total (sum of lines 1-2)	0	424,955	0	0	10,915,944	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-8 | Date/Time Prepared: 5/29/2019 9:29 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-2,622	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-2,713	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)	A	-313,176	PARKING	4.01	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-61,362,856			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	67,415,586			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,586,888	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-1,084,755	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)	B	-11,838,453	NURSING SCHOOL	20.00	0	19.00
19.01	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.01
19.02	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.02
19.03	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.03
19.04	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.04
20.00	Vending machines	B	-120,079	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-8 | Date/Time Prepared: 5/29/2019 9:29 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.00
34.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.00
35.00	MALPRACTICE NET OF INCOME	A	-1,771,246	ADMINISTRATIVE & GENERAL	5.00	0	35.00
36.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	36.00
37.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.00
37.01	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.01
37.02	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.02
38.00	A&G MISC INCOME	B	-407,098	ADMINISTRATIVE & GENERAL	5.00	0	38.00
38.01	MAINTENANCE MISC INCOME	B	-56,077	MAINTENANCE & REPAIRS	6.00	0	38.01
38.02	I&R MISC INCOME	B	-54,494	I&R SRVCES-SALARY & FRINGES APPRVD	21.00	0	38.02
38.03	A&P MISC INCOME	B	-3,025	ADULTS & PEDIATRICS	30.00	0	38.03
38.04	SURGICAL ICU MISC INCOME	B	-460	SURGICAL INTENSIVE CARE UNIT	34.00	0	38.04
38.05	NURSERY MISC INCOME	B	-1,969	NURSERY	43.00	0	38.05
38.06	PSYCH MISC INCOME	B	-27,850	SUBPROVIDER - IPF	40.00	0	38.06
38.07	LABOR & DELIVERY MISC INCOME	B	-6,180	DELIVERY ROOM & LABOR ROOM	52.00	0	38.07
38.08	RAD-DIAG MISC INCOME	B	-22,663	RADIOLOGY-DIAGNOSTIC	54.00	0	38.08
38.09	PLANT OP MISC INCOME	B	-13,635	OPERATION OF PLANT	7.00	0	38.09
38.10	OTHER ADJUSTMENTS (SPECIFY) (3)	B	0		0.00	0	38.10
38.11	PT MISC INCOME	B	-87,903	PHYSICAL THERAPY	66.00	0	38.11
38.12	ENDO MISC INCOME	B	-6,238	ENDOCRINOLOGY, DIABETES & METABOLISM	90.06	0	38.12
38.13	CLINIC MISC INCOME	B	-16,500	CLINIC	90.00	0	38.13
38.14	BENEFITS MISC INCOME	B	-23,030	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.14
38.15	PHYSICIAN OFFICE MISC INCOME	B	-2,865,880	PHYSICIAN OFFICES	90.03	0	38.15
38.16	RT MISC INCOME	B	-9,015	RESPIRATORY THERAPY	65.00	0	38.16
38.17	ER MISC INCOME	B	-58,032	EMERGENCY	91.00	0	38.17
38.18	RAD-THER MISC INCOME	B	-529,107	RADIOLOGY-THERAPEUTIC	55.00	0	38.18
38.19	HHA MISC INCOME	B	-150,000	HOME HEALTH AGENCY	101.00	0	38.19
38.20	INTENSIVIST MISC REVENUE	B	-900	INTENSIVISTS CLINIC	90.08	0	38.20
38.22	ICU MISC INCOME	B	-2,250	INTENSIVE CARE UNIT	31.00	0	38.22
39.00	PROMOTION EXPENSE	A	-11,099	ADMINISTRATIVE & GENERAL	5.00	0	39.00
39.01	PROMOTION EXPENSE	A	-1,462	HOME HEALTH AGENCY	101.00	0	39.01
39.02	PROMOTION EXPENSE	A	0	ADULTS & PEDIATRICS	30.00	0	39.02
39.03	PROMOTION EXPENSE	A	-244,465	NURSING SCHOOL	20.00	0	39.03
39.04	PROMOTION EXPENSE	A	-12	INTRAVENOUS THERAPY	64.00	0	39.04
39.05	PROMOTION EXPENSE	A	-38	RECOVERY ROOM	51.00	0	39.05
39.06	PROMOTION EXPENSE	A	-230	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39.06
39.07	PROMOTION EXPENSE	A	-1,860	EMERGENCY	91.00	0	39.07
39.08	PROMOTION EXPENSE	A	-41	RADIOLOGY-DIAGNOSTIC	54.00	0	39.08
39.09	PROMOTION EXPENSE	A	-175	RADIOLOGY-THERAPEUTIC	55.00	0	39.09
39.10	PROMOTION EXPENSE	A	-420	CHILLI FAMILY PHYSICIANS	90.01	0	39.10
39.11	PROMOTION EXPENSE	A	-3,635	PHYSICIAN OFFICES	90.03	0	39.11
39.12	PROMOTION EXPENSE	A	-8	PHYSICIAN OFFICES	90.03	0	39.12
39.13	PROMOTION EXPENSE	A	-193	OPERATING ROOM	50.00	0	39.13
39.14	PROMOTION EXPENSE	A	-1,102	WOUND CARE CENTER	90.07	0	39.14
39.15	PROMOTION EXPENSE	A	-360	LABORATORY	60.00	0	39.15
40.00	PROMOTION EXPENSE	A	-2,366	HOSPICE	116.00	0	40.00
40.01	PHYSICIAN RECRUITMENT	A	-13,944	NURSING SCHOOL	20.00	0	40.01
40.02	PHYSICIAN RECRUITMENT	A	-61,280	I&R SRVCES-OTHER PRGM COSTS APPRVD	22.00	0	40.02
40.03	PHYSICIAN RECRUITMENT	A	-246	HOME HEALTH AGENCY	101.00	0	40.03

ADJUSTMENTS TO EXPENSES | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-8 | Date/Time Prepared: 5/29/2019 9:29 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
40.04	PHYSICIAN RECRUITMENT	A	-1,679	PHYSICIAN OFFICES	90.03	0	40.04
41.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.00
41.01	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.01
42.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	42.00
43.00	CRNA SALARIES	A	-4,846,279	ANESTHESIOLOGY	53.00	0	43.00
43.02	CRNA BENEFITS	A	-1,150,510	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	43.02
44.00	PHYSICIAN BENEFITS	A	-11,461	ADULTS & PEDIATRICS	30.00	0	44.00
44.01	PHYSICIAN BENEFITS	A	-290	INTENSIVE CARE UNIT	31.00	0	44.01
44.02	PHYSICIAN BENEFITS	A	-1,134,478	ANESTHESIOLOGY	53.00	0	44.02
44.03	PHYSICIAN BENEFITS	A	-126,732	RADIOLOGY-THERAPEUTIC	55.00	0	44.03
44.04	PHYSICIAN BENEFITS	A	-220	CARDIAC REHABILITATION	76.97	0	44.04
44.05	PHYSICIAN BENEFITS	A	-42,030	CLINIC	90.00	0	44.05
44.06	PHYSICIAN BENEFITS	A	-270,805	CHILLI FAMILY PHYSICIANS	90.01	0	44.06
44.07	PHYSICIAN BENEFITS	A	-7,811,732	PHYSICIAN OFFICES	90.03	0	44.07
44.08	PHYSICIAN BENEFITS	A	-137,196	ENDOCRINOLOGY, DIABETES & METABOLISM	90.06	0	44.08
44.09	PHYSICIAN BENEFITS	A	-92,201	WOUND CARE CENTER	90.07	0	44.09
44.10	PHYSICIAN BENEFITS	A	-929,725	INTENSIVISTS CLINIC	90.08	0	44.10
44.11	PHYSICIAN BENEFITS	A	-368,571	NEUROLOGY CLINIC	90.09	0	44.11
44.12	PHYSICIAN BENEFITS	A	-138,306	RHEUMOTOLOGY CLINIC	90.10	0	44.12
44.13	PHYSICIAN BENEFITS	A	-109,076	PEDIATRICS-GASTROENTEROL CLINIC	90.11	0	44.13
44.14	PHYSICIAN BENEFITS	A	-131,665	ONCOLOGY CLINIC	90.13	0	44.14
44.15	PHYSICIAN BENEFITS	A	-118	EMERGENCY	91.00	0	44.15
45.00	PHYSICIAN BENEFITS	A	-131,665	ONCOLOGY CLINIC	90.13	0	45.00
46.00	REMOVE NON-ALLOWABLE INTEREST	A	-4,162,909	INTEREST EXPENSE	113.00	0	46.00
47.00	SELF INSURANCE ADJUSTMENT	A	-8,141,573	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	47.00
47.01	PENSION ADJUSTMENT	A	14,346,052	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	47.01
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-30,745,613				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: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-8-1 | Date/Time Prepared: 5/29/2019 9:29 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	PEORIA HOME OFFICE	2,725,210	0	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	PEORIA HOME OFFICE	2,667,923	0	2.00
3.00	13.00	NURSING ADMINISTRATION	PEORIA HOME OFFICE	6,962,114	0	3.00
3.01	7.00	OPERATION OF PLANT	PEORIA HOME OFFICE	215,510	0	3.01
3.02	5.00	ADMINISTRATIVE & GENERAL	PEORIA HOME OFFICE	54,138,760	0	3.02
4.00	30.00	ADULTS & PEDIATRICS	PEORIA HOME OFFICE	398,861	0	4.00
4.01	113.00	INTEREST EXPENSE	PEORIA HOME OFFICE	1,589,601	1,545,854	4.01
4.02	90.03	PHYSICIAN OFFICES	GLEN OAK MEDICAL PLAZA	40,780	54,682	4.02
4.03	101.00	HOME HEALTH AGENCY	GLEN OAK MEDICAL PLAZA	80,428	62,453	4.03
4.04	116.00	HOSPICE	GLEN OAK MEDICAL PLAZA	37,094	28,803	4.04
4.05	5.00	ADMINISTRATIVE & GENERAL	GLEN OAK MEDICAL PLAZA	63,879	0	4.05
4.06	6.00	MAINTENANCE & REPAIRS	GLEN OAK MEDICAL PLAZA	7,240	0	4.06
4.07	7.00	OPERATION OF PLANT	GLEN OAK MEDICAL PLAZA	3,466	0	4.07
4.08	9.00	HOUSEKEEPING	GLEN OAK MEDICAL PLAZA	3,231	0	4.08
4.09	53.01	PAIN CLINIC	ATRIUM BUILDING	183,009	250,863	4.09
4.10	64.00	INTRAVENOUS THERAPY	ATRIUM BUILDING	8,237	0	4.10
4.11	70.00	ELECTROENCEPHALOGRAPHY	ATRIUM BUILDING	82,510	101,943	4.11
4.12	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	99,936	120,884	4.12
4.13	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	30,055	0	4.13
4.14	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	107,863	130,472	4.14
4.15	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	36,097	43,663	4.15
4.16	90.06	ENDOCRINOLOGY, DIABETES & ME	ATRIUM BUILDING	76,798	59,502	4.16
4.17	90.07	WOUND CARE CENTER	ATRIUM BUILDING	123,502	170,281	4.17
4.18	90.08	INTENSIVISTS CLINIC	ATRIUM BUILDING	118,237	143,632	4.18
4.19	90.09	NEUROLOGY CLINIC	ATRIUM BUILDING	105,104	127,135	4.19
4.20	90.10	RHEUMOTOLOGY CLINIC	ATRIUM BUILDING	75,283	102,538	4.20
4.21	90.11	PEDIATRICS-GASTROENTEROL CLI	ATRIUM BUILDING	59,585	38,425	4.21
4.22	90.12	VASCULAR CLINIC	ATRIUM BUILDING	60,129	72,833	4.22
4.23	90.13	ONCOLOGY CLINIC	ATRIUM BUILDING	19,875	27,965	4.23
4.24	191.00	RESEARCH	ATRIUM BUILDING	35,611	43,075	4.24
4.25	194.02	WELLNESS CENTER	ATRIUM BUILDING	270,434	339,058	4.25
4.27	21.00	I&R SRVCES-SALARY & FRINGES	FAMILY MEDICAL BUILDING	99,700	72,733	4.27
4.28	90.00	CLINIC	FAMILY MEDICAL BUILDING	202,410	152,996	4.28
4.29	90.03	PHYSICIAN OFFICES	METAMORA MEDICAL CLINIC	212,336	135,024	4.29
4.30	90.01	CHILLI FAMILY PHYSICIANS	CHILLICOTHE OFFICE	76,178	97,186	4.30
4.31	90.03	PHYSICIAN OFFICES	KNOXVILLE MEDPOINTE	115,306	110,000	4.31
4.32	90.03	PHYSICIAN OFFICES	CANTON BUILDING	185,026	111,345	4.32
4.33	90.03	PHYSICIAN OFFICES	PEKIN	112,566	39,495	4.33
4.34	90.03	PHYSICIAN OFFICES	FARMINGTON	49,457	35,537	4.34
4.36	90.01	CHILLI FAMILY PHYSICIANS	LACON	42,455	62,832	4.36
4.37	90.01	CHILLI FAMILY PHYSICIANS	PRINCEVILLE	55,366	43,500	4.37
4.38	90.03	PHYSICIAN OFFICES	EAST PEORIA	156,031	136,120	4.38
4.39	90.03	PHYSICIAN OFFICES	MMG AT STERLING	128,365	145,130	4.39
4.40	90.03	PHYSICIAN OFFICES	PEARTREE	0	179,206	4.40
4.42	90.03	PHYSICIAN OFFICES	KNOXVILLE CLINIC	11,328	0	4.42
4.43	90.03	PHYSICIAN OFFICES	MORTON MEDPOINTE BLD PRACTIC	66,687	156,981	4.43
4.44	90.03	PHYSICIAN OFFICES	MORTON MEDPOINTE BLD PEDS	171,302	84,528	4.44
4.45	90.03	PHYSICIAN OFFICES	MMG AT WASHINGTON	171,302	152,996	4.45
4.46	90.03	PHYSICIAN OFFICES	PODITORY	86,140	76,935	4.46
4.47	90.03	PHYSICIAN OFFICES	NORTHSIDE	974,036	790,439	4.47
4.48	90.03	PHYSICIAN OFFICES	NORTHSIDE	609,883	577,673	4.48
4.50	54.01	NORTHSIDE IMAGING	NORTHSIDE IMAGING	249,304	239,669	4.50
4.51	58.01	NORTHSIDE MRI	NORTHSIDE MRI	316,368	304,141	4.51
4.52	57.01	NORTHSIDE CT	NORTHSIDE CT	220,025	211,521	4.52
4.54	54.02	NORTHSIDE MAMMOGRAPHY	NORTHSIDE MAMMOGRAPH	196,745	189,141	4.54
4.55	54.03	NORTHSIDE ULTRASOUND	NORTHSIDE ULTRASOUND	156,143	150,108	4.55
4.56	90.03	PHYSICIAN OFFICES	PRAIRIE POINT	152,488	108,426	4.56
4.57	0.00			0	0	4.57
4.59	0.00			0	0	4.59
4.60	0.00			0	0	4.60
4.73	0.00			0	0	4.73
5.00	0		0	75,243,309	7,827,723	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.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 14-0209	Period: From 01/01/2018 To 12/31/2018	Worksheet A-8-1 Date/Time Prepared: 5/29/2019 9:29 am

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

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

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

6.00	B	UNITYPOINT HEAL	100.00	UNITYPOINT HEAL	100.00	6.00
7.00	B	METHODIST SERVICES	100.00	METHODIST SERV	100.00	7.00
8.00	B	HEARTLAND HOME	100.00	HEARTLAND HOME	100.00	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: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-8-1 | Date/Time Prepared: 5/29/2019 9:29 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	2,725,210	0		1.00
2.00	2,667,923	0		2.00
3.00	6,962,114	0		3.00
3.01	215,510	0		3.01
3.02	54,138,760	0		3.02
4.00	398,861	0		4.00
4.01	43,747	0		4.01
4.02	-13,902	0		4.02
4.03	17,975	0		4.03
4.04	8,291	0		4.04
4.05	63,879	0		4.05
4.06	7,240	0		4.06
4.07	3,466	0		4.07
4.08	3,231	0		4.08
4.09	-67,854	0		4.09
4.10	8,237	0		4.10
4.11	-19,433	0		4.11
4.12	-20,948	0		4.12
4.13	30,055	0		4.13
4.14	-22,609	0		4.14
4.15	-7,566	0		4.15
4.16	17,296	0		4.16
4.17	-46,779	0		4.17
4.18	-25,395	0		4.18
4.19	-22,031	0		4.19
4.20	-27,255	0		4.20
4.21	21,160	0		4.21
4.22	-12,704	0		4.22
4.23	-8,090	0		4.23
4.24	-7,464	0		4.24
4.25	-68,624	0		4.25
4.27	26,967	0		4.27
4.28	49,414	0		4.28
4.29	77,312	0		4.29
4.30	-21,008	0		4.30
4.31	5,306	0		4.31
4.32	73,681	0		4.32
4.33	73,071	0		4.33
4.34	13,920	0		4.34
4.36	-20,377	0		4.36
4.37	11,866	0		4.37
4.38	19,911	0		4.38
4.39	-16,765	0		4.39
4.40	-179,206	0		4.40
4.42	11,328	0		4.42
4.43	-90,294	0		4.43
4.44	86,774	0		4.44
4.45	18,306	0		4.45
4.46	9,205	0		4.46
4.47	183,597	0		4.47
4.48	32,210	9		4.48
4.50	9,635	9		4.50
4.51	12,227	9		4.51
4.52	8,504	9		4.52
4.54	7,604	9		4.54
4.55	6,035	9		4.55
4.56	44,062	9		4.56
4.57	0	9		4.57
4.59	0	9		4.59
4.60	0	9		4.60
4.73	0	0		4.73
5.00	67,415,586			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.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 14-0209	Period: From 01/01/2018 To 12/31/2018	Worksheet A-8-1 Date/Time Prepared: 5/29/2019 9:29 am

	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	HEALTH SYSTEM		6.00
7.00	NOT FOR PROFIT		7.00
8.00	NOT FOR PROFIT		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: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-8-2 | Date/Time Prepared: 5/29/2019 9:29 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	870,886	866,386	4,500	211,500	39	1.00
2.00	31.00	INTENSIVE CARE UNIT	1,222	1,222	0	211,500	0	2.00
3.00	41.00	SUBPROVIDER - IRF	14,107	0	14,107	211,500	94	3.00
4.00	43.00	NURSERY	902,978	902,978	0	169,700	0	4.00
5.00	50.00	OPERATING ROOM	1,125,044	1,111,194	13,850	246,400	95	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	1,405,375	1,374,500	30,875	237,100	184	6.00
7.00	53.00	ANESTHESIOLOGY	5,084,824	5,058,697	26,127	239,400	144	7.00
8.00	53.01	PAIN CLINIC	20,731	0	20,731	211,500	115	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	186,430	179,662	6,768	271,900	138	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	639,339	601,339	38,000	271,900	253	10.00
11.00	60.00	LABORATORY	455,601	454,101	1,500	260,300	117	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	31,500	0	31,500	211,500	210	12.00
13.00	74.00	RENAL DIALYSIS	12,460	0	12,460	211,500	89	13.00
14.00	76.97	CARDIAC REHABILITATION	926	926	0	211,500	0	14.00
15.00	90.00	CLINIC	221,742	177,041	44,701	211,500	63	15.00
16.00	90.01	CHILLI FAMILY PHYSICIANS	1,144,033	1,140,709	3,324	211,500	22	16.00
17.00	90.03	PHYSICIAN OFFICES	34,107,085	33,207,773	899,312	211,500	6,090	17.00
18.00	90.06	ENDOCRINOLOGY, DIABETES & METABOLISM	577,910	577,910	0	211,500	0	18.00
19.00	90.07	WOUND CARE CENTER	396,297	388,377	7,920	211,500	48	19.00
20.00	90.08	INTENSIVISTS CLINIC	3,972,095	3,916,270	55,825	211,500	384	20.00
21.00	90.09	NEUROLOGY CLINIC	1,552,526	1,552,526	0	211,500	0	21.00
22.00	90.10	RHEUMOTOLOGY CLINIC	650,944	650,944	0	211,500	0	22.00
23.00	90.11	PEDIATRICS-GASTROENTEROL CLINIC	465,474	459,457	6,017	211,500	48	23.00
24.00	90.12	VASCULAR CLINIC	574,531	520,981	53,550	211,500	268	24.00
25.00	90.13	ONCOLOGY CLINIC	554,609	554,609	0	211,500	0	25.00
26.00	91.00	EMERGENCY	7,310,197	7,186,072	124,125	211,500	652	26.00
200.00			62,278,866	60,883,674	1,395,192		9,053	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	30.00	ADULTS & PEDIATRICS	3,966	198	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	41.00	SUBPROVIDER - IRF	9,558	478	0	0	0	3.00
4.00	43.00	NURSERY	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	11,254	563	0	0	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	20,974	1,049	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	16,574	829	0	0	0	7.00
8.00	53.01	PAIN CLINIC	11,693	585	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	18,039	902	0	0	0	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	33,073	1,654	0	0	0	10.00
11.00	60.00	LABORATORY	14,642	732	0	0	0	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	21,353	1,068	0	0	0	12.00
13.00	74.00	RENAL DIALYSIS	9,050	453	0	0	0	13.00
14.00	76.97	CARDIAC REHABILITATION	0	0	0	0	0	14.00
15.00	90.00	CLINIC	6,406	320	0	0	0	15.00
16.00	90.01	CHILLI FAMILY PHYSICIANS	2,237	112	0	0	0	16.00
17.00	90.03	PHYSICIAN OFFICES	619,248	30,962	0	0	0	17.00
18.00	90.06	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	0	0	18.00
19.00	90.07	WOUND CARE CENTER	4,881	244	0	0	0	19.00
20.00	90.08	INTENSIVISTS CLINIC	39,046	1,952	0	0	0	20.00
21.00	90.09	NEUROLOGY CLINIC	0	0	0	0	0	21.00
22.00	90.10	RHEUMOTOLOGY CLINIC	0	0	0	0	0	22.00
23.00	90.11	PEDIATRICS-GASTROENTEROL CLINIC	4,881	244	0	0	0	23.00
24.00	90.12	VASCULAR CLINIC	27,251	1,363	0	0	0	24.00
25.00	90.13	ONCOLOGY CLINIC	0	0	0	0	0	25.00
26.00	91.00	EMERGENCY	66,297	3,315	0	0	0	26.00
200.00			940,423	47,023	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	30.00	ADULTS & PEDIATRICS	0	3,966	534	866,920		1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	1,222		2.00
3.00	41.00	SUBPROVIDER - IRF	0	9,558	4,549	4,549		3.00
4.00	43.00	NURSERY	0	0	0	902,978		4.00
5.00	50.00	OPERATING ROOM	0	11,254	2,596	1,113,790		5.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet A-8-2 | Date/Time Prepared: 5/29/2019 9:29 am

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	20,974	9,901	1,384,401		6.00
7.00	53.00	ANESTHESIOLOGY	0	16,574	9,553	5,068,250		7.00
8.00	53.01	PAIN CLINIC	0	11,693	9,038	9,038		8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	18,039	0	179,662		9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	0	33,073	4,927	606,266		10.00
11.00	60.00	LABORATORY	0	14,642	0	454,101		11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	0	21,353	10,147	10,147		12.00
13.00	74.00	RENAL DIALYSIS	0	9,050	3,410	3,410		13.00
14.00	76.97	CARDIAC REHABILITATION	0	0	0	926		14.00
15.00	90.00	CLINIC	0	6,406	38,295	215,336		15.00
16.00	90.01	CHILLI FAMILY PHYSICIANS	0	2,237	1,087	1,141,796		16.00
17.00	90.03	PHYSICIAN OFFICES	0	619,248	280,064	33,487,837		17.00
18.00	90.06	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	577,910		18.00
19.00	90.07	WOUND CARE CENTER	0	4,881	3,039	391,416		19.00
20.00	90.08	INTENSIVISTS CLINIC	0	39,046	16,779	3,933,049		20.00
21.00	90.09	NEUROLOGY CLINIC	0	0	0	1,552,526		21.00
22.00	90.10	RHEUMOTOLOGY CLINIC	0	0	0	650,944		22.00
23.00	90.11	PEDIATRICS-GASTROENTEROL CLINIC	0	4,881	1,136	460,593		23.00
24.00	90.12	VASCULAR CLINIC	0	27,251	26,299	547,280		24.00
25.00	90.13	ONCOLOGY CLINIC	0	0	0	554,609		25.00
26.00	91.00	EMERGENCY	0	66,297	57,828	7,243,900		26.00
200.00			0	940,423	479,182	61,362,856		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	PARKING	
			0	1.00	2.00	4.00	4.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	9,776,964	9,776,964				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,138,980		1,138,980			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	9,573,946	14,041	342	9,588,329		4.00
4.01	00401	PARKING	0	2,256	83,633	19,855	105,744	4.01
5.00	00500	ADMINISTRATIVE & GENERAL	78,089,850	331,784	16,787	117,290	3,594	5.00
6.00	00600	MAINTENANCE & REPAIRS	3,362,333	181,468	41,995	87,689	1,966	6.00
7.00	00700	OPERATION OF PLANT	11,527,904	1,586,460	110,516	59,590	17,187	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	194,315	34,155	43	5,873	370	8.00
9.00	00900	HOUSEKEEPING	3,641,625	123,782	6,414	103,958	1,341	9.00
10.00	01000	DIETARY	1,950,826	195,456	3,116	74,876	2,118	10.00
11.00	01100	CAFETERIA	1,340,345	133,085	15,711	57,017	1,442	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	8,132,853	0	0	46,813	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-1,677,488	95,993	15,282	30,474	1,040	14.00
15.00	01500	PHARMACY	4,576,243	74,117	13,843	223,728	803	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,667,923	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	1,698,993	35,792	304,127	18,409	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	6,056,773	99,223	835	249,487	1,075	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	2,688,632	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	20,791,487	1,214,795	82,337	848,560	13,161	30.00
31.00	03100	INTENSIVE CARE UNIT	4,404,656	180,120	10,204	153,237	1,951	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	310,826	2,723	135	157,155	29	34.00
40.00	04000	SUBPROVIDER - IPF	5,984,943	328,741	3,265	216,448	3,561	40.00
41.00	04100	SUBPROVIDER - IRF	1,538,217	136,635	1,603	115,464	1,480	41.00
43.00	04300	NURSERY	1,205,395	38,547	3,422	75,929	418	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	21,431,420	641,333	209,133	506,428	6,948	50.00
51.00	05100	RECOVERY ROOM	2,348,233	212,954	7,089	91,221	2,307	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,394,049	116,121	7,308	169,898	1,258	52.00
53.00	05300	ANESTHESIOLOGY	2,142,643	15,816	15,854	513,619	171	53.00
53.01	03950	PAIN CLINIC	116,314	0	57	48,807	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,856,284	431,515	149,338	222,770	4,675	54.00
54.01	05401	NORTHSIDE IMAGING	495,385	0	2,340	4,890	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	345,032	0	926	3,287	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	155,990	0	385	2,067	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	2,417,725	139,371	71,748	110,824	1,510	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,411,104	148,741	17,690	20,293	1,611	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	864,511	0	4,491	25,519	0	57.00
57.01	05701	NORTHSIDE CT	351,422	0	999	3,647	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	606,863	71,020	4,700	19,501	769	58.00
58.01	05801	NORTHSIDE MRI	502,243	0	2,062	5,025	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	704,276	45,447	32,405	22,164	492	59.00
60.00	06000	LABORATORY	15,859,391	292,237	15,297	307,886	3,166	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	947,409	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	3,051,957	208,496	10,650	120,973	2,259	64.00
65.00	06500	RESPIRATORY THERAPY	1,673,265	33,501	9,523	85,780	363	65.00
66.00	06600	PHYSICAL THERAPY	2,099,852	146,939	1,123	24,748	1,592	66.00
67.00	06700	OCCUPATIONAL THERAPY	635,972	53,682	455	10,449	582	67.00
68.00	06800	SPEECH PATHOLOGY	608,189	25,787	376	5,077	279	68.00
69.00	06900	ELECTROCARDIOLOGY	251,863	5,299	1,598	9,561	57	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,348,071	0	1,007	46,021	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	1,949,697	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	15,532,194	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,633,567	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	442,139	26,361	7,225	12,992	286	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	360,682	57,073	421	19,338	618	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,123,618	4,378	11,666	25,330	47	76.01
76.02	03140	CARDIOLOGY	902,982	105,776	1,157	30,068	1,146	76.02
76.03	03560	PULMONARY FUNCTION TESTING	1,283,644	2,910	962	51,910	32	76.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	PARKING	
			0	1.00	2.00	4.00	4.01	
76.97	07697	CARDIAC REHABILITATION	6,120	0	81	257	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	624,640	0	94	8,224	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	5,025,051	44,900	14,318	167,401	486	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	1,584,420	0	1,852	107,207	0	90.01
90.02	09005	CLINIC	0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	18,863,452	261,298	55,411	2,595,488	2,831	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	423,254	0	1,849	43,802	0	90.06
90.07	09004	WOUND CARE CENTER	721,659	0	384	60,532	0	90.07
90.08	09008	INTENSIVISTS CLINIC	695,609	0	1,051	229,233	0	90.08
90.09	09009	NEUROLOGY CLINIC	387,739	0	6,001	91,409	0	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	584,352	0	1,504	47,523	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	187,119	0	0	28,885	0	90.11
90.12	09012	VASCULAR CLINIC	350,416	0	400	5,225	0	90.12
90.13	09013	ONCOLOGY CLINIC	417,116	0	974	48,375	0	90.13
91.00	09100	EMERGENCY	5,959,645	175,035	14,554	273,431	1,896	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	8,708,098	0	5,368	239,543	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,848,590	0	117	89,654	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	329,512,814	9,738,364	1,137,218	9,503,852	105,326	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	1,306,352	0	0	16,697	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	25,425	38,600	0	0	418	194.01
194.02	07952	WELLNESS CENTER	784,199	0	1,762	15,275	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	1,927,365	0	0	52,505	0	194.05
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)	333,556,155	9,776,964	1,138,980	9,588,329	105,744	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4A.01	5.00	6.00	7.00	8.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL	78,559,305	78,559,305				5.00
6.00	00600	MAINTENANCE & REPAIRS	3,675,451	1,125,555	4,801,006			6.00
7.00	00700	OPERATION OF PLANT	13,301,657	4,073,446	823,647	18,198,750		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	234,756	71,891	17,733	81,137	405,517	8.00
9.00	00900	HOUSEKEEPING	3,877,120	1,187,314	64,264	294,046	0	9.00
10.00	01000	DIETARY	2,226,392	681,801	101,476	464,310	0	10.00
11.00	01100	CAFETERIA	1,547,600	473,931	69,094	316,146	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	8,179,666	2,504,908	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-1,534,699	0	49,837	228,033	2,947	14.00
15.00	01500	PHARMACY	4,888,734	1,497,106	38,480	176,066	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,667,923	817,014	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	2,057,321	630,026	882,068	4,035,989	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	6,407,393	1,962,174	51,514	235,706	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	2,688,632	823,356	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	22,950,340	7,028,329	630,688	2,885,769	127,282	30.00
31.00	03100	INTENSIVE CARE UNIT	4,750,168	1,454,672	93,514	427,879	16,421	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	470,868	144,197	1,414	6,468	237	34.00
40.00	04000	SUBPROVIDER - IPF	6,536,958	2,001,852	170,674	780,932	16,571	40.00
41.00	04100	SUBPROVIDER - IRF	1,793,399	549,203	70,937	324,580	5,652	41.00
43.00	04300	NURSERY	1,323,711	405,368	20,012	91,568	2,398	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	22,795,262	6,980,730	332,962	1,523,498	78,899	50.00
51.00	05100	RECOVERY ROOM	2,661,804	815,140	110,560	505,878	7,672	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,688,634	517,121	60,287	275,847	15,452	52.00
53.00	05300	ANESTHESIOLOGY	2,688,103	823,194	8,211	37,572	48	53.00
53.01	03950	PAIN CLINIC	165,178	50,583	0	0	1	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,664,582	2,347,171	224,031	1,025,072	30,368	54.00
54.01	05401	NORTHSIDE IMAGING	502,615	153,919	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	349,245	106,951	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	158,442	48,521	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	2,741,178	839,447	72,358	331,079	8,218	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,599,439	489,806	77,222	353,337	1,619	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	894,521	273,935	0	0	0	57.00
57.01	05701	NORTHSIDE CT	356,068	109,041	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	702,853	215,239	36,872	168,710	0	58.00
58.01	05801	NORTHSIDE MRI	509,330	155,975	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	804,784	246,454	23,595	107,961	0	59.00
60.00	06000	LABORATORY	16,477,977	5,046,150	151,721	694,214	732	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	947,409	290,131	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	3,394,335	1,039,468	108,246	495,288	24,743	64.00
65.00	06500	RESPIRATORY THERAPY	1,802,432	551,970	17,393	79,583	843	65.00
66.00	06600	PHYSICAL THERAPY	2,274,254	696,458	76,287	349,057	4,100	66.00
67.00	06700	OCCUPATIONAL THERAPY	701,140	214,714	27,870	127,524	1,632	67.00
68.00	06800	SPEECH PATHOLOGY	639,708	195,902	13,388	61,257	631	68.00
69.00	06900	ELECTROCARDIOLOGY	268,378	82,187	2,751	12,587	1	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,395,099	427,230	0	0	527	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	1,949,697	597,067	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	15,532,194	4,756,517	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,633,567	4,175,089	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	489,003	149,750	13,686	62,620	1,039	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	438,132	134,172	29,631	135,577	79	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,165,039	356,777	2,273	10,400	129	76.01
76.02	03140	CARDIOLOGY	1,041,129	318,831	54,916	251,274	3,482	76.02
76.03	03560	PULMONARY FUNCTION TESTING	1,339,458	410,190	1,511	6,912	40	76.03
76.97	07697	CARDIAC REHABILITATION	6,458	1,978	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	632,958	193,835	0	0	18	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	5,252,156	1,608,399	23,311	106,661	1,740	90.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4A.01	5.00	6.00	7.00	8.00	
90.01	09001	CHILLI FAMILY PHYSICIANS	1,693,479	518,604	0	0	0	90.01
90.02	09005	CLINIC	0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	21,778,480	6,669,355	135,659	620,719	5,452	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	468,905	143,596	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	782,575	239,653	0	0	72	90.07
90.08	09008	INTENSIVISTS CLINIC	925,893	283,542	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	485,149	148,570	0	0	0	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	633,379	193,963	0	0	42	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	216,004	66,148	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	356,041	109,033	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	466,465	142,848	0	0	0	90.13
91.00	09100	EMERGENCY	6,424,561	1,967,432	90,873	415,799	46,430	91.00
92.00	09200	OBSERVATION BEDS	0					92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	8,953,009	2,741,734	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,938,361	1,206,068	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	329,387,557	77,282,731	4,780,966	18,107,055	405,517	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	1,323,049	405,165	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	64,443	19,735	20,040	91,695	0	194.01
194.02	07952	WELLNESS CENTER	801,236	245,367	0	0	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	1,979,870	606,307	0	0	0	194.05
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)	333,556,155	78,559,305	4,801,006	18,198,750	405,517	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	5,422,744					9.00
10.00	01000	DIETARY	0	3,473,979				10.00
11.00	01100	CAFETERIA	11,378	0	2,418,149			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	20,168	0	10,704,742	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,378	0	20,933	0	0	14.00
15.00	01500	PHARMACY	29,583	0	58,476	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	146,614	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	70,229	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,629,325	2,145,724	305,442	0	1,555,709	30.00
31.00	03100	INTENSIVE CARE UNIT	366,371	128,509	51,445	0	262,026	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	6,827	140,207	838	0	4,267	34.00
40.00	04000	SUBPROVIDER - IPF	425,536	722,913	103,328	0	526,279	40.00
41.00	04100	SUBPROVIDER - IRF	95,575	336,626	18,176	0	92,578	41.00
43.00	04300	NURSERY	34,134	0	17,836	0	90,847	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,067,254	0	136,924	0	697,397	50.00
51.00	05100	RECOVERY ROOM	54,614	0	31,338	0	159,615	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	172,945	0	23,155	0	117,934	52.00
53.00	05300	ANESTHESIOLOGY	0	0	46,358	0	236,114	53.00
53.01	03950	PAIN CLINIC	0	0	267	0	1,361	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	147,914	0	78,631	0	400,492	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	2,258	0	11,503	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	1,408	0	7,174	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	559	0	2,845	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	116,055	0	20,156	0	102,658	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	6,557	0	33,395	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	11,498	0	58,565	57.00
57.01	05701	NORTHSIDE CT	0	0	1,384	0	7,050	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	6,836	0	34,817	58.00
58.01	05801	NORTHSIDE MRI	0	0	1,955	0	9,957	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	7,297	0	37,167	59.00
60.00	06000	LABORATORY	129,709	0	156,570	0	797,458	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	293,552	0	46,297	0	235,805	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	24,806	0	126,344	65.00
66.00	06600	PHYSICAL THERAPY	56,890	0	10,843	0	55,225	66.00
67.00	06700	OCCUPATIONAL THERAPY	25,032	0	4,578	0	23,315	67.00
68.00	06800	SPEECH PATHOLOGY	6,827	0	1,882	0	9,586	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	4,068	0	20,717	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	18,504	0	94,248	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	11,378	0	2,744	0	13,976	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	6,496	0	33,086	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	8,111	0	41,311	76.01
76.02	03140	CARDIOLOGY	136,536	0	11,292	0	57,513	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	9,082	0	46,258	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	49	0	247	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	3,545	0	18,058	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	29,583	0	78,498	0	399,811	90.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.02	09005	CLINIC	0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	0	0	523,242	0	2,665,038	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	10,746	0	54,731	90.06
90.07	09004	WOUND CARE CENTER	0	0	10,321	0	52,566	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	34,495	0	175,694	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	14,437	0	73,531	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	0	0	16,428	0	83,673	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	4,808	0	24,490	90.11
90.12	09012	VASCULAR CLINIC	0	0	4,650	0	23,686	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	8,074	0	41,125	90.13
91.00	09100	EMERGENCY	564,348	0	70,314	0	358,130	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	91,647	0	466,787	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	32,990	0	168,026	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,422,744	3,473,979	2,399,583	0	10,610,185	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	5,197	0	26,469	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	4,080	0	20,779	194.01
194.02	07952	WELLNESS CENTER	0	0	9,289	0	47,309	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.05
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)	5,422,744	3,473,979	2,418,149	0	10,704,742	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-1,221,571					14.00
15.00	01500	PHARMACY	0	6,688,445				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	3,484,937			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0		20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	1,185,763	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	24,950	0	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	35,352	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	265,565	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	50,295	0	0	41.00
43.00	04300	NURSERY	0	0	180,445	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	1,161,931	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	165,435	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,525,492	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	76.01
76.02	03140	CARDIOLOGY	0	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.02	09005	CLINIC	0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	0	0	0	0	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	0	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	0	0	0	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	0	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	0	0	90.13
91.00	09100	EMERGENCY	0	0	415,201	0	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	3	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	154,571	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	6,680,066	3,484,937	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	2	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	0	0	0	194.01
194.02	07952	WELLNESS CENTER	0	8,377	0	0	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	-1,221,571	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	-1,221,571	6,688,445	3,484,937	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES	INTERNS & RESIDENTS SRVCES-OTHER PRGM COSTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			20.00	21.00	22.00	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL	7,752,018					20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD		8,727,016				21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD			3,511,988			22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,316,004	804,966	323,940	46,889,281	-1,128,906	30.00
31.00	03100	INTENSIVE CARE UNIT	443,140	281,846	113,423	8,414,364	-395,269	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	323,350	13,008	5,235	1,152,268	-18,243	34.00
40.00	04000	SUBPROVIDER - IPF	162,513	354,631	142,713	12,210,465	-497,344	40.00
41.00	04100	SUBPROVIDER - IRF	157,486	0	0	3,494,507	0	41.00
43.00	04300	NURSERY	0	17,964	7,229	2,191,512	-25,193	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	65,340	331,402	133,365	35,304,964	-464,767	50.00
51.00	05100	RECOVERY ROOM	50,262	0	0	4,396,883	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	463,245	0	0	3,334,620	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	3,839,600	0	53.00
53.01	03950	PAIN CLINIC	0	46,458	18,696	282,544	-65,154	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	65,041	26,174	12,009,476	-91,215	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	670,295	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	464,778	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	210,367	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	4,396,584	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	2,561,375	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	1,238,519	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	473,543	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,165,327	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	677,217	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	1,227,258	0	59.00
60.00	06000	LABORATORY	0	0	0	23,454,531	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	1,237,540	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	5,637,734	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,603,371	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	3,523,114	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,125,805	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	929,181	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	390,689	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,935,608	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	2,546,764	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	20,288,711	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	24,334,148	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	744,196	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	777,173	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	42,722	44,290	17,824	1,688,876	-62,114	76.01
76.02	03140	CARDIOLOGY	0	0	0	1,874,973	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	1,813,451	0	76.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES	INTERNS & RESIDENTS SRVCES-OTHER PRGM COSTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			20.00	21.00	22.00	24.00	25.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	8,732	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	848,414	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	2,991,907	1,204,025	11,696,091	-4,195,932	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	2,212,083	0	90.01
90.02	09005	CLINIC	0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	152,460	3,450,295	1,388,492	37,389,192	-4,838,787	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	677,978	0	90.06
90.07	09004	WOUND CARE CENTER	101,361	9,292	3,739	1,199,579	-13,031	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	0	1,419,624	0	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	0	721,687	0	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	0	0	0	927,485	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	311,450	0	90.11
90.12	09012	VASCULAR CLINIC	0	0	0	493,410	0	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	658,512	0	90.13
91.00	09100	EMERGENCY	315,811	306,624	123,394	11,098,917	-430,018	91.00
92.00	09200	OBSERVATION BEDS					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	76,230	0	0	12,329,410	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	82,094			5,582,110	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,752,018	8,717,724	3,508,249	329,086,286	-12,225,973	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	9,292	3,739	1,772,913	-13,031	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	0	220,772	0	194.01
194.02	07952	WELLNESS CENTER	0	0	0	1,111,578	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	0	2,586,177	0	194.05
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	-1,221,571	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,752,018	8,727,016	3,511,988	333,556,155	-12,239,004	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
4.01	00401	PARKING			4.01
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD			21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD			22.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	45,760,375		30.00
31.00	03100	INTENSIVE CARE UNIT	8,019,095		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,134,025		34.00
40.00	04000	SUBPROVIDER - IPF	11,713,121		40.00
41.00	04100	SUBPROVIDER - IRF	3,494,507		41.00
43.00	04300	NURSERY	2,166,319		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	34,840,197		50.00
51.00	05100	RECOVERY ROOM	4,396,883		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,334,620		52.00
53.00	05300	ANESTHESIOLOGY	3,839,600		53.00
53.01	03950	PAIN CLINIC	217,390		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,918,261		54.00
54.01	05401	NORTHSIDE IMAGING	670,295		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	464,778		54.02
54.03	05403	NORTHSIDE ULTRASOUND	210,367		54.03
54.04	05404	NORTHSIDE CARDIO	0		54.04
54.05	05405	NORTHSIDE ADMIN	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	4,396,584		55.00
56.00	05600	RADIOISOTOPE	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,561,375		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,238,519		57.00
57.01	05701	NORTHSIDE CT	473,543		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,165,327		58.00
58.01	05801	NORTHSIDE MRI	677,217		58.01
59.00	05900	CARDIAC CATHETERIZATION	1,227,258		59.00
60.00	06000	LABORATORY	23,454,531		60.00
60.01	06001	NORTHSIDE LAB	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,237,540		63.00
64.00	06400	INTRAVENOUS THERAPY	5,637,734		64.00
65.00	06500	RESPIRATORY THERAPY	2,603,371		65.00
66.00	06600	PHYSICAL THERAPY	3,523,114		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,125,805		67.00
68.00	06800	SPEECH PATHOLOGY	929,181		68.00
69.00	06900	ELECTROCARDIOLOGY	390,689		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,935,608		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	2,546,764		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	20,288,711		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,334,148		73.00
74.00	07400	RENAL DIALYSIS	744,196		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	777,173		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,626,762		76.01
76.02	03140	CARDIOLOGY	1,874,973		76.02
76.03	03560	PULMONARY FUNCTION TESTING	1,813,451		76.03
76.97	07697	CARDIAC REHABILITATION	8,732		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	848,414		76.98
76.99	07699	LITHOTRIPSY	0		76.99
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	7,500,159		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	2,212,083		90.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part I Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	Total		
			26.00		
90.02	09005	CLINIC	0		90.02
90.03	09002	PHYSICIAN OFFICES	32,550,405		90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	677,978		90.06
90.07	09004	WOUND CARE CENTER	1,186,548		90.07
90.08	09008	INTENSIVISTS CLINIC	1,419,624		90.08
90.09	09009	NEUROLOGY CLINIC	721,687		90.09
90.10	09010	RHEUMOTOLOGY CLINIC	927,485		90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	311,450		90.11
90.12	09012	VASCULAR CLINIC	493,410		90.12
90.13	09013	ONCOLOGY CLINIC	658,512		90.13
91.00	09100	EMERGENCY	10,668,899		91.00
92.00	09200	OBSERVATION BEDS			92.00
	OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0		95.00
101.00	10100	HOME HEALTH AGENCY	12,329,410		101.00
	SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	5,582,110		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	316,860,313		118.00
	NONREIMBURSABLE COST CENTERS				
191.00	19100	RESEARCH	1,759,882		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		192.00
193.00	19300	NONPAID WORKERS	0		193.00
194.00	07950	HEARTLAND PHARMACY	0		194.00
194.01	07951	FOUNDATION	220,772		194.01
194.02	07952	WELLNESS CENTER	1,111,578		194.02
194.03	07954	CAPITAL LABOR	0		194.03
194.05	07953	OTHER NON-REIMBURSABLE	2,586,177		194.05
200.00		Cross Foot Adjustments	0		200.00
201.00		Negative Cost Centers	-1,221,571		201.00
202.00		TOTAL (sum lines 118 through 201)	321,317,151		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,610	14,041	342	16,993	16,993	4.00
4.01	00401	PARKING	637,975	2,256	83,633	723,864	35	4.01
5.00	00500	ADMINISTRATIVE & GENERAL	248,739	331,784	16,787	597,310	209	5.00
6.00	00600	MAINTENANCE & REPAIRS	148,753	181,468	41,995	372,216	156	6.00
7.00	00700	OPERATION OF PLANT	636,207	1,586,460	110,516	2,333,183	106	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	331	34,155	43	34,529	10	8.00
9.00	00900	HOUSEKEEPING	39,153	123,782	6,414	169,349	185	9.00
10.00	01000	DIETARY	23,950	195,456	3,116	222,522	133	10.00
11.00	01100	CAFETERIA	6,606	133,085	15,711	155,402	101	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	83	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	309,150	95,993	15,282	420,425	54	14.00
15.00	01500	PHARMACY	107,820	74,117	13,843	195,780	398	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	1,004,175	1,698,993	35,792	2,738,960	541	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	34,378	99,223	835	134,436	444	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	254,265	1,214,795	82,337	1,551,397	1,510	30.00
31.00	03100	INTENSIVE CARE UNIT	77,838	180,120	10,204	268,162	273	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,031	2,723	135	3,889	280	34.00
40.00	04000	SUBPROVIDER - IPF	10,425	328,741	3,265	342,431	385	40.00
41.00	04100	SUBPROVIDER - IRF	12,226	136,635	1,603	150,464	206	41.00
43.00	04300	NURSERY	16,340	38,547	3,422	58,309	135	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,812,786	641,333	209,133	2,663,252	901	50.00
51.00	05100	RECOVERY ROOM	14,282	212,954	7,089	234,325	162	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	43,525	116,121	7,308	166,954	302	52.00
53.00	05300	ANESTHESIOLOGY	115,636	15,816	15,854	147,306	914	53.00
53.01	03950	PAIN CLINIC	1,589	0	57	1,646	87	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,132,732	431,515	149,338	1,713,585	397	54.00
54.01	05401	NORTHSIDE IMAGING	19,653	0	2,340	21,993	9	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	15,510	0	926	16,436	6	54.02
54.03	05403	NORTHSIDE ULTRASOUND	12,309	0	385	12,694	4	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	547,697	139,371	71,748	758,816	197	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	199,140	148,741	17,690	365,571	36	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	17,180	0	4,491	21,671	45	57.00
57.01	05701	NORTHSIDE CT	17,345	0	999	18,344	6	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	35,852	71,020	4,700	111,572	35	58.00
58.01	05801	NORTHSIDE MRI	24,940	0	2,062	27,002	9	58.01
59.00	05900	CARDIAC CATHETERIZATION	255,486	45,447	32,405	333,338	39	59.00
60.00	06000	LABORATORY	505,890	292,237	15,297	813,424	548	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	56,381	208,496	10,650	275,527	215	64.00
65.00	06500	RESPIRATORY THERAPY	73,441	33,501	9,523	116,465	153	65.00
66.00	06600	PHYSICAL THERAPY	40,491	146,939	1,123	188,553	44	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,641	53,682	455	58,778	19	67.00
68.00	06800	SPEECH PATHOLOGY	14,075	25,787	376	40,238	9	68.00
69.00	06900	ELECTROCARDIOLOGY	12,344	5,299	1,598	19,241	17	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	142,392	0	1,007	143,399	82	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	59,404	26,361	7,225	92,990	23	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,542	57,073	421	60,036	34	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	88,989	4,378	11,666	105,033	45	76.01
76.02	03140	CARDIOLOGY	7,913	105,776	1,157	114,846	54	76.02
76.03	03560	PULMONARY FUNCTION TESTING	54,985	2,910	962	58,857	92	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	81	81	0	76.97

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
76.98	07698	HYPERBARIC OXYGEN THERAPY	10,115	0	94	10,209	15	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	166,663	44,900	14,318	225,881	298	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	52,559	0	1,852	54,411	191	90.01
90.02	09005	CLINIC	0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	1,884,056	261,298	55,411	2,200,765	4,550	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	32,079	0	1,849	33,928	78	90.06
90.07	09004	WOUND CARE CENTER	41,473	0	384	41,857	108	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	1,051	1,051	408	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	6,001	6,001	163	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	31,446	0	1,504	32,950	85	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	24,889	0	0	24,889	51	90.11
90.12	09012	VASCULAR CLINIC	109,665	0	400	110,065	9	90.12
90.13	09013	ONCOLOGY CLINIC	14,581	0	974	15,555	86	90.13
91.00	09100	EMERGENCY	105,040	175,035	14,554	294,629	487	91.00
92.00	09200	OBSERVATION BEDS				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	181	0	5,368	5,549	426	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	368,734	0	117	368,851	160	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,742,603	9,738,364	1,137,218	22,618,185	16,843	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	14,875	0	0	14,875	30	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	38,600	0	38,600	0	194.01
194.02	07952	WELLNESS CENTER	112,963	0	1,762	114,725	27	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	0	0	93	194.05
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	11,870,441	9,776,964	1,138,980	22,786,385	16,993	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	PARKING	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4.01	5.00	6.00	7.00	8.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING	723,899					4.01
5.00	00500	ADMINISTRATIVE & GENERAL	24,607	622,126				5.00
6.00	00600	MAINTENANCE & REPAIRS	13,459	8,913	394,744			6.00
7.00	00700	OPERATION OF PLANT	117,660	32,257	67,721	2,550,927		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,533	569	1,458	11,373	50,472	8.00
9.00	00900	HOUSEKEEPING	9,180	9,402	5,284	41,217	0	9.00
10.00	01000	DIETARY	14,496	5,399	8,343	65,083	0	10.00
11.00	01100	CAFETERIA	9,870	3,753	5,681	44,314	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	19,836	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,119	0	4,098	31,964	367	14.00
15.00	01500	PHARMACY	5,497	11,855	3,164	24,679	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,470	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	126,005	4,989	72,524	565,725	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	7,359	15,538	4,236	33,039	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	6,520	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	90,095	55,692	51,856	404,500	15,842	30.00
31.00	03100	INTENSIVE CARE UNIT	13,359	11,519	7,689	59,976	2,044	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	202	1,142	116	907	30	34.00
40.00	04000	SUBPROVIDER - IPF	24,381	15,852	14,033	109,464	2,062	40.00
41.00	04100	SUBPROVIDER - IRF	10,134	4,349	5,833	45,496	703	41.00
43.00	04300	NURSERY	2,859	3,210	1,645	12,835	298	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	47,564	55,279	27,377	213,549	9,820	50.00
51.00	05100	RECOVERY ROOM	15,794	6,455	9,090	70,909	955	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,612	4,095	4,957	38,666	1,923	52.00
53.00	05300	ANESTHESIOLOGY	1,173	6,519	675	5,267	6	53.00
53.01	03950	PAIN CLINIC	0	401	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,003	18,587	18,420	143,685	3,780	54.00
54.01	05401	NORTHSIDE IMAGING	0	1,219	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	847	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	384	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	10,336	6,647	5,949	46,408	1,023	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	11,031	3,879	6,349	49,527	201	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	2,169	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	863	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,267	1,704	3,032	23,648	0	58.00
58.01	05801	NORTHSIDE MRI	0	1,235	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	3,371	1,952	1,940	15,133	0	59.00
60.00	06000	LABORATORY	21,674	39,959	12,475	97,308	91	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	2,297	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	15,463	8,231	8,900	69,425	3,080	64.00
65.00	06500	RESPIRATORY THERAPY	2,485	4,371	1,430	11,155	105	65.00
66.00	06600	PHYSICAL THERAPY	10,898	5,515	6,272	48,927	510	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,981	1,700	2,292	17,875	203	67.00
68.00	06800	SPEECH PATHOLOGY	1,912	1,551	1,101	8,586	79	68.00
69.00	06900	ELECTROCARDIOLOGY	393	651	226	1,764	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,383	0	0	66	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	4,728	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	37,666	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	33,061	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,955	1,186	1,125	8,778	129	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,233	1,062	2,436	19,004	10	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	325	2,825	187	1,458	16	76.01
76.02	03140	CARDIOLOGY	7,845	2,525	4,515	35,221	433	76.02
76.03	03560	PULMONARY FUNCTION TESTING	216	3,248	124	969	5	76.03
76.97	07697	CARDIAC REHABILITATION	0	16	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,535	0	0	2	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,330	12,736	1,917	14,951	217	90.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	PARKING	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4.01	5.00	6.00	7.00	8.00	
90.01	09001	CHILLI FAMILY PHYSICIANS	0	4,107	0	0	0	90.01
90.02	09005	CLINIC	0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	19,379	52,813	11,154	87,006	679	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	1,137	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	1,898	0	0	9	90.07
90.08	09008	INTENSIVISTS CLINIC	0	2,245	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0	1,176	0	0	0	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	0	1,536	0	0	5	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	524	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0	863	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0	1,131	0	0	0	90.13
91.00	09100	EMERGENCY	12,981	15,580	7,472	58,283	5,779	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	21,711	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	9,551	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	721,036	612,018	393,096	2,538,074	50,472	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	3,208	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	2,863	156	1,648	12,853	0	194.01
194.02	07952	WELLNESS CENTER	0	1,943	0	0	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	4,801	0	0	0	194.05
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)	723,899	622,126	394,744	2,550,927	50,472	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	234,617					9.00
10.00	01000	DIETARY	0	315,976				10.00
11.00	01100	CAFETERIA	492	0	219,613			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,832	0	21,751	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	492	0	1,901	0	0	14.00
15.00	01500	PHARMACY	1,280	0	5,311	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	13,315	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	6,378	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	70,494	195,163	27,740	0	3,161	30.00
31.00	03100	INTENSIVE CARE UNIT	15,851	11,689	4,672	0	532	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	295	12,753	76	0	9	34.00
40.00	04000	SUBPROVIDER - IPF	18,411	65,753	9,384	0	1,069	40.00
41.00	04100	SUBPROVIDER - IRF	4,135	30,618	1,651	0	188	41.00
43.00	04300	NURSERY	1,477	0	1,620	0	185	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	46,175	0	12,435	0	1,417	50.00
51.00	05100	RECOVERY ROOM	2,363	0	2,846	0	324	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,483	0	2,103	0	240	52.00
53.00	05300	ANESTHESIOLOGY	0	0	4,210	0	480	53.00
53.01	03950	PAIN CLINIC	0	0	24	0	3	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,400	0	7,141	0	814	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	205	0	23	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	128	0	15	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	51	0	6	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	5,021	0	1,831	0	209	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	595	0	68	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	1,044	0	119	57.00
57.01	05701	NORTHSIDE CT	0	0	126	0	14	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	621	0	71	58.00
58.01	05801	NORTHSIDE MRI	0	0	178	0	20	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	663	0	76	59.00
60.00	06000	LABORATORY	5,612	0	14,219	0	1,620	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	12,701	0	4,205	0	479	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	2,253	0	257	65.00
66.00	06600	PHYSICAL THERAPY	2,461	0	985	0	112	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,083	0	416	0	47	67.00
68.00	06800	SPEECH PATHOLOGY	295	0	171	0	19	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	369	0	42	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,681	0	192	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	492	0	249	0	28	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	590	0	67	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	737	0	84	76.01
76.02	03140	CARDIOLOGY	5,907	0	1,026	0	117	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	825	0	94	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	4	0	1	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	322	0	37	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,280	0	7,129	0	812	90.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.02	09005	CLINIC	0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	0	0	47,518	0	5,415	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	976	0	111	90.06
90.07	09004	WOUND CARE CENTER	0	0	937	0	107	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	3,133	0	357	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	1,311	0	149	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	0	0	1,492	0	170	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	437	0	50	90.11
90.12	09012	VASCULAR CLINIC	0	0	422	0	48	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	733	0	84	90.13
91.00	09100	EMERGENCY	24,417	0	6,386	0	728	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	8,323	0	948	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	2,996	0	341	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	234,617	315,976	217,926	0	21,559	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	472	0	54	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	371	0	42	194.01
194.02	07952	WELLNESS CENTER	0	0	844	0	96	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.05
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)	234,617	315,976	219,613	0	21,751	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	466,420					14.00
15.00	01500	PHARMACY	0	247,964				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	6,470			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0		20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	2,202	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	46	0		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	66	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	0	493	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	93	0		41.00
43.00	04300	NURSERY	0	0	335	0		43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	2,157	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0		53.00
53.01	03950	PAIN CLINIC	0	0	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0		54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0		54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0		54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	307	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0		57.00
57.01	05701	NORTHSIDE CT	0	0	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0	0		60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	241,922	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0		76.01
76.02	03140	CARDIOLOGY	0	0	0	0		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0		76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0		76.99

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0		90.01
90.02	09005	CLINIC	0	0	0	0		90.02
90.03	09002	PHYSICIAN OFFICES	0	0	0	0		90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	0		90.06
90.07	09004	WOUND CARE CENTER	0	0	0	0		90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	0	0		90.08
90.09	09009	NEUROLOGY CLINIC	0	0	0	0		90.09
90.10	09010	RHEUMOTOLOGY CLINIC	0	0	0	0		90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0		90.11
90.12	09012	VASCULAR CLINIC	0	0	0	0		90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	0		90.13
91.00	09100	EMERGENCY	0	0	771	0		91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0		101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	5,731	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	247,653	6,470	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0		194.00
194.01	07951	FOUNDATION	0	0	0	0		194.01
194.02	07952	WELLNESS CENTER	0	311	0	0		194.02
194.03	07954	CAPITAL LABOR	0	0	0	0		194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	0	0		194.05
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	466,420	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	466,420	247,964	6,470	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES	INTERNS & RESIDENTS SRVCES-OTHER PRGM COSTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			20.00	21.00	22.00	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL	3,522,059					20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD		201,430				21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD			6,520			22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				2,469,652	0	30.00
31.00	03100	INTENSIVE CARE UNIT				395,812	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				19,765	0	34.00
40.00	04000	SUBPROVIDER - IPF				603,718	0	40.00
41.00	04100	SUBPROVIDER - IRF				253,870	0	41.00
43.00	04300	NURSERY				82,908	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM				3,079,926	0	50.00
51.00	05100	RECOVERY ROOM				343,223	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				235,335	0	52.00
53.00	05300	ANESTHESIOLOGY				166,550	0	53.00
53.01	03950	PAIN CLINIC				2,161	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC				1,944,812	0	54.00
54.01	05401	NORTHSIDE IMAGING				23,449	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY				17,432	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND				13,139	0	54.03
54.04	05404	NORTHSIDE CARDIO				0	0	54.04
54.05	05405	NORTHSIDE ADMIN				0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC				836,744	0	55.00
56.00	05600	RADIOISOTOPE				0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC				437,257	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN				25,048	0	57.00
57.01	05701	NORTHSIDE CT				19,353	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)				145,950	0	58.00
58.01	05801	NORTHSIDE MRI				28,444	0	58.01
59.00	05900	CARDIAC CATHETERIZATION				356,512	0	59.00
60.00	06000	LABORATORY				1,006,930	0	60.00
60.01	06001	NORTHSIDE LAB				0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.				0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.				2,297	0	63.00
64.00	06400	INTRAVENOUS THERAPY				398,226	0	64.00
65.00	06500	RESPIRATORY THERAPY				138,674	0	65.00
66.00	06600	PHYSICAL THERAPY				264,277	0	66.00
67.00	06700	OCCUPATIONAL THERAPY				86,394	0	67.00
68.00	06800	SPEECH PATHOLOGY				53,961	0	68.00
69.00	06900	ELECTROCARDIOLOGY				22,703	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				148,803	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS				4,728	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS				37,666	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				274,983	0	73.00
74.00	07400	RENAL DIALYSIS				106,955	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES				87,472	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES				110,710	0	76.01
76.02	03140	CARDIOLOGY				172,489	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING				64,430	0	76.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES	INTERNS & RESIDENTS SRVCES-OTHER PRGM COSTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			20.00	21.00	22.00	24.00	25.00	
76.97	07697	CARDIAC REHABILITATION				102	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				12,120	0	76.98
76.99	07699	LITHOTRIPSY				0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC				268,551	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS				58,709	0	90.01
90.02	09005	CLINIC				0	0	90.02
90.03	09002	PHYSICIAN OFFICES				2,429,279	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM				36,230	0	90.06
90.07	09004	WOUND CARE CENTER				44,916	0	90.07
90.08	09008	INTENSIVISTS CLINIC				7,194	0	90.08
90.09	09009	NEUROLOGY CLINIC				8,800	0	90.09
90.10	09010	RHEUMOTOLOGY CLINIC				36,238	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC				25,951	0	90.11
90.12	09012	VASCULAR CLINIC				111,407	0	90.12
90.13	09013	ONCOLOGY CLINIC				17,589	0	90.13
91.00	09100	EMERGENCY				427,513	0	91.00
92.00	09200	OBSERVATION BEDS					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				0	0	95.00
101.00	10100	HOME HEALTH AGENCY				36,957	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE				387,630	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	18,391,944	0	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH				18,639	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				0	0	192.00
193.00	19300	NONPAID WORKERS				0	0	193.00
194.00	07950	HEARTLAND PHARMACY				0	0	194.00
194.01	07951	FOUNDATION				56,533	0	194.01
194.02	07952	WELLNESS CENTER				117,946	0	194.02
194.03	07954	CAPITAL LABOR				0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE				4,894	0	194.05
200.00		Cross Foot Adjustments	3,522,059	201,430	6,520	3,730,009	0	200.00
201.00		Negative Cost Centers	0	0	0	466,420	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,522,059	201,430	6,520	22,786,385	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
4.01	00401	PARKING			4.01
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD			21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD			22.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	2,469,652		30.00
31.00	03100	INTENSIVE CARE UNIT	395,812		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	19,765		34.00
40.00	04000	SUBPROVIDER - IPF	603,718		40.00
41.00	04100	SUBPROVIDER - IRF	253,870		41.00
43.00	04300	NURSERY	82,908		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	3,079,926		50.00
51.00	05100	RECOVERY ROOM	343,223		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	235,335		52.00
53.00	05300	ANESTHESIOLOGY	166,550		53.00
53.01	03950	PAIN CLINIC	2,161		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,944,812		54.00
54.01	05401	NORTHSIDE IMAGING	23,449		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	17,432		54.02
54.03	05403	NORTHSIDE ULTRASOUND	13,139		54.03
54.04	05404	NORTHSIDE CARDIO	0		54.04
54.05	05405	NORTHSIDE ADMIN	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	836,744		55.00
56.00	05600	RADIOISOTOPE	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	437,257		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	25,048		57.00
57.01	05701	NORTHSIDE CT	19,353		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	145,950		58.00
58.01	05801	NORTHSIDE MRI	28,444		58.01
59.00	05900	CARDIAC CATHETERIZATION	356,512		59.00
60.00	06000	LABORATORY	1,006,930		60.00
60.01	06001	NORTHSIDE LAB	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,297		63.00
64.00	06400	INTRAVENOUS THERAPY	398,226		64.00
65.00	06500	RESPIRATORY THERAPY	138,674		65.00
66.00	06600	PHYSICAL THERAPY	264,277		66.00
67.00	06700	OCCUPATIONAL THERAPY	86,394		67.00
68.00	06800	SPEECH PATHOLOGY	53,961		68.00
69.00	06900	ELECTROCARDIOLOGY	22,703		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	148,803		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	4,728		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	37,666		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	274,983		73.00
74.00	07400	RENAL DIALYSIS	106,955		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	87,472		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	110,710		76.01
76.02	03140	CARDIOLOGY	172,489		76.02
76.03	03560	PULMONARY FUNCTION TESTING	64,430		76.03
76.97	07697	CARDIAC REHABILITATION	102		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	12,120		76.98
76.99	07699	LITHOTRIPSY	0		76.99
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	268,551		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	58,709		90.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B Part II Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	Total	
			26.00	
90.02	09005	CLINIC	0	90.02
90.03	09002	PHYSICIAN OFFICES	2,429,279	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	36,230	90.06
90.07	09004	WOUND CARE CENTER	44,916	90.07
90.08	09008	INTENSIVISTS CLINIC	7,194	90.08
90.09	09009	NEUROLOGY CLINIC	8,800	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	36,238	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	25,951	90.11
90.12	09012	VASCULAR CLINIC	111,407	90.12
90.13	09013	ONCOLOGY CLINIC	17,589	90.13
91.00	09100	EMERGENCY	427,513	91.00
92.00	09200	OBSERVATION BEDS		92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0	95.00
101.00	10100	HOME HEALTH AGENCY	36,957	101.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	387,630	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	18,391,944	118.00
	NONREIMBURSABLE COST CENTERS			
191.00	19100	RESEARCH	18,639	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	19300	NONPAID WORKERS	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	194.00
194.01	07951	FOUNDATION	56,533	194.01
194.02	07952	WELLNESS CENTER	117,946	194.02
194.03	07954	CAPITAL LABOR	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	4,894	194.05
200.00		Cross Foot Adjustments	3,730,009	200.00
201.00		Negative Cost Centers	466,420	201.00
202.00		TOTAL (sum lines 118 through 201)	22,786,385	202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PARKING (SQUARE FEET)	Reconciliation	
			1.00	2.00	4.00	4.01	5A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	732,511					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		8,688,376				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,052	2,610	189,629,797			4.00
4.01	00401	PARKING	169	637,975	392,676	731,290		4.01
5.00	00500	ADMINISTRATIVE & GENERAL	24,858	128,053	2,319,675	24,858	-78,559,305	5.00
6.00	00600	MAINTENANCE & REPAIRS	13,596	320,346	1,734,259	13,596	0	6.00
7.00	00700	OPERATION OF PLANT	118,861	843,045	1,178,526	118,861	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,559	331	116,147	2,559	0	8.00
9.00	00900	HOUSEKEEPING	9,274	48,925	2,056,006	9,274	0	9.00
10.00	01000	DIETARY	14,644	23,773	1,480,846	14,644	0	10.00
11.00	01100	CAFETERIA	9,971	119,846	1,127,643	9,971	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	925,836	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,192	116,572	602,692	7,192	1,534,699	14.00
15.00	01500	PHARMACY	5,553	105,600	4,424,738	5,553	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	127,292	273,031	6,014,816	127,292	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	7,434	6,373	4,934,172	7,434	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	91,015	628,087	16,782,229	91,015	0	30.00
31.00	03100	INTENSIVE CARE UNIT	13,495	77,838	3,030,623	13,495	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	204	1,031	3,108,101	204	0	34.00
40.00	04000	SUBPROVIDER - IPF	24,630	24,904	4,280,759	24,630	0	40.00
41.00	04100	SUBPROVIDER - IRF	10,237	12,226	2,283,572	10,237	0	41.00
43.00	04300	NURSERY	2,888	26,101	1,501,680	2,888	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	48,050	1,595,309	10,015,788	48,050	0	50.00
51.00	05100	RECOVERY ROOM	15,955	54,074	1,804,102	15,955	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,700	55,744	3,360,124	8,700	0	52.00
53.00	05300	ANESTHESIOLOGY	1,185	120,936	10,158,001	1,185	0	53.00
53.01	03950	PAIN CLINIC	0	438	965,277	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,330	1,139,182	4,405,786	32,330	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	17,847	96,714	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	7,061	65,009	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	2,940	40,877	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	10,442	547,313	2,191,807	10,442	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	11,144	134,940	401,345	11,144	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	34,256	504,691	0	0	57.00
57.01	05701	NORTHSIDE CT	0	7,617	72,133	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,321	35,852	385,676	5,321	0	58.00
58.01	05801	NORTHSIDE MRI	0	15,728	99,377	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	3,405	247,191	438,337	3,405	0	59.00
60.00	06000	LABORATORY	21,895	116,686	6,089,148	21,895	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	15,621	81,244	2,392,521	15,621	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,510	72,644	1,696,501	2,510	0	65.00
66.00	06600	PHYSICAL THERAPY	11,009	8,564	489,453	11,009	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,022	3,470	206,657	4,022	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,932	2,868	100,411	1,932	0	68.00
69.00	06900	ELECTROCARDIOLOGY	397	12,188	189,087	397	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,685	910,177	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,975	55,117	256,942	1,975	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,276	3,213	382,460	4,276	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	328	88,989	500,969	328	0	76.01
76.02	03140	CARDIOLOGY	7,925	8,826	594,670	7,925	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	218	7,337	1,026,648	218	0	76.03

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PARKING (SQUARE FEET)	Reconciliation	
			1.00	2.00	4.00	4.01	5A	
76.97	07697	CARDIAC REHABILITATION	0	620	5,078	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	715	162,647	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,364	109,222	3,310,741	3,364	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	14,126	2,120,272	0	0	90.01
90.02	09005	CLINIC	0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	19,577	422,686	51,330,235	19,577	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	14,101	866,277	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	2,931	1,197,155	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0	8,021	4,533,602	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0	45,779	1,807,816	0	0	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	0	11,470	939,871	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	571,264	0	0	90.11
90.12	09012	VASCULAR CLINIC	0	3,050	103,332	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0	7,428	956,723	0	0	90.13
91.00	09100	EMERGENCY	13,114	111,025	5,407,731	13,114	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	40,946	4,737,522	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	890	1,773,115	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	729,619	8,674,936	187,959,065	728,398	-77,024,606	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	330,225	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	2,892	0	0	2,892	0	194.01
194.02	07952	WELLNESS CENTER	0	13,440	302,091	0	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	1,038,416	0	0	194.05
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)	9,776,964	1,138,980	9,588,329	105,744		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.347191	0.131092	0.050563	0.144599		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			16,993	723,899		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000090	0.989893		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: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	ADMINISTRATIVE & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
			5.00	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL	256,531,549					5.00
6.00	00600	MAINTENANCE & REPAIRS	3,675,451	692,836				6.00
7.00	00700	OPERATION OF PLANT	13,301,657	118,861	573,975			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	234,756	2,559	2,559	1,187,488		8.00
9.00	00900	HOUSEKEEPING	3,877,120	9,274	9,274	0	2,383	9.00
10.00	01000	DIETARY	2,226,392	14,644	14,644	0	0	10.00
11.00	01100	CAFETERIA	1,547,600	9,971	9,971	0	5	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	8,179,666	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,192	7,192	8,631	5	14.00
15.00	01500	PHARMACY	4,888,734	5,553	5,553	0	13	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,667,923	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	2,057,321	127,292	127,292	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	6,407,393	7,434	7,434	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	2,688,632	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	22,950,340	91,015	91,015	372,715	716	30.00
31.00	03100	INTENSIVE CARE UNIT	4,750,168	13,495	13,495	48,087	161	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	470,868	204	204	695	3	34.00
40.00	04000	SUBPROVIDER - IPF	6,536,958	24,630	24,630	48,525	187	40.00
41.00	04100	SUBPROVIDER - IRF	1,793,399	10,237	10,237	16,550	42	41.00
43.00	04300	NURSERY	1,323,711	2,888	2,888	7,021	15	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	22,795,262	48,050	48,050	231,042	469	50.00
51.00	05100	RECOVERY ROOM	2,661,804	15,955	15,955	22,465	24	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,688,634	8,700	8,700	45,250	76	52.00
53.00	05300	ANESTHESIOLOGY	2,688,103	1,185	1,185	142	0	53.00
53.01	03950	PAIN CLINIC	165,178	0	0	4	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,664,582	32,330	32,330	88,929	65	54.00
54.01	05401	NORTHSIDE IMAGING	502,615	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	349,245	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	158,442	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	2,741,178	10,442	10,442	24,064	51	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,599,439	11,144	11,144	4,740	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	894,521	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	356,068	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	702,853	5,321	5,321	0	0	58.00
58.01	05801	NORTHSIDE MRI	509,330	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	804,784	3,405	3,405	0	0	59.00
60.00	06000	LABORATORY	16,477,977	21,895	21,895	2,145	57	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	947,409	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	3,394,335	15,621	15,621	72,455	129	64.00
65.00	06500	RESPIRATORY THERAPY	1,802,432	2,510	2,510	2,470	0	65.00
66.00	06600	PHYSICAL THERAPY	2,274,254	11,009	11,009	12,005	25	66.00
67.00	06700	OCCUPATIONAL THERAPY	701,140	4,022	4,022	4,779	11	67.00
68.00	06800	SPEECH PATHOLOGY	639,708	1,932	1,932	1,849	3	68.00
69.00	06900	ELECTROCARDIOLOGY	268,378	397	397	3	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,395,099	0	0	1,544	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	1,949,697	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	15,532,194	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,633,567	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	489,003	1,975	1,975	3,044	5	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	438,132	4,276	4,276	232	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,165,039	328	328	378	0	76.01
76.02	03140	CARDIOLOGY	1,041,129	7,925	7,925	10,197	60	76.02
76.03	03560	PULMONARY FUNCTION TESTING	1,339,458	218	218	117	0	76.03
76.97	07697	CARDIAC REHABILITATION	6,458	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	632,958	0	0	52	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	ADMINISTRATIVE & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
			5.00	6.00	7.00	8.00	9.00	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	5,252,156	3,364	3,364	5,094	13	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	1,693,479	0	0	0	0	90.01
90.02	09005	CLINIC	0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	21,778,480	19,577	19,577	15,966	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	468,905	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	782,575	0	0	212	0	90.07
90.08	09008	INTENSIVISTS CLINIC	925,893	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	485,149	0	0	0	0	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	633,379	0	0	124	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	216,004	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	356,041	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	466,465	0	0	0	0	90.13
91.00	09100	EMERGENCY	6,424,561	13,114	13,114	135,962	248	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	8,953,009	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,938,361	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	252,362,951	689,944	571,083	1,187,488	2,383	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	1,323,049	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	64,443	2,892	2,892	0	0	194.01
194.02	07952	WELLNESS CENTER	801,236	0	0	0	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	1,979,870	0	0	0	0	194.05
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)	78,559,305	4,801,006	18,198,750	405,517	5,422,744	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.306236	6.929498	31.706520	0.341491	2,275.595468	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	622,126	394,744	2,550,927	50,472	234,617	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.002425	0.569751	4.444317	0.042503	98.454469	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: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			10.00	11.00	12.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	192,447					10.00
11.00	01100	CAFETERIA	0	199,157				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	1,661	0	173,097		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,724	0	0	16,863,225	14.00
15.00	01500	PHARMACY	0	4,816	0	0	67,001	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	12,075	0	0	49,758	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	5,784	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	118,866	25,156	0	25,156	947,476	30.00
31.00	03100	INTENSIVE CARE UNIT	7,119	4,237	0	4,237	235,661	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	7,767	69	0	69	232,015	34.00
40.00	04000	SUBPROVIDER - IPF	40,047	8,510	0	8,510	17,646	40.00
41.00	04100	SUBPROVIDER - IRF	18,648	1,497	0	1,497	76,039	41.00
43.00	04300	NURSERY	0	1,469	0	1,469	62,596	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	11,277	0	11,277	7,628,045	50.00
51.00	05100	RECOVERY ROOM	0	2,581	0	2,581	185,301	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,907	0	1,907	229,318	52.00
53.00	05300	ANESTHESIOLOGY	0	3,818	0	3,818	465,602	53.00
53.01	03950	PAIN CLINIC	0	22	0	22	171,959	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,476	0	6,476	585,304	54.00
54.01	05401	NORTHSIDE IMAGING	0	186	0	186	1,790	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	116	0	116	4,646	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	46	0	46	1,079	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,660	0	1,660	34,830	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	540	0	540	765,070	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	947	0	947	120,779	57.00
57.01	05701	NORTHSIDE CT	0	114	0	114	22,115	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	563	0	563	72,100	58.00
58.01	05801	NORTHSIDE MRI	0	161	0	161	54,438	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	601	0	601	0	59.00
60.00	06000	LABORATORY	0	12,895	0	12,895	489,284	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,813	0	3,813	1,169	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,043	0	2,043	141,599	65.00
66.00	06600	PHYSICAL THERAPY	0	893	0	893	2,404	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	377	0	377	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	155	0	155	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	335	0	335	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,524	0	1,524	116,513	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	1,949,697	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	226	0	226	134,146	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	535	0	535	135	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	668	0	668	423,479	76.01
76.02	03140	CARDIOLOGY	0	930	0	930	54,585	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	748	0	748	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	4	0	4	36	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	292	0	292	0	76.98

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			10.00	11.00	12.00	13.00	14.00	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	6,465	0	6,465	85,084	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	15,196	90.01
90.02	09005	CLINIC	0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	0	43,094	0	43,094	497,716	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	885	0	885	150	90.06
90.07	09004	WOUND CARE CENTER	0	850	0	850	87,196	90.07
90.08	09008	INTENSIVISTS CLINIC	0	2,841	0	2,841	7,320	90.08
90.09	09009	NEUROLOGY CLINIC	0	1,189	0	1,189	603	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	0	1,353	0	1,353	11,280	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	396	0	396	3,703	90.11
90.12	09012	VASCULAR CLINIC	0	383	0	383	3,509	90.12
90.13	09013	ONCOLOGY CLINIC	0	665	0	665	6,243	90.13
91.00	09100	EMERGENCY	0	5,791	0	5,791	435,293	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	7,548	0	7,548	242,712	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,717	0	2,717	121,760	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	192,447	197,628	0	171,568	16,861,380	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	428	0	428	168	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	336	0	336	25	194.01
194.02	07952	WELLNESS CENTER	0	765	0	765	1,652	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.05
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)	3,473,979	2,418,149	0	10,704,742	-1,221,571	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	18.051614	12.141923	0.000000	61.842447	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	315,976	219,613	0	21,751	466,420	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.641886	1.102713	0.000000	0.125658	0.027659	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: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			15.00	16.00	17.00	19.00	20.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	13,575,230					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	52,937				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		55,524	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0			21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0			22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	18,012	0	0	38,076	30.00
31.00	03100	INTENSIVE CARE UNIT	0	379	0	0	3,174	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	537	0	0	2,316	34.00
40.00	04000	SUBPROVIDER - IPF	0	4,034	0	0	1,164	40.00
41.00	04100	SUBPROVIDER - IRF	0	764	0	0	1,128	41.00
43.00	04300	NURSERY	0	2,741	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	17,650	0	0	468	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	360	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	3,318	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,513	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,244,491	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	306	76.01
76.02	03140	CARDIOLOGY	0	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			15.00	16.00	17.00	19.00	20.00	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.02	09005	CLINIC	0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	0	0	0	0	1,092	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	0	0	0	726	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	0	0	0	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	0	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	0	0	90.13
91.00	09100	EMERGENCY	0	6,307	0	0	2,262	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	7	0	0	0	546	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	313,725	0	0		588	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,558,223	52,937	0	0	55,524	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	5	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	0	0	0	194.01
194.02	07952	WELLNESS CENTER	17,002	0	0	0	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.05
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)	6,688,445	3,484,937	0	0	7,752,018	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.492695	65.831781	0.000000	0.000000	139.615626	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	247,964	6,470	0	0	3,522,059	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.018266	0.122221	0.000000	0.000000	63.433092	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)		
			21.00	22.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
4.01	00401	PARKING				4.01
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	28,177			21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD		28,177		22.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	2,599	2,599		30.00
31.00	03100	INTENSIVE CARE UNIT	910	910		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	42	42		34.00
40.00	04000	SUBPROVIDER - IPF	1,145	1,145		40.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
43.00	04300	NURSERY	58	58		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	1,070	1,070		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
53.01	03950	PAIN CLINIC	150	150		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	210	210		54.00
54.01	05401	NORTHSIDE IMAGING	0	0		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0		54.03
54.04	05404	NORTHSIDE CARDIO	0	0		54.04
54.05	05405	NORTHSIDE ADMIN	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0		57.00
57.01	05701	NORTHSIDE CT	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
58.01	05801	NORTHSIDE MRI	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	NORTHSIDE LAB	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
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 CHRGED TO PATIENTS	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	143	143		76.01
76.02	03140	CARDIOLOGY	0	0		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0		76.03
76.97	07697	CARDIAC REHABILITATION	0	0		76.97

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet B-1 | Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)		
			21.00	22.00		
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	9,660	9,660		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0		90.01
90.02	09005	CLINIC	0	0		90.02
90.03	09002	PHYSICIAN OFFICES	11,140	11,140		90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0		90.06
90.07	09004	WOUND CARE CENTER	30	30		90.07
90.08	09008	INTENSIVISTS CLINIC	0	0		90.08
90.09	09009	NEUROLOGY CLINIC	0	0		90.09
90.10	09010	RHEUMOTOLOGY CLINIC	0	0		90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0		90.11
90.12	09012	VASCULAR CLINIC	0	0		90.12
90.13	09013	ONCOLOGY CLINIC	0	0		90.13
91.00	09100	EMERGENCY	990	990		91.00
92.00	09200	OBSERVATION BEDS				92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	0		95.00
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	28,147	28,147		118.00
		NONREIMBURSABLE COST CENTERS				
191.00	19100	RESEARCH	30	30		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
194.00	07950	HEARTLAND PHARMACY	0	0		194.00
194.01	07951	FOUNDATION	0	0		194.01
194.02	07952	WELLNESS CENTER	0	0		194.02
194.03	07954	CAPITAL LABOR	0	0		194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0		194.05
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	8,727,016	3,511,988		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	309.721262	124.640238		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	201,430	6,520		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	7.148738	0.231394		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

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I Date/Time Prepared: 5/29/2019 9:29 am

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	45,760,375		45,760,375	534	45,760,909	30.00
31.00	03100	INTENSIVE CARE UNIT	8,019,095		8,019,095	0	8,019,095	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,134,025		1,134,025	0	1,134,025	34.00
40.00	04000	SUBPROVIDER - IPF	11,713,121		11,713,121	0	11,713,121	40.00
41.00	04100	SUBPROVIDER - IRF	3,494,507		3,494,507	4,549	3,499,056	41.00
43.00	04300	NURSERY	2,166,319		2,166,319	0	2,166,319	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	34,840,197		34,840,197	2,596	34,842,793	50.00
51.00	05100	RECOVERY ROOM	4,396,883		4,396,883	0	4,396,883	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,334,620		3,334,620	9,901	3,344,521	52.00
53.00	05300	ANESTHESIOLOGY	3,839,600		3,839,600	9,553	3,849,153	53.00
53.01	03950	PAIN CLINIC	217,390		217,390	9,038	226,428	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,918,261		11,918,261	0	11,918,261	54.00
54.01	05401	NORTHSIDE IMAGING	670,295		670,295	0	670,295	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	464,778		464,778	0	464,778	54.02
54.03	05403	NORTHSIDE ULTRASOUND	210,367		210,367	0	210,367	54.03
54.04	05404	NORTHSIDE CARDIO	0		0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0		0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	4,396,584		4,396,584	4,927	4,401,511	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,561,375		2,561,375	0	2,561,375	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,238,519		1,238,519	0	1,238,519	57.00
57.01	05701	NORTHSIDE CT	473,543		473,543	0	473,543	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,165,327		1,165,327	0	1,165,327	58.00
58.01	05801	NORTHSIDE MRI	677,217		677,217	0	677,217	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,227,258		1,227,258	0	1,227,258	59.00
60.00	06000	LABORATORY	23,454,531		23,454,531	0	23,454,531	60.00
60.01	06001	NORTHSIDE LAB	0		0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,237,540		1,237,540	0	1,237,540	63.00
64.00	06400	INTRAVENOUS THERAPY	5,637,734		5,637,734	0	5,637,734	64.00
65.00	06500	RESPIRATORY THERAPY	2,603,371	0	2,603,371	0	2,603,371	65.00
66.00	06600	PHYSICAL THERAPY	3,523,114	0	3,523,114	0	3,523,114	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,125,805	0	1,125,805	0	1,125,805	67.00
68.00	06800	SPEECH PATHOLOGY	929,181	0	929,181	0	929,181	68.00
69.00	06900	ELECTROCARDIOLOGY	390,689		390,689	0	390,689	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,935,608		1,935,608	10,147	1,945,755	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	2,546,764		2,546,764	0	2,546,764	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	20,288,711		20,288,711	0	20,288,711	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,334,148		24,334,148	0	24,334,148	73.00
74.00	07400	RENAL DIALYSIS	744,196		744,196	3,410	747,606	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	777,173		777,173	0	777,173	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,626,762		1,626,762	0	1,626,762	76.01
76.02	03140	CARDIOLOGY	1,874,973		1,874,973	0	1,874,973	76.02
76.03	03560	PULMONARY FUNCTION TESTING	1,813,451		1,813,451	0	1,813,451	76.03
76.97	07697	CARDIAC REHABILITATION	8,732		8,732	0	8,732	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	848,414		848,414	0	848,414	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	7,500,159		7,500,159	38,295	7,538,454	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	2,212,083		2,212,083	1,087	2,213,170	90.01
90.02	09005	CLINIC	0		0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	32,550,405		32,550,405	280,064	32,830,469	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	677,978		677,978	0	677,978	90.06
90.07	09004	WOUND CARE CENTER	1,186,548		1,186,548	3,039	1,189,587	90.07
90.08	09008	INTENSIVISTS CLINIC	1,419,624		1,419,624	16,779	1,436,403	90.08
90.09	09009	NEUROLOGY CLINIC	721,687		721,687	0	721,687	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	927,485		927,485	0	927,485	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	311,450		311,450	1,136	312,586	90.11
90.12	09012	VASCULAR CLINIC	493,410		493,410	26,299	519,709	90.12
90.13	09013	ONCOLOGY CLINIC	658,512		658,512	0	658,512	90.13
91.00	09100	EMERGENCY	10,668,899		10,668,899	57,828	10,726,727	91.00
92.00	09200	OBSERVATION BEDS	4,636,393		4,636,393		4,636,393	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	12,329,410		12,329,410		12,329,410	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 14-0209	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/29/2019 9:29 am
	Title XVIII	Hospital	PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
116.00	11600	HOSPICE	5,582,110		5,582,110		5,582,110	116.00
200.00		Subtotal (see instructions)	321,496,706	0	321,496,706	479,182	321,975,888	200.00
201.00		Less Observation Beds	4,636,393		4,636,393		4,636,393	201.00
202.00		Total (see instructions)	316,860,313	0	316,860,313	479,182	317,339,495	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I Date/Time Prepared: 5/29/2019 9:29 am

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	94,683,750		94,683,750			30.00
31.00	03100	INTENSIVE CARE UNIT	24,137,813		24,137,813			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	9,783		9,783			34.00
40.00	04000	SUBPROVIDER - IPF	29,755,849		29,755,849			40.00
41.00	04100	SUBPROVIDER - IRF	8,569,754		8,569,754			41.00
43.00	04300	NURSERY	5,334,855		5,334,855			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	79,227,852	80,519,648	159,747,500	0.218095	0.000000	50.00
51.00	05100	RECOVERY ROOM	14,317,534	20,824,308	35,141,842	0.125118	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,375,569	86,717	10,462,286	0.318728	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	19,620,345	33,010,589	52,630,934	0.072953	0.000000	53.00
53.01	03950	PAIN CLINIC	8,505	176,711	185,216	1.173711	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,619,071	31,216,596	44,835,667	0.265821	0.000000	54.00
54.01	05401	NORTHSIDE IMAGING	4,738	2,623,628	2,628,366	0.255023	0.000000	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	613	1,933,445	1,934,058	0.240312	0.000000	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	1,103,746	1,103,746	0.190594	0.000000	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0.000000	0.000000	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0.000000	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	486,031	20,385,623	20,871,654	0.210649	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,883,285	13,462,928	15,346,213	0.166906	0.000000	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	22,297,541	47,410,762	69,708,303	0.017767	0.000000	57.00
57.01	05701	NORTHSIDE CT	39,528	8,532,930	8,572,458	0.055240	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,707,330	16,151,259	22,858,589	0.050980	0.000000	58.00
58.01	05801	NORTHSIDE MRI	34,498	7,990,811	8,025,309	0.084385	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION	14,304,550	19,304,772	33,609,322	0.036515	0.000000	59.00
60.00	06000	LABORATORY	57,010,951	179,090,732	236,101,683	0.099341	0.000000	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0.000000	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	4,948,232	383,126	5,331,358	0.232125	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	5,505,886	18,623,864	24,129,750	0.233642	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	26,342,212	1,878,699	28,220,911	0.092250	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	9,399,243	2,529,072	11,928,315	0.295357	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,540,269	206,374	3,746,643	0.300484	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,080,545	654,169	2,734,714	0.339773	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	3,273,458	4,490,296	7,763,754	0.050322	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	673,214	10,347,699	11,020,913	0.175630	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	46,035,616	26,523,028	72,558,644	0.035099	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	37,498,136	21,543,932	59,042,068	0.343631	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,475,973	31,670,240	74,146,213	0.328191	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,441,248	38,413	2,479,661	0.300120	0.000000	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	137,455	3,080,992	3,218,447	0.241475	0.000000	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	4,024,021	17,761,685	21,785,706	0.074671	0.000000	76.01
76.02	03140	CARDIOLOGY	7,708,393	7,748,743	15,457,136	0.121301	0.000000	76.02
76.03	03560	PULMONARY FUNCTION TESTING	1,386,690	2,024,881	3,411,571	0.531559	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	0	1,000	1,000	8.732000	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,573	1,102,073	1,104,646	0.768042	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,138,827	20,374,904	23,513,731	0.318969	0.000000	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0.000000	0.000000	90.01
90.02	09005	CLINIC	0	0	0	0.000000	0.000000	90.02
90.03	09002	PHYSICIAN OFFICES	0	27,727,459	27,727,459	1.173941	0.000000	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	2,650,693	2,650,693	0.255774	0.000000	90.06
90.07	09004	WOUND CARE CENTER	931,778	3,347,421	4,279,199	0.277283	0.000000	90.07
90.08	09008	INTENSIVISTS CLINIC	0	1,019,303	1,019,303	1.392740	0.000000	90.08
90.09	09009	NEUROLOGY CLINIC	0	753,096	753,096	0.958293	0.000000	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	0	1,369,624	1,369,624	0.677182	0.000000	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	227	227	1,372.026432	0.000000	90.11
90.12	09012	VASCULAR CLINIC	0	5,186,908	5,186,908	0.095126	0.000000	90.12
90.13	09013	ONCOLOGY CLINIC	0	248,437	248,437	2.650620	0.000000	90.13
91.00	09100	EMERGENCY	12,647,040	70,089,011	82,736,051	0.128951	0.000000	91.00
92.00	09200	OBSERVATION BEDS	1,139,740	6,027,173	7,166,913	0.646916	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	10,034,677	10,034,677			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	5,732,369	5,732,369			116.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 14-0209	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/29/2019 9:29 am
	Title XVIII	Hospital	PPS

	Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
200.00	Subtotal (see instructions)	617,760,294	788,994,793	1,406,755,087			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	617,760,294	788,994,793	1,406,755,087			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I Date/Time Prepared: 5/29/2019 9:29 am

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio 11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.218112		50.00
51.00	05100	RECOVERY ROOM	0.125118		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.319674		52.00
53.00	05300	ANESTHESIOLOGY	0.073135		53.00
53.01	03950	PAIN CLINIC	1.222508		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.265821		54.00
54.01	05401	NORTHSIDE IMAGING	0.255023		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.240312		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.190594		54.03
54.04	05404	NORTHSIDE CARDIO	0.000000		54.04
54.05	05405	NORTHSIDE ADMIN	0.000000		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.210885		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.166906		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.017767		57.00
57.01	05701	NORTHSIDE CT	0.055240		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.050980		58.00
58.01	05801	NORTHSIDE MRI	0.084385		58.01
59.00	05900	CARDIAC CATHETERIZATION	0.036515		59.00
60.00	06000	LABORATORY	0.099341		60.00
60.01	06001	NORTHSIDE LAB	0.000000		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.232125		63.00
64.00	06400	INTRAVENOUS THERAPY	0.233642		64.00
65.00	06500	RESPIRATORY THERAPY	0.092250		65.00
66.00	06600	PHYSICAL THERAPY	0.295357		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.300484		67.00
68.00	06800	SPEECH PATHOLOGY	0.339773		68.00
69.00	06900	ELECTROCARDIOLOGY	0.050322		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.176551		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.035099		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.343631		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.328191		73.00
74.00	07400	RENAL DIALYSIS	0.301495		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.241475		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.074671		76.01
76.02	03140	CARDIOLOGY	0.121301		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.531559		76.03
76.97	07697	CARDIAC REHABILITATION	8.732000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.768042		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.320598		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000		90.01
90.02	09005	CLINIC	0.000000		90.02
90.03	09002	PHYSICIAN OFFICES	1.184042		90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0.255774		90.06
90.07	09004	WOUND CARE CENTER	0.277993		90.07
90.08	09008	INTENSIVISTS CLINIC	1.409201		90.08
90.09	09009	NEUROLOGY CLINIC	0.958293		90.09
90.10	09010	RHEUMOTOLOGY CLINIC	0.677182		90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	1,377.030837		90.11
90.12	09012	VASCULAR CLINIC	0.100196		90.12
90.13	09013	ONCOLOGY CLINIC	2.650620		90.13
91.00	09100	EMERGENCY	0.129650		91.00
92.00	09200	OBSERVATION BEDS	0.646916		92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 14-0209	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/29/2019 9:29 am
	Title XVIII	Hospital	PPS

	Cost Center Description	PPS Inpatient Ratio		
		11.00		
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			Title XIX			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	46,889,281		46,889,281	534	46,889,815	30.00
31.00	03100	INTENSIVE CARE UNIT	8,414,364		8,414,364	0	8,414,364	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,152,268		1,152,268	0	1,152,268	34.00
40.00	04000	SUBPROVIDER - IPF	12,210,465		12,210,465	0	12,210,465	40.00
41.00	04100	SUBPROVIDER - IRF	3,494,507		3,494,507	4,549	3,499,056	41.00
43.00	04300	NURSERY	2,191,512		2,191,512	0	2,191,512	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	35,304,964		35,304,964	2,596	35,307,560	50.00
51.00	05100	RECOVERY ROOM	4,396,883		4,396,883	0	4,396,883	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,334,620		3,334,620	9,901	3,344,521	52.00
53.00	05300	ANESTHESIOLOGY	3,839,600		3,839,600	9,553	3,849,153	53.00
53.01	03950	PAIN CLINIC	282,544		282,544	9,038	291,582	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,009,476		12,009,476	0	12,009,476	54.00
54.01	05401	NORTHSIDE IMAGING	670,295		670,295	0	670,295	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	464,778		464,778	0	464,778	54.02
54.03	05403	NORTHSIDE ULTRASOUND	210,367		210,367	0	210,367	54.03
54.04	05404	NORTHSIDE CARDIO	0		0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0		0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	4,396,584		4,396,584	4,927	4,401,511	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,561,375		2,561,375	0	2,561,375	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,238,519		1,238,519	0	1,238,519	57.00
57.01	05701	NORTHSIDE CT	473,543		473,543	0	473,543	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,165,327		1,165,327	0	1,165,327	58.00
58.01	05801	NORTHSIDE MRI	677,217		677,217	0	677,217	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,227,258		1,227,258	0	1,227,258	59.00
60.00	06000	LABORATORY	23,454,531		23,454,531	0	23,454,531	60.00
60.01	06001	NORTHSIDE LAB	0		0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,237,540		1,237,540	0	1,237,540	63.00
64.00	06400	INTRAVENOUS THERAPY	5,637,734		5,637,734	0	5,637,734	64.00
65.00	06500	RESPIRATORY THERAPY	2,603,371	0	2,603,371	0	2,603,371	65.00
66.00	06600	PHYSICAL THERAPY	3,523,114	0	3,523,114	0	3,523,114	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,125,805	0	1,125,805	0	1,125,805	67.00
68.00	06800	SPEECH PATHOLOGY	929,181	0	929,181	0	929,181	68.00
69.00	06900	ELECTROCARDIOLOGY	390,689		390,689	0	390,689	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,935,608		1,935,608	10,147	1,945,755	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	2,546,764		2,546,764	0	2,546,764	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	20,288,711		20,288,711	0	20,288,711	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,334,148		24,334,148	0	24,334,148	73.00
74.00	07400	RENAL DIALYSIS	744,196		744,196	3,410	747,606	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	777,173		777,173	0	777,173	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,688,876		1,688,876	0	1,688,876	76.01
76.02	03140	CARDIOLOGY	1,874,973		1,874,973	0	1,874,973	76.02
76.03	03560	PULMONARY FUNCTION TESTING	1,813,451		1,813,451	0	1,813,451	76.03
76.97	07697	CARDIAC REHABILITATION	8,732		8,732	0	8,732	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	848,414		848,414	0	848,414	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	11,696,091		11,696,091	38,295	11,734,386	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	2,212,083		2,212,083	1,087	2,213,170	90.01
90.02	09005	CLINIC	0		0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	37,389,192		37,389,192	280,064	37,669,256	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	677,978		677,978	0	677,978	90.06
90.07	09004	WOUND CARE CENTER	1,199,579		1,199,579	3,039	1,202,618	90.07
90.08	09008	INTENSIVISTS CLINIC	1,419,624		1,419,624	16,779	1,436,403	90.08
90.09	09009	NEUROLOGY CLINIC	721,687		721,687	0	721,687	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	927,485		927,485	0	927,485	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	311,450		311,450	1,136	312,586	90.11
90.12	09012	VASCULAR CLINIC	493,410		493,410	26,299	519,709	90.12
90.13	09013	ONCOLOGY CLINIC	658,512		658,512	0	658,512	90.13
91.00	09100	EMERGENCY	11,098,917		11,098,917	57,828	11,156,745	91.00
92.00	09200	OBSERVATION BEDS	4,750,746		4,750,746		4,750,746	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	12,329,410		12,329,410		12,329,410	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 14-0209	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/29/2019 9:29 am
	Title XIX	Hospital	PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
116.00	11600	HOSPICE	5,582,110		5,582,110		5,582,110	116.00
200.00		Subtotal (see instructions)	333,837,032	0	333,837,032	479,182	334,316,214	200.00
201.00		Less Observation Beds	4,750,746		4,750,746		4,750,746	201.00
202.00		Total (see instructions)	329,086,286	0	329,086,286	479,182	329,565,468	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I Date/Time Prepared: 5/29/2019 9:29 am

Title XIX | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0		0			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
43.00	04300	NURSERY	0		0			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
53.01	03950	PAIN CLINIC	0	0	0	0.000000	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0.000000	0.000000	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0.000000	0.000000	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0.000000	0.000000	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0.000000	0.000000	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0.000000	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0.000000	0.000000	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0.000000	0.000000	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0.000000	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0.000000	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0.000000	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0.000000	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	0.000000	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0.000000	0.000000	76.01
76.02	03140	CARDIOLOGY	0	0	0	0.000000	0.000000	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0.000000	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0.000000	0.000000	90.01
90.02	09005	CLINIC	0	0	0	0.000000	0.000000	90.02
90.03	09002	PHYSICIAN OFFICES	0	0	0	0.000000	0.000000	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	0.000000	0.000000	90.06
90.07	09004	WOUND CARE CENTER	0	0	0	0.000000	0.000000	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	0	0.000000	0.000000	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	0	0.000000	0.000000	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	0	0	0	0.000000	0.000000	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0.000000	0.000000	90.11
90.12	09012	VASCULAR CLINIC	0	0	0	0.000000	0.000000	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	0.000000	0.000000	90.13
91.00	09100	EMERGENCY	0	0	0	0.000000	0.000000	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0.000000	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0			116.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 14-0209	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/29/2019 9:29 am
	Title XIX	Hospital	PPS

	Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
200.00	Subtotal (see instructions)	0	0	0			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	0	0	0			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part I Date/Time Prepared: 5/29/2019 9:29 am

Title XIX | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio 11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
40.00	04000	SUBPROVIDER - IPF		40.00
41.00	04100	SUBPROVIDER - IRF		41.00
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
53.01	03950	PAIN CLINIC	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
54.01	05401	NORTHSIDE IMAGING	0.000000	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.000000	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.000000	54.03
54.04	05404	NORTHSIDE CARDIO	0.000000	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	55.00
56.00	05600	RADIOISOTOPE	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	57.00
57.01	05701	NORTHSIDE CT	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	58.00
58.01	05801	NORTHSIDE MRI	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.000000	59.00
60.00	06000	LABORATORY	0.000000	60.00
60.01	06001	NORTHSIDE LAB	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	64.00
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 CHRGED TO PATIENTS	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0.000000	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.000000	76.01
76.02	03140	CARDIOLOGY	0.000000	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	76.98
76.99	07699	LITHOTRIPSY	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS		
90.00	09000	CLINIC	0.000000	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000	90.01
90.02	09005	CLINIC	0.000000	90.02
90.03	09002	PHYSICIAN OFFICES	0.000000	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0.000000	90.06
90.07	09004	WOUND CARE CENTER	0.000000	90.07
90.08	09008	INTENSIVISTS CLINIC	0.000000	90.08
90.09	09009	NEUROLOGY CLINIC	0.000000	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	0.000000	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0.000000	90.11
90.12	09012	VASCULAR CLINIC	0.000000	90.12
90.13	09013	ONCOLOGY CLINIC	0.000000	90.13
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS		
95.00	09500	AMBULANCE SERVICES	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY		101.00
		SPECIAL PURPOSE COST CENTERS		
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 14-0209	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/29/2019 9:29 am
	Title XIX	Hospital	PPS

	Cost Center Description	PPS Inpatient Ratio		
		11.00		
202.00	Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 14-0209

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

Worksheet C Part II Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			Title XIX			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	35,304,964	3,079,926	32,225,038	0	0	50.00
51.00	05100	RECOVERY ROOM	4,396,883	343,223	4,053,660	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,334,620	235,335	3,099,285	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,839,600	166,550	3,673,050	0	0	53.00
53.01	03950	PAIN CLINIC	282,544	2,161	280,383	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,009,476	1,944,812	10,064,664	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	670,295	23,449	646,846	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	464,778	17,432	447,346	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	210,367	13,139	197,228	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	4,396,584	836,744	3,559,840	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,561,375	437,257	2,124,118	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,238,519	25,048	1,213,471	0	0	57.00
57.01	05701	NORTHSIDE CT	473,543	19,353	454,190	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,165,327	145,950	1,019,377	0	0	58.00
58.01	05801	NORTHSIDE MRI	677,217	28,444	648,773	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,227,258	356,512	870,746	0	0	59.00
60.00	06000	LABORATORY	23,454,531	1,006,930	22,447,601	0	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,237,540	2,297	1,235,243	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	5,637,734	398,226	5,239,508	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,603,371	138,674	2,464,697	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,523,114	264,277	3,258,837	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,125,805	86,394	1,039,411	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	929,181	53,961	875,220	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	390,689	22,703	367,986	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,935,608	148,803	1,786,805	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	2,546,764	4,728	2,542,036	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	20,288,711	37,666	20,251,045	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,334,148	274,983	24,059,165	0	0	73.00
74.00	07400	RENAL DIALYSIS	744,196	106,955	637,241	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	777,173	87,472	689,701	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,688,876	110,710	1,578,166	0	0	76.01
76.02	03140	CARDIOLOGY	1,874,973	172,489	1,702,484	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	1,813,451	64,430	1,749,021	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	8,732	102	8,630	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	848,414	12,120	836,294	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	11,696,091	268,551	11,427,540	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	2,212,083	58,709	2,153,374	0	0	90.01
90.02	09005	CLINIC	0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	37,389,192	2,429,279	34,959,913	0	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	677,978	36,230	641,748	0	0	90.06
90.07	09004	WOUND CARE CENTER	1,199,579	44,916	1,154,663	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	1,419,624	7,194	1,412,430	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	721,687	8,800	712,887	0	0	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	927,485	36,238	891,247	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	311,450	25,951	285,499	0	0	90.11
90.12	09012	VASCULAR CLINIC	493,410	111,407	382,003	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	658,512	17,589	640,923	0	0	90.13
91.00	09100	EMERGENCY	11,098,917	427,513	10,671,404	0	0	91.00
92.00	09200	OBSERVATION BEDS	4,750,746	250,217	4,500,529	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	12,329,410	36,957	12,292,453	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	5,582,110	387,630	5,194,480	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	259,484,635	14,816,436	244,668,199	0	0	200.00
201.00		Less Observation Beds	4,750,746	250,217	4,500,529	0	0	201.00
202.00		Total (line 200 minus line 201)	254,733,889	14,566,219	240,167,670	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet C Part II Date/Time Prepared: 5/29/2019 9:29 am

Title XIX | Hospital | PPS

		Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
			6.00	7.00	8.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	35,304,964	159,747,500	0.221005		50.00
51.00	05100	RECOVERY ROOM	4,396,883	35,141,842	0.125118		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,334,620	10,462,286	0.318728		52.00
53.00	05300	ANESTHESIOLOGY	3,839,600	52,630,934	0.072953		53.00
53.01	03950	PAIN CLINIC	282,544	185,216	1.525484		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,009,476	44,835,667	0.267855		54.00
54.01	05401	NORTHSIDE IMAGING	670,295	2,628,366	0.255023		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	464,778	1,934,058	0.240312		54.02
54.03	05403	NORTHSIDE ULTRASOUND	210,367	1,103,746	0.190594		54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000		54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	4,396,584	20,871,654	0.210649		55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	2,561,375	15,346,213	0.166906		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,238,519	69,708,303	0.017767		57.00
57.01	05701	NORTHSIDE CT	473,543	8,572,458	0.055240		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,165,327	22,858,589	0.050980		58.00
58.01	05801	NORTHSIDE MRI	677,217	8,025,309	0.084385		58.01
59.00	05900	CARDIAC CATHETERIZATION	1,227,258	33,609,322	0.036515		59.00
60.00	06000	LABORATORY	23,454,531	236,101,683	0.099341		60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,237,540	5,331,358	0.232125		63.00
64.00	06400	INTRAVENOUS THERAPY	5,637,734	24,129,750	0.233642		64.00
65.00	06500	RESPIRATORY THERAPY	2,603,371	28,220,911	0.092250		65.00
66.00	06600	PHYSICAL THERAPY	3,523,114	11,928,315	0.295357		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,125,805	3,746,643	0.300484		67.00
68.00	06800	SPEECH PATHOLOGY	929,181	2,734,714	0.339773		68.00
69.00	06900	ELECTROCARDIOLOGY	390,689	7,763,754	0.050322		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,935,608	11,020,913	0.175630		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	2,546,764	72,558,644	0.035099		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	20,288,711	59,042,068	0.343631		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,334,148	74,146,213	0.328191		73.00
74.00	07400	RENAL DIALYSIS	744,196	2,479,661	0.300120		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	777,173	3,218,447	0.241475		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,688,876	21,785,706	0.077522		76.01
76.02	03140	CARDIOLOGY	1,874,973	15,457,136	0.121301		76.02
76.03	03560	PULMONARY FUNCTION TESTING	1,813,451	3,411,571	0.531559		76.03
76.97	07697	CARDIAC REHABILITATION	8,732	1,000	8.732000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	848,414	1,104,646	0.768042		76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	11,696,091	23,513,731	0.497415		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	2,212,083	0	0.000000		90.01
90.02	09005	CLINIC	0	0	0.000000		90.02
90.03	09002	PHYSICIAN OFFICES	37,389,192	27,727,459	1.348454		90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	677,978	2,650,693	0.255774		90.06
90.07	09004	WOUND CARE CENTER	1,199,579	4,279,199	0.280328		90.07
90.08	09008	INTENSIVISTS CLINIC	1,419,624	1,019,303	1.392740		90.08
90.09	09009	NEUROLOGY CLINIC	721,687	753,096	0.958293		90.09
90.10	09010	RHEUMOTOLOGY CLINIC	927,485	1,369,624	0.677182		90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	311,450	227	1,372.026432		90.11
90.12	09012	VASCULAR CLINIC	493,410	5,186,908	0.095126		90.12
90.13	09013	ONCOLOGY CLINIC	658,512	248,437	2.650620		90.13
91.00	09100	EMERGENCY	11,098,917	82,736,051	0.134148		91.00
92.00	09200	OBSERVATION BEDS	4,750,746	7,166,913	0.662872		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	0.000000		95.00
101.00	10100	HOME HEALTH AGENCY	12,329,410	10,034,677	1.228680		101.00
		SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	5,582,110	5,732,369	0.973788		116.00
200.00		Subtotal (sum of lines 50 thru 199)	259,484,635	1,244,263,283			200.00
201.00		Less Observation Beds	4,750,746	0			201.00
202.00		Total (line 200 minus line 201)	254,733,889	1,244,263,283			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0209

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

Worksheet D Part I Date/Time Prepared: 5/29/2019 9:29 am

Title XVIII Hospital PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,469,652	0	2,469,652	45,382	54.42	30.00
31.00	INTENSIVE CARE UNIT	395,812		395,812	2,712	145.95	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	19,765		19,765	2,771	7.13	34.00
40.00	SUBPROVIDER - IPF	603,718	0	603,718	13,016	46.38	40.00
41.00	SUBPROVIDER - IRF	253,870	0	253,870	5,501	46.15	41.00
43.00	NURSERY	82,908		82,908	3,918	21.16	43.00
200.00	Total (lines 30 through 199)	3,825,725		3,825,725	73,300		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	16,108	876,597	30.00
31.00	INTENSIVE CARE UNIT	2,494	363,999	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	2,721	126,200	40.00
41.00	SUBPROVIDER - IRF	4,771	220,182	41.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30 through 199)	26,094	1,586,978	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part II Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
				Title XVIII		Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,079,926	159,747,500	0.019280	31,508,717	607,488	50.00
51.00	05100	RECOVERY ROOM	343,223	35,141,842	0.009767	5,636,414	55,051	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	235,335	10,462,286	0.022494	14,135	318	52.00
53.00	05300	ANESTHESIOLOGY	166,550	52,630,934	0.003164	7,551,510	23,893	53.00
53.01	03950	PAIN CLINIC	2,161	185,216	0.011667	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,944,812	44,835,667	0.043376	6,919,369	300,135	54.00
54.01	05401	NORTHSIDE IMAGING	23,449	2,628,366	0.008922	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	17,432	1,934,058	0.009013	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	13,139	1,103,746	0.011904	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	836,744	20,871,654	0.040090	112,504	4,510	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	437,257	15,346,213	0.028493	1,027,195	29,268	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	25,048	69,708,303	0.000359	10,592,630	3,803	57.00
57.01	05701	NORTHSIDE CT	19,353	8,572,458	0.002258	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	145,950	22,858,589	0.006385	3,013,258	19,240	58.00
58.01	05801	NORTHSIDE MRI	28,444	8,025,309	0.003544	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	356,512	33,609,322	0.010608	5,255,717	55,753	59.00
60.00	06000	LABORATORY	1,006,930	236,101,683	0.004265	23,517,600	100,303	60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,297	5,331,358	0.000431	2,261,697	975	63.00
64.00	06400	INTRAVENOUS THERAPY	398,226	24,129,750	0.016504	2,488,867	41,076	64.00
65.00	06500	RESPIRATORY THERAPY	138,674	28,220,911	0.004914	13,094,801	64,348	65.00
66.00	06600	PHYSICAL THERAPY	264,277	11,928,315	0.022155	2,352,607	52,122	66.00
67.00	06700	OCCUPATIONAL THERAPY	86,394	3,746,643	0.023059	668,095	15,406	67.00
68.00	06800	SPEECH PATHOLOGY	53,961	2,734,714	0.019732	568,098	11,210	68.00
69.00	06900	ELECTROCARDIOLOGY	22,703	7,763,754	0.002924	1,495,844	4,374	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	148,803	11,020,913	0.013502	266,333	3,596	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	4,728	72,558,644	0.000065	19,446,812	1,264	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	37,666	59,042,068	0.000638	15,972,378	10,190	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	274,983	74,146,213	0.003709	16,863,729	62,548	73.00
74.00	07400	RENAL DIALYSIS	106,955	2,479,661	0.043133	1,362,658	58,776	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	87,472	3,218,447	0.027178	4,437	121	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	110,710	21,785,706	0.005082	2,143,903	10,895	76.01
76.02	03140	CARDIOLOGY	172,489	15,457,136	0.011159	3,920,907	43,753	76.02
76.03	03560	PULMONARY FUNCTION TESTING	64,430	3,411,571	0.018886	621,928	11,746	76.03
76.97	07697	CARDIAC REHABILITATION	102	1,000	0.102000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	12,120	1,104,646	0.010972	2,536	28	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	268,551	23,513,731	0.011421	1,547,889	17,678	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	58,709	0	0.000000	0	0	90.01
90.02	09005	CLINIC	0	0	0.000000	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	2,429,279	27,727,459	0.087613	0	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	36,230	2,650,693	0.013668	0	0	90.06
90.07	09004	WOUND CARE CENTER	44,916	4,279,199	0.010496	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	7,194	1,019,303	0.007058	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	8,800	753,096	0.011685	0	0	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	36,238	1,369,624	0.026458	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	25,951	227	114.321586	0	0	90.11
90.12	09012	VASCULAR CLINIC	111,407	5,186,908	0.021478	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	17,589	248,437	0.070799	0	0	90.13
91.00	09100	EMERGENCY	427,513	82,736,051	0.005167	4,804,297	24,824	91.00
92.00	09200	OBSERVATION BEDS	250,221	7,166,913	0.034913	659,425	23,023	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	14,391,853	1,228,496,237		185,696,290	1,657,715	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209

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

Worksheet D Part III Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
			Title XVIII			Hospital	PPS	
			1A	1.00	2A	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	5,316,004	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	443,140	0	0	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	323,350	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	162,513	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	157,486	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	6,402,493	0	0	0	200.00

		Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	5,316,004	45,382	117.14	16,108	30.00
31.00	03100	INTENSIVE CARE UNIT		443,140	2,712	163.40	2,494	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		323,350	2,771	116.69	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	162,513	13,016	12.49	2,721	40.00
41.00	04100	SUBPROVIDER - IRF	0	157,486	5,501	28.63	4,771	41.00
43.00	04300	NURSERY		0	3,918	0.00	0	43.00
200.00		Total (lines 30 through 199)		6,402,493	73,300		26,094	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	1,886,891	30.00
31.00	03100	INTENSIVE CARE UNIT	407,520	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - IPF	33,985	40.00
41.00	04100	SUBPROVIDER - IRF	136,594	41.00
43.00	04300	NURSERY	0	43.00
200.00		Total (lines 30 through 199)	2,464,990	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209

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

Worksheet D Part IV Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			Title XVIII			Hospital	PPS	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	65,340	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	50,262	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	463,245	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	42,722	0	0	76.01
76.02	03140	CARDIOLOGY	0	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.02	09005	CLINIC	0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	0	0	152,460	0	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	0	101,361	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	0	0	0	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	0	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	0	0	90.13
91.00	09100	EMERGENCY	0	0	315,811	0	0	91.00
92.00	09200	OBSERVATION BEDS	0		538,605		0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	1,729,806	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209

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

Worksheet D Part IV Date/Time Prepared: 5/29/2019 9:29 am

		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	65,340	65,340	159,747,500	0.000409	50.00
51.00	05100	RECOVERY ROOM	0	50,262	50,262	35,141,842	0.001430	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	463,245	463,245	10,462,286	0.044278	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	52,630,934	0.000000	53.00
53.01	03950	PAIN CLINIC	0	0	0	185,216	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	44,835,667	0.000000	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	2,628,366	0.000000	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	1,934,058	0.000000	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	1,103,746	0.000000	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0.000000	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	20,871,654	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	15,346,213	0.000000	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	69,708,303	0.000000	57.00
57.01	05701	NORTHSIDE CT	0	0	0	8,572,458	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	22,858,589	0.000000	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	8,025,309	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	33,609,322	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	236,101,683	0.000000	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	5,331,358	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	24,129,750	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	28,220,911	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	11,928,315	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,746,643	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,734,714	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	7,763,754	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	11,020,913	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	72,558,644	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	59,042,068	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	74,146,213	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,479,661	0.000000	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	3,218,447	0.000000	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	42,722	42,722	21,785,706	0.001961	76.01
76.02	03140	CARDIOLOGY	0	0	0	15,457,136	0.000000	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	3,411,571	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,000	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	1,104,646	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	23,513,731	0.000000	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0.000000	90.01
90.02	09005	CLINIC	0	0	0	0	0.000000	90.02
90.03	09002	PHYSICIAN OFFICES	0	152,460	152,460	27,727,459	0.005499	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	2,650,693	0.000000	90.06
90.07	09004	WOUND CARE CENTER	0	101,361	101,361	4,279,199	0.023687	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	0	1,019,303	0.000000	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	0	753,096	0.000000	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	0	0	0	1,369,624	0.000000	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	227	0.000000	90.11
90.12	09012	VASCULAR CLINIC	0	0	0	5,186,908	0.000000	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	248,437	0.000000	90.13
91.00	09100	EMERGENCY	0	315,811	315,811	82,736,051	0.003817	91.00
92.00	09200	OBSERVATION BEDS	0	538,605	538,605	7,166,913	0.075152	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	1,729,806	1,729,806	1,228,496,237		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209

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

Worksheet D Part IV Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Title XVIII Inpatient Program Charges	Title XVIII Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Hospital Outpatient Program Charges	PPS 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	0.000409	31,508,717	12,887	26,748,787	10,940	50.00
51.00	05100	RECOVERY ROOM	0.001430	5,636,414	8,060	6,128,767	8,764	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.044278	14,135	626	725	32	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	7,551,510	0	7,155,635	0	53.00
53.01	03950	PAIN CLINIC	0.000000	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	6,919,369	0	8,345,447	0	54.00
54.01	05401	NORTHSIDE IMAGING	0.000000	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.000000	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.000000	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0.000000	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	112,504	0	7,707,003	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	1,027,195	0	6,775,913	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	10,592,630	0	16,660,996	0	57.00
57.01	05701	NORTHSIDE CT	0.000000	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	3,013,258	0	6,056,878	0	58.00
58.01	05801	NORTHSIDE MRI	0.000000	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.000000	5,255,717	0	8,429,430	0	59.00
60.00	06000	LABORATORY	0.000000	23,517,600	0	8,343,653	0	60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000	2,261,697	0	109,368	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	2,488,867	0	3,205,796	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	13,094,801	0	442,278	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	2,352,607	0	294,561	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	668,095	0	69,698	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	568,098	0	11,016	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	1,495,844	0	1,470,165	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	266,333	0	2,301,622	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.000000	19,446,812	0	8,483,229	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	15,972,378	0	9,598,481	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	16,863,729	0	12,689,103	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	1,362,658	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	4,437	0	82,824	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.001961	2,143,903	4,204	5,267,526	10,330	76.01
76.02	03140	CARDIOLOGY	0.000000	3,920,907	0	4,449,356	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.000000	621,928	0	780,097	0	76.03
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	2,536	0	157,232	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	1,547,889	0	10,733,566	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000	0	0	0	0	90.01
90.02	09005	CLINIC	0.000000	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	0.005499	0	0	0	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0.000000	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0.023687	0	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0.000000	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0.000000	0	0	0	0	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	0.000000	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0.000000	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0.000000	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0.000000	0	0	0	0	90.13
91.00	09100	EMERGENCY	0.003817	4,804,297	18,338	5,857,817	22,359	91.00
92.00	09200	OBSERVATION BEDS	0.075152	659,425	49,557	990,015	74,402	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		185,696,290	93,672	169,346,984	126,827	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part V Date/Time Prepared: 5/29/2019 9:29 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.218095	26,748,787	0	0	5,833,777	50.00
51.00	05100	RECOVERY ROOM	0.125118	6,128,767	0	0	766,819	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.318728	725	0	0	231	52.00
53.00	05300	ANESTHESIOLOGY	0.072953	7,155,635	0	0	522,025	53.00
53.01	03950	PAIN CLINIC	1.173711	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.265821	8,345,447	0	0	2,218,395	54.00
54.01	05401	NORTHSIDE IMAGING	0.255023	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.240312	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.190594	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0.000000	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.210649	7,707,003	0	0	1,623,472	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.166906	6,775,913	0	0	1,130,941	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.017767	16,660,996	0	0	296,016	57.00
57.01	05701	NORTHSIDE CT	0.055240	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.050980	6,056,878	0	0	308,780	58.00
58.01	05801	NORTHSIDE MRI	0.084385	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.036515	8,429,430	0	0	307,801	59.00
60.00	06000	LABORATORY	0.099341	8,343,653	73	0	828,867	60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.232125	109,368	0	0	25,387	63.00
64.00	06400	INTRAVENOUS THERAPY	0.233642	3,205,796	0	0	749,009	64.00
65.00	06500	RESPIRATORY THERAPY	0.092250	442,278	0	0	40,800	65.00
66.00	06600	PHYSICAL THERAPY	0.295357	294,561	0	0	87,001	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.300484	69,698	0	0	20,943	67.00
68.00	06800	SPEECH PATHOLOGY	0.339773	11,016	0	0	3,743	68.00
69.00	06900	ELECTROCARDIOLOGY	0.050322	1,470,165	0	0	73,982	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.175630	2,301,622	0	0	404,234	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.035099	8,483,229	0	0	297,753	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.343631	9,598,481	0	0	3,298,336	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.328191	12,689,103	0	88,565	4,164,449	73.00
74.00	07400	RENAL DIALYSIS	0.300120	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.241475	82,824	0	0	20,000	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.074671	5,267,526	0	0	393,331	76.01
76.02	03140	CARDIOLOGY	0.121301	4,449,356	0	0	539,711	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.531559	780,097	0	0	414,668	76.03
76.97	07697	CARDIAC REHABILITATION	8.732000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.768042	157,232	0	0	120,761	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.318969	10,733,566	0	0	3,423,675	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000	0	0	0	0	90.01
90.02	09005	CLINIC	0.000000	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	1.173941	0	0	0	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0.255774	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0.277283	0	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	1.392740	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0.958293	0	0	0	0	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	0.677182	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	1,372.026432	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0.095126	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	2.650620	0	0	0	0	90.13
91.00	09100	EMERGENCY	0.128951	5,857,817	0	0	755,371	91.00
92.00	09200	OBSERVATION BEDS	0.646916	990,015	0	0	640,457	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
200.00		Subtotal (see instructions)		169,346,984	73	88,565	29,310,735	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		169,346,984	73	88,565	29,310,735	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part V Date/Time Prepared: 5/29/2019 9:29 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: 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
53.01	03950	PAIN CLINIC	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	NORTHSIDE IMAGING	0	0		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0		54.03
54.04	05404	NORTHSIDE CARDIO	0	0		54.04
54.05	05405	NORTHSIDE ADMIN	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0		57.00
57.01	05701	NORTHSIDE CT	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
58.01	05801	NORTHSIDE MRI	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	7	0		60.00
60.01	06001	NORTHSIDE LAB	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
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 CHRGED TO PATIENTS	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	29,066		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0		76.01
76.02	03140	CARDIOLOGY	0	0		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0		76.03
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0		90.01
90.02	09005	CLINIC	0	0		90.02
90.03	09002	PHYSICIAN OFFICES	0	0		90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0		90.06
90.07	09004	WOUND CARE CENTER	0	0		90.07
90.08	09008	INTENSIVISTS CLINIC	0	0		90.08
90.09	09009	NEUROLOGY CLINIC	0	0		90.09
90.10	09010	RHEUMOTOLOGY CLINIC	0	0		90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0		90.11
90.12	09012	VASCULAR CLINIC	0	0		90.12
90.13	09013	ONCOLOGY CLINIC	0	0		90.13
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	7	29,066		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	7	29,066		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0209
Component CCN: 14-S209

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

Worksheet D Part II
Date/Time Prepared: 5/29/2019 9:29 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,079,926	159,747,500	0.019280	0	0	50.00
51.00	05100	RECOVERY ROOM	343,223	35,141,842	0.009767	55,995	547	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	235,335	10,462,286	0.022494	0	0	52.00
53.00	05300	ANESTHESIOLOGY	166,550	52,630,934	0.003164	128,181	406	53.00
53.01	03950	PAIN CLINIC	2,161	185,216	0.011667	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,944,812	44,835,667	0.043376	46,632	2,023	54.00
54.01	05401	NORTHSIDE IMAGING	23,449	2,628,366	0.008922	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	17,432	1,934,058	0.009013	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	13,139	1,103,746	0.011904	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	836,744	20,871,654	0.040090	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	437,257	15,346,213	0.028493	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	25,048	69,708,303	0.000359	142,542	51	57.00
57.01	05701	NORTHSIDE CT	19,353	8,572,458	0.002258	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	145,950	22,858,589	0.006385	58,554	374	58.00
58.01	05801	NORTHSIDE MRI	28,444	8,025,309	0.003544	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	356,512	33,609,322	0.010608	0	0	59.00
60.00	06000	LABORATORY	1,006,930	236,101,683	0.004265	634,803	2,707	60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,297	5,331,358	0.000431	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	398,226	24,129,750	0.016504	24,027	397	64.00
65.00	06500	RESPIRATORY THERAPY	138,674	28,220,911	0.004914	219,629	1,079	65.00
66.00	06600	PHYSICAL THERAPY	264,277	11,928,315	0.022155	10,600	235	66.00
67.00	06700	OCCUPATIONAL THERAPY	86,394	3,746,643	0.023059	2,848	66	67.00
68.00	06800	SPEECH PATHOLOGY	53,961	2,734,714	0.019732	1,146	23	68.00
69.00	06900	ELECTROCARDIOLOGY	22,703	7,763,754	0.002924	52,498	154	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	148,803	11,020,913	0.013502	19,394	262	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	4,728	72,558,644	0.000065	42,763	3	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	37,666	59,042,068	0.000638	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	274,983	74,146,213	0.003709	146,589	544	73.00
74.00	07400	RENAL DIALYSIS	106,955	2,479,661	0.043133	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	87,472	3,218,447	0.027178	48,807	1,326	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	110,710	21,785,706	0.005082	0	0	76.01
76.02	03140	CARDIOLOGY	172,489	15,457,136	0.011159	20,202	225	76.02
76.03	03560	PULMONARY FUNCTION TESTING	64,430	3,411,571	0.018886	2,936	55	76.03
76.97	07697	CARDIAC REHABILITATION	102	1,000	0.102000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	12,120	1,104,646	0.010972	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	268,551	23,513,731	0.011421	10,274	117	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	58,709	0	0.000000	0	0	90.01
90.02	09005	CLINIC	0	0	0.000000	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	2,429,279	27,727,459	0.087613	0	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	36,230	2,650,693	0.013668	0	0	90.06
90.07	09004	WOUND CARE CENTER	44,916	4,279,199	0.010496	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	7,194	1,019,303	0.007058	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	8,800	753,096	0.011685	0	0	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	36,238	1,369,624	0.026458	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	25,951	227	114.321586	0	0	90.11
90.12	09012	VASCULAR CLINIC	111,407	5,186,908	0.021478	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	17,589	248,437	0.070799	0	0	90.13
91.00	09100	EMERGENCY	427,513	82,736,051	0.005167	501,455	2,591	91.00
92.00	09200	OBSERVATION BEDS	0	7,166,913	0.000000	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	14,141,632	1,228,496,237		2,169,875	13,185	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209
Component CCN: 14-S209

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

Worksheet D Part IV
Date/Time Prepared: 5/29/2019 9:29 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	65,340	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	50,262	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	463,245	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	42,722	0	0	76.01
76.02	03140	CARDIOLOGY	0	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.02	09005	CLINIC	0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	0	0	152,460	0	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	0	101,361	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	0	0	0	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	0	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	0	0	90.13
91.00	09100	EMERGENCY	0	0	315,811	0	0	91.00
92.00	09200	OBSERVATION BEDS	0		0		0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	1,191,201	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209
Component CCN: 14-S209

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

Worksheet D Part IV
Date/Time Prepared: 5/29/2019 9:29 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	65,340	65,340	159,747,500	0.000409	50.00
51.00	05100	RECOVERY ROOM	0	50,262	50,262	35,141,842	0.001430	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	463,245	463,245	10,462,286	0.044278	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	52,630,934	0.000000	53.00
53.01	03950	PAIN CLINIC	0	0	0	185,216	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	44,835,667	0.000000	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	2,628,366	0.000000	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	1,934,058	0.000000	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	1,103,746	0.000000	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0.000000	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	20,871,654	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	15,346,213	0.000000	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	69,708,303	0.000000	57.00
57.01	05701	NORTHSIDE CT	0	0	0	8,572,458	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	22,858,589	0.000000	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	8,025,309	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	33,609,322	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	236,101,683	0.000000	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	5,331,358	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	24,129,750	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	28,220,911	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	11,928,315	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,746,643	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,734,714	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	7,763,754	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	11,020,913	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	72,558,644	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	59,042,068	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	74,146,213	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,479,661	0.000000	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	3,218,447	0.000000	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	42,722	42,722	21,785,706	0.001961	76.01
76.02	03140	CARDIOLOGY	0	0	0	15,457,136	0.000000	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	3,411,571	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,000	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	1,104,646	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	23,513,731	0.000000	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0.000000	90.01
90.02	09005	CLINIC	0	0	0	0	0.000000	90.02
90.03	09002	PHYSICIAN OFFICES	0	152,460	152,460	27,727,459	0.005499	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	2,650,693	0.000000	90.06
90.07	09004	WOUND CARE CENTER	0	101,361	101,361	4,279,199	0.023687	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	0	1,019,303	0.000000	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	0	753,096	0.000000	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	0	0	0	1,369,624	0.000000	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	227	0.000000	90.11
90.12	09012	VASCULAR CLINIC	0	0	0	5,186,908	0.000000	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	248,437	0.000000	90.13
91.00	09100	EMERGENCY	0	315,811	315,811	82,736,051	0.003817	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	7,166,913	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	1,191,201	1,191,201	1,228,496,237		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209
Component CCN: 14-S209

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

Worksheet D Part IV
Date/Time Prepared: 5/29/2019 9:29 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000409	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.001430	55,995	80	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.044278	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	128,181	0	0	0	53.00
53.01	03950	PAIN CLINIC	0.000000	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	46,632	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0.000000	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.000000	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.000000	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0.000000	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	142,542	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0.000000	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	58,554	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0.000000	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	634,803	0	0	0	60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	24,027	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	219,629	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	10,600	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	2,848	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	1,146	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	52,498	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	19,394	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.000000	42,763	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	146,589	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	48,807	0	1,928	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.001961	0	0	0	0	76.01
76.02	03140	CARDIOLOGY	0.000000	20,202	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.000000	2,936	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	10,274	0	2,704	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000	0	0	0	0	90.01
90.02	09005	CLINIC	0.000000	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	0.005499	0	0	0	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0.000000	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0.023687	0	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0.000000	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0.000000	0	0	0	0	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	0.000000	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0.000000	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0.000000	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0.000000	0	0	0	0	90.13
91.00	09100	EMERGENCY	0.003817	501,455	1,914	0	0	91.00
92.00	09200	OBSERVATION BEDS	0.000000	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		2,169,875	1,994	4,632	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0209
Component CCN: 14-S209

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

Worksheet D Part V
Date/Time Prepared: 5/29/2019 9:29 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.218095	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.125118	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.318728	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.072953	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	1.173711	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.265821	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0.255023	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.240312	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.190594	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0.000000	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.210649	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.166906	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.017767	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0.055240	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.050980	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0.084385	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.036515	0	0	0	0	59.00
60.00	06000	LABORATORY	0.099341	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.232125	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.233642	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.092250	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.295357	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.300484	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.339773	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.050322	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.175630	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.035099	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.343631	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.328191	0	0	1,111	0	73.00
74.00	07400	RENAL DIALYSIS	0.300120	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.241475	1,928	0	0	466	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.074671	0	0	0	0	76.01
76.02	03140	CARDIOLOGY	0.121301	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.531559	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	8.732000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.768042	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.318969	2,704	0	0	862	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000	0	0	0	0	90.01
90.02	09005	CLINIC	0.000000	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	1.173941	0	0	0	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0.255774	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0.277283	0	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	1.392740	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0.958293	0	0	0	0	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	0.677182	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	1,372.026432	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0.095126	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	2.650620	0	0	0	0	90.13
91.00	09100	EMERGENCY	0.128951	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0.646916	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
200.00		Subtotal (see instructions)		4,632	0	1,111	1,328	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		4,632	0	1,111	1,328	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0209 Component CCN: 14-S209	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/29/2019 9:29 am
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Costs Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs 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
53.01	03950	PAIN CLINIC	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	NORTHSIDE IMAGING	0	0		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0		54.03
54.04	05404	NORTHSIDE CARDIO	0	0		54.04
54.05	05405	NORTHSIDE ADMIN	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0		57.00
57.01	05701	NORTHSIDE CT	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
58.01	05801	NORTHSIDE MRI	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	NORTHSIDE LAB	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
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 CHRGED TO PATIENTS	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	365		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0		76.01
76.02	03140	CARDIOLOGY	0	0		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0		76.03
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0		90.01
90.02	09005	CLINIC	0	0		90.02
90.03	09002	PHYSICIAN OFFICES	0	0		90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0		90.06
90.07	09004	WOUND CARE CENTER	0	0		90.07
90.08	09008	INTENSIVISTS CLINIC	0	0		90.08
90.09	09009	NEUROLOGY CLINIC	0	0		90.09
90.10	09010	RHEUMOTOLOGY CLINIC	0	0		90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0		90.11
90.12	09012	VASCULAR CLINIC	0	0		90.12
90.13	09013	ONCOLOGY CLINIC	0	0		90.13
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	365		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	365		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0209
Component CCN: 14-T209

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

Worksheet D Part II
Date/Time Prepared: 5/29/2019 9:29 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,079,926	159,747,500	0.019280	245,192	4,727	50.00
51.00	05100	RECOVERY ROOM	343,223	35,141,842	0.009767	41,647	407	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	235,335	10,462,286	0.022494	0	0	52.00
53.00	05300	ANESTHESIOLOGY	166,550	52,630,934	0.003164	40,099	127	53.00
53.01	03950	PAIN CLINIC	2,161	185,216	0.011667	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,944,812	44,835,667	0.043376	228,634	9,917	54.00
54.01	05401	NORTHSIDE IMAGING	23,449	2,628,366	0.008922	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	17,432	1,934,058	0.009013	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	13,139	1,103,746	0.011904	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	836,744	20,871,654	0.040090	21,360	856	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	437,257	15,346,213	0.028493	34,420	981	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	25,048	69,708,303	0.000359	214,572	77	57.00
57.01	05701	NORTHSIDE CT	19,353	8,572,458	0.002258	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	145,950	22,858,589	0.006385	94,400	603	58.00
58.01	05801	NORTHSIDE MRI	28,444	8,025,309	0.003544	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	356,512	33,609,322	0.010608	0	0	59.00
60.00	06000	LABORATORY	1,006,930	236,101,683	0.004265	1,381,702	5,893	60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,297	5,331,358	0.000431	66,360	29	63.00
64.00	06400	INTRAVENOUS THERAPY	398,226	24,129,750	0.016504	11,448	189	64.00
65.00	06500	RESPIRATORY THERAPY	138,674	28,220,911	0.004914	1,465,284	7,200	65.00
66.00	06600	PHYSICAL THERAPY	264,277	11,928,315	0.022155	4,089,837	90,610	66.00
67.00	06700	OCCUPATIONAL THERAPY	86,394	3,746,643	0.023059	2,184,008	50,361	67.00
68.00	06800	SPEECH PATHOLOGY	53,961	2,734,714	0.019732	322,330	6,360	68.00
69.00	06900	ELECTROCARDIOLOGY	22,703	7,763,754	0.002924	33,534	98	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	148,803	11,020,913	0.013502	11,984	162	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	4,728	72,558,644	0.000065	784,155	51	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	37,666	59,042,068	0.000638	167,045	107	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	274,983	74,146,213	0.003709	814,370	3,020	73.00
74.00	07400	RENAL DIALYSIS	106,955	2,479,661	0.043133	165,974	7,159	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	87,472	3,218,447	0.027178	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	110,710	21,785,706	0.005082	7,845	40	76.01
76.02	03140	CARDIOLOGY	172,489	15,457,136	0.011159	50,278	561	76.02
76.03	03560	PULMONARY FUNCTION TESTING	64,430	3,411,571	0.018886	36,677	693	76.03
76.97	07697	CARDIAC REHABILITATION	102	1,000	0.102000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	12,120	1,104,646	0.010972	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	268,551	23,513,731	0.011421	180,422	2,061	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	58,709	0	0.000000	0	0	90.01
90.02	09005	CLINIC	0	0	0.000000	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	2,429,279	27,727,459	0.087613	0	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	36,230	2,650,693	0.013668	0	0	90.06
90.07	09004	WOUND CARE CENTER	44,916	4,279,199	0.010496	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	7,194	1,019,303	0.007058	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	8,800	753,096	0.011685	0	0	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	36,238	1,369,624	0.026458	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	25,951	227	114.321586	0	0	90.11
90.12	09012	VASCULAR CLINIC	111,407	5,186,908	0.021478	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	17,589	248,437	0.070799	0	0	90.13
91.00	09100	EMERGENCY	427,513	82,736,051	0.005167	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	7,166,913	0.000000	16,900	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	14,141,632	1,228,496,237		12,710,477	192,289	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209
Component CCN: 14-T209

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

Worksheet D Part IV
Date/Time Prepared: 5/29/2019 9:29 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	65,340	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	50,262	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	463,245	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	42,722	0	0	76.01
76.02	03140	CARDIOLOGY	0	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.02	09005	CLINIC	0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	0	0	152,460	0	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	0	101,361	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	0	0	0	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	0	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	0	0	90.13
91.00	09100	EMERGENCY	0	0	315,811	0	0	91.00
92.00	09200	OBSERVATION BEDS	0		0		0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	1,191,201	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209
Component CCN: 14-T209

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

Worksheet D Part IV
Date/Time Prepared: 5/29/2019 9:29 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	65,340	65,340	159,747,500	0.000409	50.00
51.00	05100	RECOVERY ROOM	0	50,262	50,262	35,141,842	0.001430	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	463,245	463,245	10,462,286	0.044278	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	52,630,934	0.000000	53.00
53.01	03950	PAIN CLINIC	0	0	0	185,216	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	44,835,667	0.000000	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	2,628,366	0.000000	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	1,934,058	0.000000	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	1,103,746	0.000000	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0.000000	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	20,871,654	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	15,346,213	0.000000	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	69,708,303	0.000000	57.00
57.01	05701	NORTHSIDE CT	0	0	0	8,572,458	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	22,858,589	0.000000	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	8,025,309	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	33,609,322	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	236,101,683	0.000000	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	5,331,358	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	24,129,750	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	28,220,911	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	11,928,315	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	3,746,643	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,734,714	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	7,763,754	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	11,020,913	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	72,558,644	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	59,042,068	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	74,146,213	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,479,661	0.000000	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	3,218,447	0.000000	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	42,722	42,722	21,785,706	0.001961	76.01
76.02	03140	CARDIOLOGY	0	0	0	15,457,136	0.000000	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	3,411,571	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,000	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	1,104,646	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	23,513,731	0.000000	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0.000000	90.01
90.02	09005	CLINIC	0	0	0	0	0.000000	90.02
90.03	09002	PHYSICIAN OFFICES	0	152,460	152,460	27,727,459	0.005499	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	2,650,693	0.000000	90.06
90.07	09004	WOUND CARE CENTER	0	101,361	101,361	4,279,199	0.023687	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	0	1,019,303	0.000000	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	0	753,096	0.000000	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	0	0	0	1,369,624	0.000000	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	227	0.000000	90.11
90.12	09012	VASCULAR CLINIC	0	0	0	5,186,908	0.000000	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	248,437	0.000000	90.13
91.00	09100	EMERGENCY	0	315,811	315,811	82,736,051	0.003817	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	7,166,913	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	1,191,201	1,191,201	1,228,496,237		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209
Component CCN: 14-T209

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

Worksheet D Part IV
Date/Time Prepared: 5/29/2019 9:29 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000409	245,192	100	0	0	50.00
51.00	05100	RECOVERY ROOM	0.001430	41,647	60	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.044278	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	40,099	0	0	0	53.00
53.01	03950	PAIN CLINIC	0.000000	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	228,634	0	638	0	54.00
54.01	05401	NORTHSIDE IMAGING	0.000000	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.000000	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.000000	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0.000000	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	21,360	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	34,420	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	214,572	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0.000000	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	94,400	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0.000000	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	1,381,702	0	0	0	60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000	66,360	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	11,448	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	1,465,284	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	4,089,837	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	2,184,008	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	322,330	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	33,534	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	11,984	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.000000	784,155	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	167,045	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	814,370	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	165,974	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.001961	7,845	15	0	0	76.01
76.02	03140	CARDIOLOGY	0.000000	50,278	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.000000	36,677	0	176	0	76.03
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	180,422	0	975	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000	0	0	0	0	90.01
90.02	09005	CLINIC	0.000000	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	0.005499	0	0	0	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0.000000	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0.023687	0	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0.000000	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0.000000	0	0	0	0	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	0.000000	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0.000000	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0.000000	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0.000000	0	0	0	0	90.13
91.00	09100	EMERGENCY	0.003817	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0.000000	16,900	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		12,710,477	175	1,789	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0209
Component CCN: 14-T209

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

Worksheet D Part V
Date/Time Prepared: 5/29/2019 9:29 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.218095	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.125118	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.318728	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.072953	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	1.173711	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.265821	638	0	0	170	54.00
54.01	05401	NORTHSIDE IMAGING	0.255023	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.240312	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.190594	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0.000000	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.210649	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.166906	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.017767	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0.055240	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.050980	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0.084385	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.036515	0	0	0	0	59.00
60.00	06000	LABORATORY	0.099341	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.232125	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.233642	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.092250	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.295357	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.300484	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.339773	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.050322	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.175630	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.035099	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.343631	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.328191	0	0	2,617	0	73.00
74.00	07400	RENAL DIALYSIS	0.300120	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.241475	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.074671	0	0	0	0	76.01
76.02	03140	CARDIOLOGY	0.121301	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.531559	176	0	0	94	76.03
76.97	07697	CARDIAC REHABILITATION	8.732000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.768042	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.318969	975	0	0	311	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000	0	0	0	0	90.01
90.02	09005	CLINIC	0.000000	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	1.173941	0	0	0	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0.255774	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0.277283	0	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	1.392740	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0.958293	0	0	0	0	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	0.677182	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	1,372.026432	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0.095126	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	2.650620	0	0	0	0	90.13
91.00	09100	EMERGENCY	0.128951	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0.646916	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
200.00		Subtotal (see instructions)		1,789	0	2,617	575	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		1,789	0	2,617	575	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0209 Component CCN: 14-T209	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/29/2019 9:29 am
	Title XVIII	Subprovider - IRF	PPS

		Cost Center Description	Costs Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs 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
53.01	03950	PAIN CLINIC	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	NORTHSIDE IMAGING	0	0		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0		54.03
54.04	05404	NORTHSIDE CARDIO	0	0		54.04
54.05	05405	NORTHSIDE ADMIN	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0		57.00
57.01	05701	NORTHSIDE CT	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
58.01	05801	NORTHSIDE MRI	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	NORTHSIDE LAB	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
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 CHRGED TO PATIENTS	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	859		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0		76.01
76.02	03140	CARDIOLOGY	0	0		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0		76.03
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0		90.01
90.02	09005	CLINIC	0	0		90.02
90.03	09002	PHYSICIAN OFFICES	0	0		90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0		90.06
90.07	09004	WOUND CARE CENTER	0	0		90.07
90.08	09008	INTENSIVISTS CLINIC	0	0		90.08
90.09	09009	NEUROLOGY CLINIC	0	0		90.09
90.10	09010	RHEUMOTOLOGY CLINIC	0	0		90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0		90.11
90.12	09012	VASCULAR CLINIC	0	0		90.12
90.13	09013	ONCOLOGY CLINIC	0	0		90.13
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	859		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	859		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0209

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

Worksheet D Part I Date/Time Prepared: 5/29/2019 9:29 am

Title XIX | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,469,652	0	2,469,652	45,382	54.42	30.00
31.00	INTENSIVE CARE UNIT	395,812		395,812	2,712	145.95	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	19,765		19,765	2,771	7.13	34.00
40.00	SUBPROVIDER - IPF	603,718	0	603,718	13,016	46.38	40.00
41.00	SUBPROVIDER - IRF	253,870	0	253,870	5,501	46.15	41.00
43.00	NURSERY	82,908		82,908	3,918	21.16	43.00
200.00	Total (lines 30 through 199)	3,825,725		3,825,725	73,300		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	11,014	599,382	30.00
31.00	INTENSIVE CARE UNIT	159	23,206	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	85	606	34.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
43.00	NURSERY	1,462	30,936	43.00
200.00	Total (lines 30 through 199)	12,720	654,130	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part II Date/Time Prepared: 5/29/2019 9:29 am

Title XIX | Hospital | 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	3,079,926	0	0.000000	0	0	50.00
51.00	05100	RECOVERY ROOM	343,223	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	235,335	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	166,550	0	0.000000	0	0	53.00
53.01	03950	PAIN CLINIC	2,161	0	0.000000	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,944,812	0	0.000000	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	23,449	0	0.000000	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	17,432	0	0.000000	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	13,139	0	0.000000	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	836,744	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	437,257	0	0.000000	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	25,048	0	0.000000	0	0	57.00
57.01	05701	NORTHSIDE CT	19,353	0	0.000000	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	145,950	0	0.000000	0	0	58.00
58.01	05801	NORTHSIDE MRI	28,444	0	0.000000	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	356,512	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,006,930	0	0.000000	0	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,297	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	398,226	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	138,674	0	0.000000	0	0	65.00
66.00	06600	PHYSICAL THERAPY	264,277	0	0.000000	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	86,394	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	53,961	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	22,703	0	0.000000	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	148,803	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	4,728	0	0.000000	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	37,666	0	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	274,983	0	0.000000	0	0	73.00
74.00	07400	RENAL DIALYSIS	106,955	0	0.000000	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	87,472	0	0.000000	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	110,710	0	0.000000	0	0	76.01
76.02	03140	CARDIOLOGY	172,489	0	0.000000	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	64,430	0	0.000000	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	102	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	12,120	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	268,551	0	0.000000	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	58,709	0	0.000000	0	0	90.01
90.02	09005	CLINIC	0	0	0.000000	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	2,429,279	0	0.000000	0	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	36,230	0	0.000000	0	0	90.06
90.07	09004	WOUND CARE CENTER	44,916	0	0.000000	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	7,194	0	0.000000	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	8,800	0	0.000000	0	0	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	36,238	0	0.000000	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	25,951	0	0.000000	0	0	90.11
90.12	09012	VASCULAR CLINIC	111,407	0	0.000000	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	17,589	0	0.000000	0	0	90.13
91.00	09100	EMERGENCY	427,513	0	0.000000	0	0	91.00
92.00	09200	OBSERVATION BEDS	250,217	0	0.000000	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	14,391,849	0		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209

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

Worksheet D Part III Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
				Title XIX		Hospital	PPS	
			1A	1.00	2A	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	5,316,004	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	443,140	0	0	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	323,350	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	162,513	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	157,486	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	6,402,493	0	0	0	200.00

		Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
			4.00	5.00	6.00	7.00	8.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	5,316,004	45,382	117.14	11,014	30.00
31.00	03100	INTENSIVE CARE UNIT		443,140	2,712	163.40	159	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		323,350	2,771	116.69	85	34.00
40.00	04000	SUBPROVIDER - IPF	0	162,513	13,016	12.49	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	157,486	5,501	28.63	0	41.00
43.00	04300	NURSERY		0	3,918	0.00	1,462	43.00
200.00		Total (lines 30 through 199)		6,402,493	73,300		12,720	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	1,290,180	30.00
31.00	03100	INTENSIVE CARE UNIT	25,981	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	9,919	34.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
43.00	04300	NURSERY	0	43.00
200.00		Total (lines 30 through 199)	1,326,080	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D Part IV Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			Title XIX			Hospital	PPS	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	65,340	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	50,262	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	463,245	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	42,722	0	0	76.01
76.02	03140	CARDIOLOGY	0	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.02	09005	CLINIC	0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	0	0	152,460	0	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	0	101,361	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	0	0	0	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	0	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	0	0	90.13
91.00	09100	EMERGENCY	0	0	315,811	0	0	91.00
92.00	09200	OBSERVATION BEDS	0		0		0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	1,191,201	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209

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

Worksheet D Part IV Date/Time Prepared: 5/29/2019 9:29 am

		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 XIX			Hospital	PPS	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	65,340	65,340	0	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	50,262	50,262	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	463,245	463,245	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
53.01	03950	PAIN CLINIC	0	0	0	0	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0.000000	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0.000000	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0.000000	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0.000000	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0.000000	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0.000000	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0.000000	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0	0.000000	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0.000000	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	42,722	42,722	0	0.000000	76.01
76.02	03140	CARDIOLOGY	0	0	0	0	0.000000	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0.000000	90.01
90.02	09005	CLINIC	0	0	0	0	0.000000	90.02
90.03	09002	PHYSICIAN OFFICES	0	152,460	152,460	0	0.000000	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	0	0.000000	90.06
90.07	09004	WOUND CARE CENTER	0	101,361	101,361	0	0.000000	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	0	0	0.000000	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	0	0	0.000000	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	0	0	0	0	0.000000	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0	0.000000	90.11
90.12	09012	VASCULAR CLINIC	0	0	0	0	0.000000	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	0	0.000000	90.13
91.00	09100	EMERGENCY	0	315,811	315,811	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	1,191,201	1,191,201	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209

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

Worksheet D Part IV Date/Time Prepared: 5/29/2019 9:29 am

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Title XIX Inpatient Program Charges	Title XIX Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Hospital Outpatient Program Charges	PPS Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0.000000	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0.000000	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.000000	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.000000	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0.000000	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0.000000	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0.000000	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.000000	0	0	0	0	76.01
76.02	03140	CARDIOLOGY	0.000000	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000	0	0	0	0	90.01
90.02	09005	CLINIC	0.000000	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	0.000000	0	0	0	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0.000000	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0.000000	0	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0.000000	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0.000000	0	0	0	0	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	0.000000	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0.000000	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0.000000	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0.000000	0	0	0	0	90.13
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0.000000	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0209
Component CCN: 14-S209

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

Worksheet D Part II
Date/Time Prepared: 5/29/2019 9:29 am

Title XIX | 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	3,079,926	0	0.000000	0	0	50.00
51.00	05100	RECOVERY ROOM	343,223	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	235,335	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	166,550	0	0.000000	0	0	53.00
53.01	03950	PAIN CLINIC	2,161	0	0.000000	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,944,812	0	0.000000	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	23,449	0	0.000000	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	17,432	0	0.000000	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	13,139	0	0.000000	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	836,744	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	437,257	0	0.000000	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	25,048	0	0.000000	0	0	57.00
57.01	05701	NORTHSIDE CT	19,353	0	0.000000	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	145,950	0	0.000000	0	0	58.00
58.01	05801	NORTHSIDE MRI	28,444	0	0.000000	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	356,512	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,006,930	0	0.000000	0	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,297	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	398,226	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	138,674	0	0.000000	0	0	65.00
66.00	06600	PHYSICAL THERAPY	264,277	0	0.000000	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	86,394	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	53,961	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	22,703	0	0.000000	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	148,803	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	4,728	0	0.000000	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	37,666	0	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	274,983	0	0.000000	0	0	73.00
74.00	07400	RENAL DIALYSIS	106,955	0	0.000000	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	87,472	0	0.000000	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	110,710	0	0.000000	0	0	76.01
76.02	03140	CARDIOLOGY	172,489	0	0.000000	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	64,430	0	0.000000	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	102	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	12,120	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	268,551	0	0.000000	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	58,709	0	0.000000	0	0	90.01
90.02	09005	CLINIC	0	0	0.000000	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	2,429,279	0	0.000000	0	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	36,230	0	0.000000	0	0	90.06
90.07	09004	WOUND CARE CENTER	44,916	0	0.000000	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	7,194	0	0.000000	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	8,800	0	0.000000	0	0	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	36,238	0	0.000000	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	25,951	0	0.000000	0	0	90.11
90.12	09012	VASCULAR CLINIC	111,407	0	0.000000	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	17,589	0	0.000000	0	0	90.13
91.00	09100	EMERGENCY	427,513	0	0.000000	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0.000000	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	14,141,632	0		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209
Component CCN: 14-S209

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

Worksheet D Part IV
Date/Time Prepared: 5/29/2019 9:29 am

Title XIX | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	65,340	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	50,262	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	463,245	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	42,722	0	0	76.01
76.02	03140	CARDIOLOGY	0	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.02	09005	CLINIC	0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	0	0	152,460	0	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	0	101,361	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	0	0	0	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	0	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	0	0	90.13
91.00	09100	EMERGENCY	0	0	315,811	0	0	91.00
92.00	09200	OBSERVATION BEDS	0		0		0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	1,191,201	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209
Component CCN: 14-S209

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

Worksheet D Part IV
Date/Time Prepared: 5/29/2019 9:29 am

Title XIX | Subprovider - IPF | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	65,340	65,340	0	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	50,262	50,262	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	463,245	463,245	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
53.01	03950	PAIN CLINIC	0	0	0	0	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0.000000	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0.000000	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0.000000	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0.000000	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0.000000	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0.000000	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0.000000	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0	0.000000	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0.000000	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	42,722	42,722	0	0.000000	76.01
76.02	03140	CARDIOLOGY	0	0	0	0	0.000000	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0.000000	90.01
90.02	09005	CLINIC	0	0	0	0	0.000000	90.02
90.03	09002	PHYSICIAN OFFICES	0	152,460	152,460	0	0.000000	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	0	0.000000	90.06
90.07	09004	WOUND CARE CENTER	0	101,361	101,361	0	0.000000	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	0	0	0.000000	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	0	0	0.000000	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	0	0	0	0	0.000000	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0	0.000000	90.11
90.12	09012	VASCULAR CLINIC	0	0	0	0	0.000000	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	0	0.000000	90.13
91.00	09100	EMERGENCY	0	315,811	315,811	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	1,191,201	1,191,201	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209
Component CCN: 14-S209

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

Worksheet D Part IV
Date/Time Prepared: 5/29/2019 9:29 am

Title XIX | Subprovider - IPF | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0.000000	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0.000000	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.000000	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.000000	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0.000000	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0.000000	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0.000000	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.000000	0	0	0	0	76.01
76.02	03140	CARDIOLOGY	0.000000	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000	0	0	0	0	90.01
90.02	09005	CLINIC	0.000000	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	0.000000	0	0	0	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0.000000	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0.000000	0	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0.000000	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0.000000	0	0	0	0	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	0.000000	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0.000000	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0.000000	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0.000000	0	0	0	0	90.13
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0.000000	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0209
Component CCN: 14-T209

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

Worksheet D Part II
Date/Time Prepared: 5/29/2019 9:29 am

Title XIX | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,079,926	0	0.000000	0	0	50.00
51.00	05100	RECOVERY ROOM	343,223	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	235,335	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	166,550	0	0.000000	0	0	53.00
53.01	03950	PAIN CLINIC	2,161	0	0.000000	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,944,812	0	0.000000	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	23,449	0	0.000000	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	17,432	0	0.000000	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	13,139	0	0.000000	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	836,744	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	437,257	0	0.000000	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	25,048	0	0.000000	0	0	57.00
57.01	05701	NORTHSIDE CT	19,353	0	0.000000	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	145,950	0	0.000000	0	0	58.00
58.01	05801	NORTHSIDE MRI	28,444	0	0.000000	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	356,512	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,006,930	0	0.000000	0	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	2,297	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	398,226	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	138,674	0	0.000000	0	0	65.00
66.00	06600	PHYSICAL THERAPY	264,277	0	0.000000	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	86,394	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	53,961	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	22,703	0	0.000000	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	148,803	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	4,728	0	0.000000	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	37,666	0	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	274,983	0	0.000000	0	0	73.00
74.00	07400	RENAL DIALYSIS	106,955	0	0.000000	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	87,472	0	0.000000	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	110,710	0	0.000000	0	0	76.01
76.02	03140	CARDIOLOGY	172,489	0	0.000000	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	64,430	0	0.000000	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	102	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	12,120	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	268,551	0	0.000000	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	58,709	0	0.000000	0	0	90.01
90.02	09005	CLINIC	0	0	0.000000	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	2,429,279	0	0.000000	0	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	36,230	0	0.000000	0	0	90.06
90.07	09004	WOUND CARE CENTER	44,916	0	0.000000	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	7,194	0	0.000000	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	8,800	0	0.000000	0	0	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	36,238	0	0.000000	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	25,951	0	0.000000	0	0	90.11
90.12	09012	VASCULAR CLINIC	111,407	0	0.000000	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	17,589	0	0.000000	0	0	90.13
91.00	09100	EMERGENCY	427,513	0	0.000000	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0.000000	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	14,141,632	0		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209
Component CCN: 14-T209

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

Worksheet D Part IV
Date/Time Prepared: 5/29/2019 9:29 am

Title XIX | Subprovider - IRF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	65,340	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	50,262	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	463,245	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	42,722	0	0	76.01
76.02	03140	CARDIOLOGY	0	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.02	09005	CLINIC	0	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	0	0	152,460	0	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	0	101,361	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	0	0	0	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	0	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	0	0	90.13
91.00	09100	EMERGENCY	0	0	315,811	0	0	91.00
92.00	09200	OBSERVATION BEDS	0		0		0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	0	1,191,201	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209
Component CCN: 14-T209

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

Worksheet D Part IV
Date/Time Prepared: 5/29/2019 9:29 am

Title XIX | Subprovider - IRF | PPS

		Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	65,340	65,340	0	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	50,262	50,262	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	463,245	463,245	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
53.01	03950	PAIN CLINIC	0	0	0	0	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0.000000	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0.000000	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0.000000	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0.000000	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0.000000	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0.000000	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0.000000	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	0	0.000000	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0.000000	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	42,722	42,722	0	0.000000	76.01
76.02	03140	CARDIOLOGY	0	0	0	0	0.000000	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0.000000	90.01
90.02	09005	CLINIC	0	0	0	0	0.000000	90.02
90.03	09002	PHYSICIAN OFFICES	0	152,460	152,460	0	0.000000	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0	0	0	0	0.000000	90.06
90.07	09004	WOUND CARE CENTER	0	101,361	101,361	0	0.000000	90.07
90.08	09008	INTENSIVISTS CLINIC	0	0	0	0	0.000000	90.08
90.09	09009	NEUROLOGY CLINIC	0	0	0	0	0.000000	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	0	0	0	0	0.000000	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0	0	0	0	0.000000	90.11
90.12	09012	VASCULAR CLINIC	0	0	0	0	0.000000	90.12
90.13	09013	ONCOLOGY CLINIC	0	0	0	0	0.000000	90.13
91.00	09100	EMERGENCY	0	315,811	315,811	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	0	1,191,201	1,191,201	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0209
Component CCN: 14-T209

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

Worksheet D Part IV
Date/Time Prepared: 5/29/2019 9:29 am

Title XIX | Subprovider - IRF | PPS

		Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0.000000	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0.000000	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.000000	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.000000	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0.000000	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.000000	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0.000000	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0.000000	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.000000	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.000000	0	0	0	0	76.01
76.02	03140	CARDIOLOGY	0.000000	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000	0	0	0	0	90.01
90.02	09005	CLINIC	0.000000	0	0	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	0.000000	0	0	0	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0.000000	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0.000000	0	0	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	0.000000	0	0	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0.000000	0	0	0	0	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	0.000000	0	0	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	0.000000	0	0	0	0	90.11
90.12	09012	VASCULAR CLINIC	0.000000	0	0	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	0.000000	0	0	0	0	90.13
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0.000000	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0209	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 9:29 am
	Title XVIII	Hospital	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)	45,382	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	45,382	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)	40,784	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)	16,108	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)	45,760,909	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)	45,760,909	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)	45,760,909	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)	1,008.35	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	16,242,502	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	16,242,502	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-1 | Date/Time Prepared: 5/29/2019 9:29 am

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	8,019,095	2,712	2,956.89	2,494	7,374,484	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	1,134,025	2,771	409.25	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)	31,195,898	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	54,812,884	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)	3,535,007	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	1,751,387	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	5,286,394	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	49,526,490	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)	4,598	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,008.35	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	4,636,393	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0209	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 9:29 am
	Title XVIII	Hospital	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	2,469,652	45,760,909	0.053969	4,636,393	250,221	90.00
91.00	Nursing School cost	5,316,004	45,760,909	0.116169	4,636,393	538,605	91.00
92.00	Allied health cost	0	45,760,909	0.000000	4,636,393	0	92.00
93.00	All other Medical Education	0	45,760,909	0.000000	4,636,393	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0209 Component CCN: 14-S209	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 9:29 am
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	13,016	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	13,016	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)	13,016	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	2,721	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)	11,713,121	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)	11,713,121	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)	11,713,121	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)	899.90	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,448,628	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)	2,448,628	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0209 Component CCN: 14-S209	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 9:29 am
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	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)	267,390	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	2,716,018	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)	160,185	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	15,179	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	175,364	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	2,540,654	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: 14-0209 Component CCN: 14-S209	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 9:29 am
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	603,718	11,713,121	0.051542	0	0	90.00
91.00	Nursing School cost	162,513	11,713,121	0.013874	0	0	91.00
92.00	Allied health cost	0	11,713,121	0.000000	0	0	92.00
93.00	All other Medical Education	0	11,713,121	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0209 Component CCN: 14-T209	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 9:29 am
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	5,501	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,501	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	5,501	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)	4,771	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)	3,499,056	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	3,499,056	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)	3,499,056	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)	636.08	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	3,034,738	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	3,034,738	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0209 Component CCN: 14-T209	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 9:29 am
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	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)	2,906,519	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	5,941,257	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)	356,776	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	192,464	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	549,240	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	5,392,017	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: 14-0209 Component CCN: 14-T209	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 9:29 am
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	253,870	3,499,056	0.072554	0	0	90.00
91.00	Nursing School cost	157,486	3,499,056	0.045008	0	0	91.00
92.00	Allied health cost	0	3,499,056	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,499,056	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0209	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 9:29 am
	Title XIX	Hospital	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)	45,382	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	45,382	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)	40,784	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	11,014	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)	3,918	15.00
16.00	Nursery days (title V or XIX only)	1,462	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)	46,889,815	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)	46,889,815	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)	46,889,815	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)	1,033.22	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	11,379,885	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)	11,379,885	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-1 | Date/Time Prepared: 5/29/2019 9:29 am

Title XIX | 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)	2,191,512	3,918	559.34	1,462	817,755	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	8,414,364	2,712	3,102.64	159	493,320	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	1,152,268	2,771	415.83	85	35,346	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)	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	12,726,306	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)	1,980,210	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	1,980,210	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	10,746,096	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)	4,598	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,033.22	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	4,750,746	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0209

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

Worksheet D-1

Date/Time Prepared: 5/29/2019 9:29 am

Title XIX Hospital 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	2,469,652	46,889,815	0.052669	4,750,746	250,217	90.00
91.00	Nursing School cost	5,316,004	46,889,815	0.113372	4,750,746	538,602	91.00
92.00	Allied health cost	0	46,889,815	0.000000	4,750,746	0	92.00
93.00	All other Medical Education	0	46,889,815	0.000000	4,750,746	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0209 Component CCN: 14-S209	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 9:29 am
	Title XIX	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)	13,016	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	13,016	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)	13,016	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)	0	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)	3,918	15.00
16.00	Nursery days (title V or XIX only)	1,462	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)	12,210,465	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)	12,210,465	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)	12,210,465	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)	938.11	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	0	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)	0	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0209 Component CCN: 14-S209	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 9:29 am
	Title XIX	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
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						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)	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	0	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)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	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: 14-0209 Component CCN: 14-S209	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 9:29 am
	Title XIX	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	603,718	12,210,465	0.049443	0	0	90.00
91.00	Nursing School cost	162,513	12,210,465	0.013309	0	0	91.00
92.00	Allied health cost	0	12,210,465	0.000000	0	0	92.00
93.00	All other Medical Education	0	12,210,465	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0209 Component CCN: 14-T209	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 9:29 am
	Title XIX	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)	5,501	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,501	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	5,501	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)	0	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)	3,918	15.00
16.00	Nursery days (title V or XIX only)	1,462	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)	3,499,056	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	3,499,056	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)	3,499,056	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)	636.08	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	0	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)	0	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 14-0209 Component CCN: 14-T209	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 9:29 am
	Title XIX	Subprovider - IRF	PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	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)	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	0	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)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	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: 14-0209 Component CCN: 14-T209	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/29/2019 9:29 am
	Title XIX	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	253,870	3,499,056	0.072554	0	0	90.00
91.00	Nursing School cost	157,486	3,499,056	0.045008	0	0	91.00
92.00	Allied health cost	0	3,499,056	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,499,056	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet D-3 | Date/Time Prepared: 5/29/2019 9:29 am

Title XVIII | Hospital | 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		39,235,512		30.00
31.00	03100	INTENSIVE CARE UNIT		11,676,366		31.00
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
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.218112	31,508,717	6,872,429	50.00
51.00	05100	RECOVERY ROOM	0.125118	5,636,414	705,217	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.319674	14,135	4,519	52.00
53.00	05300	ANESTHESIOLOGY	0.073135	7,551,510	552,280	53.00
53.01	03950	PAIN CLINIC	1.222508	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.265821	6,919,369	1,839,314	54.00
54.01	05401	NORTHSIDE IMAGING	0.255023	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.240312	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.190594	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0.000000	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.210885	112,504	23,725	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.166906	1,027,195	171,445	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.017767	10,592,630	188,199	57.00
57.01	05701	NORTHSIDE CT	0.055240	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.050980	3,013,258	153,616	58.00
58.01	05801	NORTHSIDE MRI	0.084385	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.036515	5,255,717	191,913	59.00
60.00	06000	LABORATORY	0.099341	23,517,600	2,336,262	60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.232125	2,261,697	524,996	63.00
64.00	06400	INTRAVENOUS THERAPY	0.233642	2,488,867	581,504	64.00
65.00	06500	RESPIRATORY THERAPY	0.092250	13,094,801	1,207,995	65.00
66.00	06600	PHYSICAL THERAPY	0.295357	2,352,607	694,859	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.300484	668,095	200,752	67.00
68.00	06800	SPEECH PATHOLOGY	0.339773	568,098	193,024	68.00
69.00	06900	ELECTROCARDIOLOGY	0.050322	1,495,844	75,274	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.176551	266,333	47,021	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.035099	19,446,812	682,564	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.343631	15,972,378	5,488,604	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.328191	16,863,729	5,534,524	73.00
74.00	07400	RENAL DIALYSIS	0.301495	1,362,658	410,835	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.241475	4,437	1,071	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.074671	2,143,903	160,087	76.01
76.02	03140	CARDIOLOGY	0.121301	3,920,907	475,610	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.531559	621,928	330,591	76.03
76.97	07697	CARDIAC REHABILITATION	8.732000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.768042	2,536	1,948	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.320598	1,547,889	496,250	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000	0	0	90.01
90.02	09005	CLINIC	0.000000	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	1.184042	0	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0.255774	0	0	90.06
90.07	09004	WOUND CARE CENTER	0.277993	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	1.409201	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0.958293	0	0	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	0.677182	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	1,377.030837	0	0	90.11
90.12	09012	VASCULAR CLINIC	0.100196	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	2.650620	0	0	90.13
91.00	09100	EMERGENCY	0.129650	4,804,297	622,877	91.00
92.00	09200	OBSERVATION BEDS	0.646916	659,425	426,593	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		185,696,290	31,195,898	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)		185,696,290		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 14-0209 Component CCN: 14-S209	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/29/2019 9:29 am
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		4,833		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000	SUBPROVIDER - IPF		6,220,640		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.218112	0	0	50.00
51.00	05100	RECOVERY ROOM	0.125118	55,995	7,006	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.319674	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.073135	128,181	9,375	53.00
53.01	03950	PAIN CLINIC	1.222508	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.265821	46,632	12,396	54.00
54.01	05401	NORTHSIDE IMAGING	0.255023	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.240312	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.190594	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0.000000	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.210885	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.166906	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.017767	142,542	2,533	57.00
57.01	05701	NORTHSIDE CT	0.055240	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.050980	58,554	2,985	58.00
58.01	05801	NORTHSIDE MRI	0.084385	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.036515	0	0	59.00
60.00	06000	LABORATORY	0.099341	634,803	63,062	60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.232125	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.233642	24,027	5,614	64.00
65.00	06500	RESPIRATORY THERAPY	0.092250	219,629	20,261	65.00
66.00	06600	PHYSICAL THERAPY	0.295357	10,600	3,131	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.300484	2,848	856	67.00
68.00	06800	SPEECH PATHOLOGY	0.339773	1,146	389	68.00
69.00	06900	ELECTROCARDIOLOGY	0.050322	52,498	2,642	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.176551	19,394	3,424	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.035099	42,763	1,501	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.343631	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.328191	146,589	48,109	73.00
74.00	07400	RENAL DIALYSIS	0.301495	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.241475	48,807	11,786	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.074671	0	0	76.01
76.02	03140	CARDIOLOGY	0.121301	20,202	2,451	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.531559	2,936	1,561	76.03
76.97	07697	CARDIAC REHABILITATION	8.732000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.768042	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.320598	10,274	3,294	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000	0	0	90.01
90.02	09005	CLINIC	0.000000	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	1.184042	0	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0.255774	0	0	90.06
90.07	09004	WOUND CARE CENTER	0.277993	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	1.409201	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0.958293	0	0	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	0.677182	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	1,377.030837	0	0	90.11
90.12	09012	VASCULAR CLINIC	0.100196	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	2.650620	0	0	90.13
91.00	09100	EMERGENCY	0.129650	501,455	65,014	91.00
92.00	09200	OBSERVATION BEDS	0.646916	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,169,875	267,390	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)		2,169,875		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 14-0209
Component CCN: 14-T209

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

Worksheet D-3
Date/Time Prepared: 5/29/2019 9:29 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		7,457,073		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.218112	245,192	53,479	50.00
51.00	05100	RECOVERY ROOM	0.125118	41,647	5,211	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.319674	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.073135	40,099	2,933	53.00
53.01	03950	PAIN CLINIC	1.222508	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.265821	228,634	60,776	54.00
54.01	05401	NORTHSIDE IMAGING	0.255023	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.240312	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.190594	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0.000000	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.210885	21,360	4,505	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.166906	34,420	5,745	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.017767	214,572	3,812	57.00
57.01	05701	NORTHSIDE CT	0.055240	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.050980	94,400	4,813	58.00
58.01	05801	NORTHSIDE MRI	0.084385	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.036515	0	0	59.00
60.00	06000	LABORATORY	0.099341	1,381,702	137,260	60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.232125	66,360	15,404	63.00
64.00	06400	INTRAVENOUS THERAPY	0.233642	11,448	2,675	64.00
65.00	06500	RESPIRATORY THERAPY	0.092250	1,465,284	135,172	65.00
66.00	06600	PHYSICAL THERAPY	0.295357	4,089,837	1,207,962	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.300484	2,184,008	656,259	67.00
68.00	06800	SPEECH PATHOLOGY	0.339773	322,330	109,519	68.00
69.00	06900	ELECTROCARDIOLOGY	0.050322	33,534	1,687	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.176551	11,984	2,116	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.035099	784,155	27,523	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.343631	167,045	57,402	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.328191	814,370	267,269	73.00
74.00	07400	RENAL DIALYSIS	0.301495	165,974	50,040	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.241475	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.074671	7,845	586	76.01
76.02	03140	CARDIOLOGY	0.121301	50,278	6,099	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.531559	36,677	19,496	76.03
76.97	07697	CARDIAC REHABILITATION	8.732000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.768042	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.320598	180,422	57,843	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000	0	0	90.01
90.02	09005	CLINIC	0.000000	0	0	90.02
90.03	09002	PHYSICIAN OFFICES	1.184042	0	0	90.03
90.06	09003	ENDOCRINOLOGY, DIABETES & METABOLISM	0.255774	0	0	90.06
90.07	09004	WOUND CARE CENTER	0.277993	0	0	90.07
90.08	09008	INTENSIVISTS CLINIC	1.409201	0	0	90.08
90.09	09009	NEUROLOGY CLINIC	0.958293	0	0	90.09
90.10	09010	RHEUMOTOLOGY CLINIC	0.677182	0	0	90.10
90.11	09011	PEDIATRICS-GASTROENTEROL CLINIC	1,377.030837	0	0	90.11
90.12	09012	VASCULAR CLINIC	0.100196	0	0	90.12
90.13	09013	ONCOLOGY CLINIC	2.650620	0	0	90.13
91.00	09100	EMERGENCY	0.129650	0	0	91.00
92.00	09200	OBSERVATION BEDS	0.646916	16,900	10,933	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		12,710,477	2,906,519	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)		12,710,477		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0209	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 9:29 am
	Title XVIII	Hospital	PPS

		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS		
1.00	DRG Amounts Other than Outlier Payments	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	28,218,234	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	9,334,197	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)	1,062,607	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	10,907,912	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	204.40	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)	19.48	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).	0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)	0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)	19.48	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	31.09	10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00	11.00
12.00	Current year allowable FTE (see instructions)	19.48	12.00
13.00	Total allowable FTE count for the prior year.	19.48	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.	19.48	14.00
15.00	Sum of lines 12 through 14 divided by 3.	19.48	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	19.48	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.095303	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.096131	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.095303	21.00
22.00	IME payment adjustment (see instructions)	1,903,946	22.00
22.01	IME payment adjustment - Managed Care (see instructions)	553,042	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).	8.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	11.61	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)	8.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.039139	26.00
27.00	IME payments adjustment factor. (see instructions)	0.010342	27.00
28.00	IME add-on adjustment amount (see instructions)	388,367	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)	112,810	28.01
29.00	Total IME payment (sum of lines 22 and 28)	2,292,313	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	665,852	29.01
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	4.60	30.00
31.00	Percentage of Medicaid patient days (see instructions)	25.35	31.00
32.00	Sum of lines 30 and 31	29.95	32.00
33.00	Allowable disproportionate share percentage (see instructions)	13.92	33.00
34.00	Disproportionate share adjustment (see instructions)	1,306,825	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0209	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 9:29 am
	Title XVIII	Hospital	PPS

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	Uncompensated Care Adjustment			
35.00	Total uncompensated care amount (see instructions)	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)	2,452,679	2,749,639	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,834,469	693,060	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,527,529		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 an 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 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 an 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)	44,741,705		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)	45,407,557	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	3,457,058	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)	0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).	1,325,935	52.00
53.00	Nursing and Allied Health Managed Care payment	1,868,405	53.00
54.00	Special add-on payments for new technologies	0	54.00
54.01	Islet isolation add-on payment	0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)	0	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)	0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).	2,294,411	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)	93,672	58.00
59.00	Total (sum of amounts on lines 49 through 58)	54,447,038	59.00
60.00	Primary payer payments	50,911	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	54,396,127	61.00
62.00	Deductibles billed to program beneficiaries	3,700,192	62.00
63.00	Coinsurance billed to program beneficiaries	104,819	63.00
64.00	Allowable bad debts (see instructions)	704,077	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	457,650	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	566,889	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	51,048,766	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)		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)	-18,611	70.93
70.94	HRR adjustment amount (see instructions)	-86,177	70.94
70.95	Recovery of accelerated depreciation	0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0209	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/29/2019 9:29 am
	Title XVIII	Hospital	PPS

		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		50,943,978	71.00
71.01	Sequestration adjustment (see instructions)		1,018,880	71.01
71.02	Demonstration payment adjustment amount after sequestration		386,497	71.02
72.00	Interim payments		49,550,831	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)		-12,230	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	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	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
	Comparision of PPS versus Cost Reimbursement			
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0209

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

Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/29/2019 9:29 am

Title XVIII Hospital PPS

		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	28,218,234	0	28,218,234		28,218,234	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,334,197	0		9,334,197	9,334,197	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,062,607	0	847,952	214,655	1,062,607	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	10,907,912	0	8,193,756	2,714,155	10,907,911	4.00
	Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.095303	0.095303	0.095303	0.095303		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,903,946	0	1,430,693	473,253	1,903,946	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	553,042	0	553,042	0	553,042	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.010342	0.010342	0.010342	0.010342		7.00
8.00	IME adjustment (see instructions)	28.00	388,367	0	291,833	96,534	388,367	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	112,810	0	84,740	28,070	112,810	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,292,313	0	1,722,526	569,787	2,292,313	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	665,852	0	637,782	28,070	665,852	9.01
	Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1392	0.1392	0.1392	0.1392		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,306,825	0	981,995	324,830	1,306,825	11.00
11.01	Uncompensated care payments	36.00	2,527,529	0	1,834,469	693,060	2,527,529	11.01
	Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	44,741,705	0	33,605,176	11,136,529	44,741,705	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	45,407,557	0	34,242,958	11,164,599	45,407,557	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,457,058	0	-857,725	4,314,783	3,457,058	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0209

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

Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/29/2019 9:29 am

Title XVIII Hospital PPS

		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	33,385,233	15,479,382	48,864,615	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	3,034,119	0	-753,614	3,787,733	3,034,119	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	49,439	0	-11,341	60,780	49,439	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0606	0.0606	0.0606	0.0606		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	183,868	0	-45,669	229,537	183,868	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0625	0.0625	0.0625	0.0625		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	189,632	0	-47,101	236,733	189,632	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,457,058	0	-857,725	4,314,783	3,457,058	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0209

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

Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/29/2019 9:29 am

			Title XVIII		Hospital	PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	28,218,234	28,218,234		28,218,234	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,334,197		9,334,197	9,334,197	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,062,607	847,952	214,655	1,062,607	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	10,907,912	8,193,756	2,714,155	10,907,911	4.00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.095303	0.095303	0.095303		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,903,946	1,430,693	473,253	1,903,946	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	553,042	415,432	137,610	553,042	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.010342	0.010342	0.010342		7.00
8.00	IME adjustment (see instructions)	28.00	388,367	291,833	96,534	388,367	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	112,810	84,740	28,070	112,810	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,292,313	1,722,526	569,787	2,292,313	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	665,852	500,172	165,680	665,852	9.01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1392	0.1392	0.1392		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,306,825	981,995	324,830	1,306,825	11.00
11.01	Uncompensated care payments	36.00	2,527,529	1,834,469	693,060	2,527,529	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	44,741,705	33,605,176	11,136,529	44,741,705	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	45,407,557	34,105,348	11,302,209	45,407,557	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,457,058	-857,725	4,314,783	3,457,058	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			33,247,623	15,616,992	48,864,615	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 14-0209	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/29/2019 9:29 am
	Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	3,034,119	-753,614	3,787,733	3,034,119	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	49,439	-11,341	60,780	49,439	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0606	0.0606	0.0606		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	183,868	-45,669	229,537	183,868	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0625	0.0625	0.0625		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	189,632	-47,101	236,733	189,632	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,457,058	-857,725	4,314,783	3,457,058	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-18,611	-40,338	21,727	-18,611	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-86,177	-39,506	-46,671	-86,177	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0209	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/29/2019 9:29 am
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	29,073	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	29,183,908	2.00
3.00	OPPS payments	24,377,121	3.00
4.00	Outlier payment (see instructions)	122,045	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	126,827	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	29,073	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	88,638	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)	88,638	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 chargebasis 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)	88,638	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	59,565	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)	29,073	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)	24,625,993	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)	4,566,283	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	20,088,783	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	613,405	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)	20,702,188	30.00
31.00	Primary payer payments	4,403	31.00
32.00	Subtotal (line 30 minus line 31)	20,697,785	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)	567,941	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	369,162	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	419,410	36.00
37.00	Subtotal (see instructions)	21,066,947	37.00
38.00	MSP-LCC reconciliation amount from PS&R	327	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	114	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	21,066,620	40.00
40.01	Sequestration adjustment (see instructions)	421,332	40.01
40.02	Demonstration payment adjustment amount after sequestration	238,429	40.02
41.00	Interim payments	20,306,430	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	100,429	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: 14-0209 Component CCN: 14-S209	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/29/2019 9:29 am
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	365	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	1,328	2.00
3.00	OPPS payments	1,432	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)	365	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	1,111	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)	1,111	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 chargebasis 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)	1,111	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	746	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)	365	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)	1,432	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)	415	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)	1,382	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)	1,382	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	1,382	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)	1,382	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	1,382	40.00
40.01	Sequestration adjustment (see instructions)	28	40.01
40.02	Demonstration payment adjustment amount after sequestration	0	40.02
41.00	Interim payments	1,345	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	9	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: 14-0209 Component CCN: 14-T209	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/29/2019 9:29 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	859	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	575	2.00
3.00	OPPS payments	581	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)	859	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	2,617	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)	2,617	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 chargebasis 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)	2,617	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	1,758	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)	859	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)	581	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)	12	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)	1,428	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)	1,428	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	1,428	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)	1,428	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50
39.97	Demonstration payment adjustment amount before sequestration	0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	1,428	40.00
40.01	Sequestration adjustment (see instructions)	29	40.01
40.02	Demonstration payment adjustment amount after sequestration	16	40.02
41.00	Interim payments	1,363	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	20	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: 14-0209	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part I Date/Time Prepared: 5/29/2019 9:29 am
	Title XVIII	Hospital	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		49,550,831		20,306,430	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)		49,550,831		20,306,430	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		100,429	6.01
6.02	SETTLEMENT TO PROGRAM		12,230		0	6.02
7.00	Total Medicare program liability (see instructions)		49,538,601		20,406,859	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: 14-0209 Component CCN: 14-S209	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part I Date/Time Prepared: 5/29/2019 9:29 am
	Title XVIII	Subprovider - IPF	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,065,000		1,345	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)		2,065,000		1,345	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		9	6.01
6.02	SETTLEMENT TO PROGRAM		1,834		0	6.02
7.00	Total Medicare program liability (see instructions)		2,063,166		1,354	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: 14-0209 Component CCN: 14-T209	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part I Date/Time Prepared: 5/29/2019 9:29 am
	Title XVIII	Subprovider - IRF	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		7,000,455		1,363	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)		7,000,455		1,363	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		20	6.01
6.02	SETTLEMENT TO PROGRAM		84,287		0	6.02
7.00	Total Medicare program liability (see instructions)		6,916,168		1,383	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 14-0209	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part II Date/Time Prepared: 5/29/2019 9:29 am
	Title XVIII	Hospital	PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0209 Component CCN: 14-S209	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part II Date/Time Prepared: 5/29/2019 9:29 am
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	2,153,450	1.00
2.00	Net IPF PPS Outlier Payments	5,172	2.00
3.00	Net IPF PPS ECT Payments	10,094	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)	0.75	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 instuctions)	10.02	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 instuctions)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.75	8.00
9.00	Average Daily Census (see instructions)	35.660274	9.00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.010777	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	23,208	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	2,191,924	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)	0	15.00
16.00	Subtotal (see instructions)	2,191,924	16.00
17.00	Primary payer payments	1,139	17.00
18.00	Subtotal (line 16 less line 17).	2,190,785	18.00
19.00	Deductibles	297,336	19.00
20.00	Subtotal (line 18 minus line 19)	1,893,449	20.00
21.00	Coinsurance	5,025	21.00
22.00	Subtotal (line 20 minus line 21)	1,888,424	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	278,259	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	180,868	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	234,020	25.00
26.00	Subtotal (sum of lines 22 and 24)	2,069,292	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)	35,979	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)	2,105,271	31.00
31.01	Sequestration adjustment (see instructions)	42,105	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	31.02
32.00	Interim payments	2,065,000	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)	-1,834	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	5,172	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: 14-0209 Component CCN: 14-T209	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part III Date/Time Prepared: 5/29/2019 9:29 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	6,811,807	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0265	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	109,670	3.00
4.00	Outlier Payments	164,252	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	5.01
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00	9.00
10.00	Average Daily Census (see instructions)	15.071233	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)	7,085,729	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)		15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	7,085,729	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	7,085,729	19.00
20.00	Deductibles	46,900	20.00
21.00	Subtotal (line 19 minus line 20)	7,038,829	21.00
22.00	Coinsurance	42,491	22.00
23.00	Subtotal (line 21 minus line 22)	6,996,338	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	7,729	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	5,024	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	3,993	26.00
27.00	Subtotal (sum of lines 23 and 25)	7,001,362	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)	136,769	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)	7,138,131	32.00
32.01	Sequestration adjustment (see instructions)	142,763	32.01
32.02	Demonstration payment adjustment amount after sequestration	79,200	32.02
33.00	Interim payments	7,000,455	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)	-84,287	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	164,252	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: 14-0209	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/29/2019 9:29 am
	Title XVIII	Hospital	PPS

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			27.33	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))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts			27.33	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			38.85	6.00
7.00	Enter the lesser of line 5 or line 6			27.33	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.	28.83	10.02	38.85	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.	20.28	7.05	27.33	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	20.28	7.05		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	19.10	8.23		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	20.44	6.89		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	19.94	7.39		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	19.94	7.39		17.00
18.00	Per resident amount	130,591.26	123,658.40		18.00
19.00	Approved amount for resident costs	2,603,990	913,836	3,517,826	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)			5.66	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			11.52	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			5.66	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			101,098.78	23.00
24.00	Multiply line 22 time line 23			572,219	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			4,090,045	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	26,094	5,883		26.00
27.00	Total Inpatient Days (see instructions)	65,686	65,686		27.00
28.00	Ratio of inpatient days to total inpatient days	0.397254	0.089562		28.00
29.00	Program direct GME amount	1,624,787	366,313		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		51,760		30.00
31.00	Net Program direct GME amount			1,939,340	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 14-0209	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/29/2019 9:29 am
	Title XVIII	Hospital	PPS

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)	0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	2,479,661	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	63,470,159	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)	0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)	0	39.00
40.00	Primary payer payments (see instructions)	52,050	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	63,418,109	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	29,342,935	42.00
43.00	Primary payer payments (see instructions)	4,403	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	29,338,532	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	92,756,641	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.683704	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.316296	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	1,939,340	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	1,325,935	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	613,405	50.00

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

Provider CCN: 14-0209

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

Worksheet G

Date/Time Prepared: 5/29/2019 9:29 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	7,475,032	0	0	0	1.00
2.00	Temporary investments	226,455	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	59,309,073	0	0	0	4.00
5.00	Other receivable	2,405,481	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	6,221,533	0	0	0	7.00
8.00	Prepaid expenses	1,524,514	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	45,837,738	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	122,999,826	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	1,458,352	0	0	0	12.00
13.00	Land improvements	8,356,061	0	0	0	13.00
14.00	Accumulated depreciation	-4,174,375	0	0	0	14.00
15.00	Buildings	164,302,349	0	0	0	15.00
16.00	Accumulated depreciation	-52,465,990	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	21,716,038	0	0	0	19.00
20.00	Accumulated depreciation	-9,882,642	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	71,996,578	0	0	0	23.00
24.00	Accumulated depreciation	-47,576,130	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)	153,730,241	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	183,396,123	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	84,800,990	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	268,197,113	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	544,927,180	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	13,809,154	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,134,969	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	6,245,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	87,338,475	0	0	0	43.00
44.00	Other current liabilities	10,596,859	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	125,124,457	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	23,021,822	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	152,608,208	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	175,630,030	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	300,754,487	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	244,172,693				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)	244,172,693	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	544,927,180	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet G-1 | Date/Time Prepared: 5/29/2019 9:29 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		259,584,869		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-1,425,428				2.00
3.00	Total (sum of line 1 and line 2)		258,159,441		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		258,159,441		0		11.00
12.00	CHANGE IN TEMP & PERM REST	2,371,018		0		0	12.00
13.00	CHANGE IN UNRESTRICTED	11,615,730		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		13,986,748		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		244,172,693		0		19.00

		Endowment Fund	Plant Fund		
		6.00	7.00	8.00	
1.00	Fund balances at beginning of period	0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)				2.00
3.00	Total (sum of line 1 and line 2)	0		0	3.00
4.00	Additions (credit adjustments) (specify)		0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00			0		8.00
9.00			0		9.00
10.00	Total additions (sum of line 4-9)	0		0	10.00
11.00	Subtotal (line 3 plus line 10)	0		0	11.00
12.00	CHANGE IN TEMP & PERM REST		0		12.00
13.00	CHANGE IN UNRESTRICTED		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: 14-0209 | Period: From 01/01/2018 To 12/31/2018 | Worksheet G-2 Parts I & II Date/Time Prepared: 5/29/2019 9:29 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	94,345,111		94,345,111	1.00
2.00	SUBPROVIDER - IPF	30,015,833		30,015,833	2.00
3.00	SUBPROVIDER - IRF	16,424,190		16,424,190	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	140,785,134		140,785,134	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	12,793,200		12,793,200	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	13,314,148		13,314,148	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	26,107,348		26,107,348	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	166,892,482		166,892,482	17.00
18.00	Ancillary services	460,663,374	0	460,663,374	18.00
19.00	Outpatient services	0	695,514,077	695,514,077	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		10,034,677	10,034,677	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	5,732,369	5,732,369	26.00
27.00	PHYSICIANS	0	105,856,570	105,856,570	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	627,555,856	817,137,693	1,444,693,549	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		364,301,768		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)		364,301,768		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 14-0209	Period: From 01/01/2018 To 12/31/2018	Worksheet G-3 Date/Time Prepared: 5/29/2019 9:29 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,444,693,549	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,051,006,724	2.00
3.00	Net patient revenues (line 1 minus line 2)	393,686,825	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	364,301,768	4.00
5.00	Net income from service to patients (line 3 minus line 4)	29,385,057	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	15,624	6.00
7.00	Income from investments	-12,911,102	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	1,586,815	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.)	12,354,956	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	MISC INCOME	32,672,000	24.00
25.00	Total other income (sum of lines 6-24)	33,718,293	25.00
26.00	Total (line 5 plus line 25)	63,103,350	26.00
27.00	HOME OFFICE EXPENSES	64,528,778	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	64,528,778	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-1,425,428	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0209
HHA CCN: 14-7259

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

Worksheet H
Date/Time Prepared: 5/29/2019 9:29 am

Home Health Agency I | PPS

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	1,942,295	494,507	3,119	190,006	188,906	2,818,833	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,538,111	588,699	0	3,152	174,263	3,304,225	6.00
7.00	Physical Therapy	0	0	0	1,796,930	0	1,796,930	7.00
8.00	Occupational Therapy	0	0	0	332,170	0	332,170	8.00
9.00	Speech Pathology	0	0	0	63,442	0	63,442	9.00
10.00	Medical Social Services	65,836	15,640	0	0	2,121	83,597	10.00
11.00	Home Health Aide	153,894	57,117	0	0	46,014	257,025	11.00
12.00	Supplies (see instructions)	0	0	0	0	242,712	242,712	12.00
13.00	Drugs	0	0	0	0	143	143	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	37,385	8,770	0	0	339	46,494	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	4,737,521	1,164,733	3,119	2,385,700	654,498	8,945,571	24.00

		Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	-103,740	2,715,093	-133,733	2,581,360			5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	3,304,225	0	3,304,225			6.00
7.00	Physical Therapy	0	1,796,930	0	1,796,930			7.00
8.00	Occupational Therapy	0	332,170	0	332,170			8.00
9.00	Speech Pathology	0	63,442	0	63,442			9.00
10.00	Medical Social Services	0	83,597	0	83,597			10.00
11.00	Home Health Aide	0	257,025	0	257,025			11.00
12.00	Supplies (see instructions)	0	242,712	0	242,712			12.00
13.00	Drugs	0	143	0	143			13.00
14.00	DME	0	0	0	0			14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	0	46,494	0	46,494			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	0	0	0			23.00
23.50	Telemedicine	0	0	0	0			23.50
24.00	Total (sum of lines 1-23)	-103,740	8,841,831	-133,733	8,708,098			24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 14-0209
HHA CCN: 14-7259

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

Worksheet H-1 Part I
Date/Time Prepared: 5/29/2019 9:29 am

Home Health Agency I | PPS

			Capital Related Costs					
		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Bldgs & Fixtures	Movable Equipment	Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	2,581,360	0	0	0	0	2,581,360	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	3,304,225	0	0	0	0	3,304,225	6.00
7.00	Physical Therapy	1,796,930	0	0	0	0	1,796,930	7.00
8.00	Occupational Therapy	332,170	0	0	0	0	332,170	8.00
9.00	Speech Pathology	63,442	0	0	0	0	63,442	9.00
10.00	Medical Social Services	83,597	0	0	0	0	83,597	10.00
11.00	Home Health Aide	257,025	0	0	0	0	257,025	11.00
12.00	Supplies (see instructions)	242,712	0	0	0	0	242,712	12.00
13.00	Drugs	143	0	0	0		143	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	46,494	0	0	0	0	46,494	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	8,708,098	0	0	0	0	8,708,098	24.00

		Administrative & General	Total (cols. 4A + 5)	
		5.00	6.00	
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures			1.00
2.00	Capital Related - Movable Equipment			2.00
3.00	Plant Operation & Maintenance			3.00
4.00	Transportation			4.00
5.00	Administrative and General	2,581,360		5.00
	HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	1,392,159	4,696,384	6.00
7.00	Physical Therapy	757,095	2,554,025	7.00
8.00	Occupational Therapy	139,952	472,122	8.00
9.00	Speech Pathology	26,730	90,172	9.00
10.00	Medical Social Services	35,222	118,819	10.00
11.00	Home Health Aide	108,292	365,317	11.00
12.00	Supplies (see instructions)	102,261	344,973	12.00
13.00	Drugs	60	203	13.00
14.00	DME	0	0	14.00
	HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	0	15.00
16.00	Respiratory Therapy	0	0	16.00
17.00	Private Duty Nursing	19,589	66,083	17.00
18.00	Clinic	0	0	18.00
19.00	Health Promotion Activities	0	0	19.00
20.00	Day Care Program	0	0	20.00
21.00	Home Delivered Meals Program	0	0	21.00
22.00	Homemaker Service	0	0	22.00
23.00	All Others (specify)	0	0	23.00
23.50	Telemedicine	0	0	23.50
24.00	Total (sum of lines 1-23)		8,708,098	24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0209
HHA CCN: 14-7259

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

Worksheet H-1
Part II
Date/Time Prepared:
5/29/2019 9:29 am

Home Health Agency I | PPS

		Capital Related Costs						
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
		1.00	2.00	3.00	4.00	5A.00	5.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00
2.00	Capital Related - Movable Equipment		0			0		2.00
3.00	Plant Operation & Maintenance	0	0	0		0		3.00
4.00	Transportation (see instructions)	0	0	0	0			4.00
5.00	Administrative and General	0	0	0	0	-2,581,360	6,126,738	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	3,304,225	6.00
7.00	Physical Therapy	0	0	0	0	0	1,796,930	7.00
8.00	Occupational Therapy	0	0	0	0	0	332,170	8.00
9.00	Speech Pathology	0	0	0	0	0	63,442	9.00
10.00	Medical Social Services	0	0	0	0	0	83,597	10.00
11.00	Home Health Aide	0	0	0	0	0	257,025	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	242,712	12.00
13.00	Drugs	0	0	0		0	143	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	46,494	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-2,581,360	6,126,738	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		2,581,360	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.421327	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0209
HHA CCN: 14-7259

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

Worksheet H-2 Part I
Date/Time Prepared: 5/29/2019 9:29 am

Home Health Agency I | PPS

	Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	PARKING	Subtotal	
		0	1.00	2.00	4.00	4.01	4A.01	
1.00	Administrative and General	0	0	5,368	239,543	0	244,911	1.00
2.00	Skilled Nursing Care	4,696,384	0	0	0	0	4,696,384	2.00
3.00	Physical Therapy	2,554,025	0	0	0	0	2,554,025	3.00
4.00	Occupational Therapy	472,122	0	0	0	0	472,122	4.00
5.00	Speech Pathology	90,172	0	0	0	0	90,172	5.00
6.00	Medical Social Services	118,819	0	0	0	0	118,819	6.00
7.00	Home Health Aide	365,317	0	0	0	0	365,317	7.00
8.00	Supplies (see instructions)	344,973	0	0	0	0	344,973	8.00
9.00	Drugs	203	0	0	0	0	203	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	66,083	0	0	0	0	66,083	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	8,708,098	0	5,368	239,543	0	8,953,009	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						0.000000	21.00

	Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	6.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	75,001	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	1,438,202	0	0	0	0	0	2.00
3.00	Physical Therapy	782,134	0	0	0	0	0	3.00
4.00	Occupational Therapy	144,581	0	0	0	0	0	4.00
5.00	Speech Pathology	27,614	0	0	0	0	0	5.00
6.00	Medical Social Services	36,387	0	0	0	0	0	6.00
7.00	Home Health Aide	111,873	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	105,643	0	0	0	0	0	8.00
9.00	Drugs	62	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	20,237	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	2,741,734	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0209
HHA CCN: 14-7259

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

Worksheet H-2 Part I
Date/Time Prepared: 5/29/2019 9:29 am

Home Health Agency I | PPS

	Cost Center Description	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	12.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	91,647	0	466,787	0	3	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	91,647	0	466,787	0	3	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES	INTERNS & RESIDENTS SRVCES-OTHER PRGM COSTS	Subtotal	
		17.00	19.00	20.00	21.00	22.00	24.00	
1.00	Administrative and General	0	0	76,230	0	0	954,579	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	6,134,586	2.00
3.00	Physical Therapy	0	0	0	0	0	3,336,159	3.00
4.00	Occupational Therapy	0	0	0	0	0	616,703	4.00
5.00	Speech Pathology	0	0	0	0	0	117,786	5.00
6.00	Medical Social Services	0	0	0	0	0	155,206	6.00
7.00	Home Health Aide	0	0	0	0	0	477,190	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	450,616	8.00
9.00	Drugs	0	0	0	0	0	265	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	86,320	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	76,230	0	0	12,329,410	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0209
HHA CCN: 14-7259

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

Worksheet H-2
Part I
Date/Time Prepared:
5/29/2019 9:29 am

Home Health Agency I

PPS

	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs			
		25.00	26.00	27.00	28.00			
1.00	Administrative and General	0	954,579					1.00
2.00	Skilled Nursing Care	0	6,134,586	514,817	6,649,403			2.00
3.00	Physical Therapy	0	3,336,159	279,970	3,616,129			3.00
4.00	Occupational Therapy	0	616,703	51,754	668,457			4.00
5.00	Speech Pathology	0	117,786	9,885	127,671			5.00
6.00	Medical Social Services	0	155,206	13,025	168,231			6.00
7.00	Home Health Aide	0	477,190	40,046	517,236			7.00
8.00	Supplies (see instructions)	0	450,616	37,816	488,432			8.00
9.00	Drugs	0	265	22	287			9.00
10.00	DME	0	0	0	0			10.00
11.00	Home Dialysis Aide Services	0	0	0	0			11.00
12.00	Respiratory Therapy	0	0	0	0			12.00
13.00	Private Duty Nursing	0	86,320	7,244	93,564			13.00
14.00	Clinic	0	0	0	0			14.00
15.00	Health Promotion Activities	0	0	0	0			15.00
16.00	Day Care Program	0	0	0	0			16.00
17.00	Home Delivered Meals Program	0	0	0	0			17.00
18.00	Homemaker Service	0	0	0	0			18.00
19.00	All Others (specify)	0	0	0	0			19.00
19.50	Telemedicine	0	0	0	0			19.50
20.00	Total (sum of lines 1-19) (2)	0	12,329,410	954,579	12,329,410			20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.083920				21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0209
HHA CCN: 14-7259

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

Worksheet H-2
Part II
Date/Time Prepared:
5/29/2019 9:29 am

Home Health Agency I | PPS

	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PARKING (SQUARE FEET)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
		1.00	2.00	4.00	4.01	5A	5.00	
1.00	Administrative and General	0	40,946	4,737,522	0	0	244,911	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	4,696,384	2.00
3.00	Physical Therapy	0	0	0	0	0	2,554,025	3.00
4.00	Occupational Therapy	0	0	0	0	0	472,122	4.00
5.00	Speech Pathology	0	0	0	0	0	90,172	5.00
6.00	Medical Social Services	0	0	0	0	0	118,819	6.00
7.00	Home Health Aide	0	0	0	0	0	365,317	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	344,973	8.00
9.00	Drugs	0	0	0	0	0	203	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	66,083	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	40,946	4,737,522	0		8,953,009	20.00
21.00	Total cost to be allocated	0	5,368	239,543	0		2,741,734	21.00
22.00	Unit cost multiplier	0.000000	0.131099	0.050563	0.000000		0.306236	22.00

	Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
		6.00	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	0	0	0	0	0	7,548	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	7,548	20.00
21.00	Total cost to be allocated	0	0	0	0	0	91,647	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	12.141892	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0209
HHA CCN: 14-7259

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

Worksheet H-2 Part II
Date/Time Prepared: 5/29/2019 9:29 am

Home Health Agency I | PPS

	Cost Center Description	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
		12.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	7,548	242,712	7	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	7,548	242,712	7	0	0	20.00
21.00	Total cost to be allocated	0	466,787	0	3	0	0	21.00
22.00	Unit cost multiplier	0.000000	61.842475	0.000000	0.428571	0.000000	0.000000	22.00

	Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)			
		19.00	20.00	21.00	22.00			
1.00	Administrative and General	0	546	0	0			1.00
2.00	Skilled Nursing Care	0	0	0	0			2.00
3.00	Physical Therapy	0	0	0	0			3.00
4.00	Occupational Therapy	0	0	0	0			4.00
5.00	Speech Pathology	0	0	0	0			5.00
6.00	Medical Social Services	0	0	0	0			6.00
7.00	Home Health Aide	0	0	0	0			7.00
8.00	Supplies (see instructions)	0	0	0	0			8.00
9.00	Drugs	0	0	0	0			9.00
10.00	DME	0	0	0	0			10.00
11.00	Home Dialysis Aide Services	0	0	0	0			11.00
12.00	Respiratory Therapy	0	0	0	0			12.00
13.00	Private Duty Nursing	0	0	0	0			13.00
14.00	Clinic	0	0	0	0			14.00
15.00	Health Promotion Activities	0	0	0	0			15.00
16.00	Day Care Program	0	0	0	0			16.00
17.00	Home Delivered Meals Program	0	0	0	0			17.00
18.00	Homemaker Service	0	0	0	0			18.00
19.00	All Others (specify)	0	0	0	0			19.00
19.50	Telemedicine	0	0	0	0			19.50
20.00	Total (sum of lines 1-19)	0	546	0	0			20.00
21.00	Total cost to be allocated	0	76,230	0	0			21.00
22.00	Unit cost multiplier	0.000000	139.615385	0.000000	0.000000			22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0209
HHA CCN: 14-7259

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

Worksheet H-3 Part I
Date/Time Prepared: 5/29/2019 9:29 am

Title XVIII | Home Health Agency I | PPS

	Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	6,649,403		6,649,403	22,532	295.11	1.00
2.00	Physical Therapy	3.00	3,616,129	0	3,616,129	20,361	177.60	2.00
3.00	Occupational Therapy	4.00	668,457	0	668,457	5,178	129.10	3.00
4.00	Speech Pathology	5.00	127,671	0	127,671	785	162.64	4.00
5.00	Medical Social Services	6.00	168,231		168,231	146	1,152.27	5.00
6.00	Home Health Aide	7.00	517,236		517,236	3,282	157.60	6.00
7.00	Total (sum of lines 1-6)		11,747,127	0	11,747,127	52,284		7.00

	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care		37900	0	13,783			8.00
8.01	Skilled Nursing Care		99914	0	622			8.01
9.00	Physical Therapy		37900	0	12,853			9.00
9.01	Physical Therapy		99914	0	607			9.01
10.00	Occupational Therapy		37900	0	3,403			10.00
10.01	Occupational Therapy		99914	0	121			10.01
11.00	Speech Pathology		37900	0	473			11.00
11.01	Speech Pathology		99914	0	16			11.01
12.00	Medical Social Services		37900	0	105			12.00
12.01	Medical Social Services		99914	0	2			12.01
13.00	Home Health Aide		37900	0	2,039			13.00
13.01	Home Health Aide		99914	0	238			13.01
14.00	Total (sum of lines 8-13)			0	34,262			14.00

	Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	488,432	0	488,432	480,307	1.016916	15.00
16.00	Cost of Drugs	9.00	287	0	287	283	1.014134	16.00

	Cost Center Description	Program Visits Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles & Coinsurance	Cost of Services Part A	Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	14,405		0	4,251,060		1.00
2.00	Physical Therapy	0	13,460		0	2,390,496		2.00
3.00	Occupational Therapy	0	3,524		0	454,948		3.00
4.00	Speech Pathology	0	489		0	79,531		4.00
5.00	Medical Social Services	0	107		0	123,293		5.00
6.00	Home Health Aide	0	2,277		0	358,855		6.00
7.00	Total (sum of lines 1-6)	0	34,262		0	7,658,183		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0209
HHA CCN: 14-7259

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

Worksheet H-3 Part I
Date/Time Prepared: 5/29/2019 9:29 am

Title XVIII | Home Health Agency I | PPS

	Cost Center Description							
		6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00

	Cost Center Description	Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	331,192	0	0	336,794	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00

	Cost Center Description	Total Program Cost (sum of cols. 9-10)	
		12.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION		
	Cost Per Visit Computation		
1.00	Skilled Nursing Care	4,251,060	1.00
2.00	Physical Therapy	2,390,496	2.00
3.00	Occupational Therapy	454,948	3.00
4.00	Speech Pathology	79,531	4.00
5.00	Medical Social Services	123,293	5.00
6.00	Home Health Aide	358,855	6.00
7.00	Total (sum of lines 1-6)	7,658,183	7.00
	Cost Center Description	12.00	
	Limitation Cost Computation		
8.00	Skilled Nursing Care		8.00
8.01	Skilled Nursing Care		8.01
9.00	Physical Therapy		9.00
9.01	Physical Therapy		9.01
10.00	Occupational Therapy		10.00
10.01	Occupational Therapy		10.01
11.00	Speech Pathology		11.00
11.01	Speech Pathology		11.01
12.00	Medical Social Services		12.00
12.01	Medical Social Services		12.01
13.00	Home Health Aide		13.00
13.01	Home Health Aide		13.01
14.00	Total (sum of lines 8-13)		14.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 14-0209 HHA CCN: 14-7259	Period: From 01/01/2018 To 12/31/2018	Worksheet H-3 Part II Date/Time Prepared: 5/29/2019 9:29 am
	Title XVIII	Home Health Agency I	PPS

	Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
		0	1.00	2.00	3.00	4.00		
	PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.295357	0	0	col. 2, line 2.00		1.00
2.00	Occupational Therapy	67.00	0.300484	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.339773	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	0.035099	0	0	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.328191	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CCN: 14-0209 HHA CCN: 14-7259	Period: From 01/01/2018 To 12/31/2018	Worksheet H-4 Part I-II Date/Time Prepared: 5/29/2019 9:29 am
	Title XVIII	Home Health Agency I	PPS

		Part A	Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
	PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
	Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
	Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount 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(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00

		Part A Services	Part B Services	
		1.00	2.00	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	6,301,990	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	158,258	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	82,251	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	79,771	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	48,535	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	100	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	6,670,905	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	6,670,905	24.00
25.00	Coinsurance billed to program patients (from your records)		0	25.00
26.00	Net cost (line 24 minus line 25)	0	6,670,905	26.00
27.00	Reimbursable bad debts (from your records)			27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	6,670,905	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	0	30.99
31.00	Subtotal (see instructions)	0	6,670,905	31.00
31.01	Sequestration adjustment (see instructions)	0	133,431	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	88,305	31.02
32.00	Interim payments (see instructions)	0	6,449,769	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	-600	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 14-0209 HHA CCN: 14-7259	Period: From 01/01/2018 To 12/31/2018	Worksheet H-5 Date/Time Prepared: 5/29/2019 9:29 am
		Home Health Agency I	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		6,449,769	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			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			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. H-4, Part II, column as appropriate, line 32)		0		6,449,769	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			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		600	6.02
7.00	Total Medicare program liability (see instructions)		0		6,449,169	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0209
Hospice CCN: 14-1537

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

Worksheet O
Date/Time Prepared: 5/29/2019 9:29 am

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		890	890	0	890	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	387,953	790,137	1,178,090	0	1,178,090	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	519	519	0	519	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	0	7.00
8.00	DIETARY*	0	2,650	2,650	0	2,650	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	121,760	121,760	0	121,760	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	137,186	137,186	0	137,186	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0	13.00
14.00	PHARMACY*	0	313,726	313,726	0	313,726	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES**	51,872	12,333	64,205	0	64,205	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00
28.00	REGISTERED NURSE**	926,392	220,261	1,146,653	0	1,146,653	28.00
29.00	LPN/LVN**	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	109,159	25,954	135,113	0	135,113	33.00
34.00	SPIRITUAL COUNSELING**	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	175,711	41,778	217,489	0	217,489	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	373,342	373,342	0	373,342	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	0	46.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	122,028	29,014	151,042	0	151,042	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	1,773,115	2,069,550	3,842,665	0	3,842,665	100.00

* Transfer the amounts in column 7 to Wkst. O-5, column 1, line as appropriate.
** See instructions. Do not transfer the amounts in column 7 to Wkst. O-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0209
Hospice CCN: 14-1537

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

Worksheet O
Date/Time Prepared: 5/29/2019 9:29 am

Hospice I

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	890	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	5,925	1,184,015	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	519	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	2,650	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	121,760	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	137,186	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	13.00
14.00	PHARMACY*	0	313,726	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
	DIRECT PATIENT CARE SERVICE COST CENTERS			
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	64,205	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	1,146,653	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	135,113	33.00
34.00	SPIRITUAL COUNSELING**	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	0	217,489	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	373,342	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	46.00
	NONREIMBURSABLE COST CENTERS			
60.00	BEREAVEMENT PROGRAM *	0	151,042	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	5,925	3,848,590	100.00

* Transfer the amounts in column 7 to Wkst. O-5, column 1, line as appropriate.
** See instructions. Do not transfer the amounts in column 7 to Wkst. O-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE

Provider CCN: 14-0209
Hospice CCN: 14-1537

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

Worksheet O-2
Date/Time Prepared: 5/29/2019 9:29 am

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	51,258	12,187	63,445	0	63,445	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	915,419	217,652	1,133,071	0	1,133,071	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	107,866	25,647	133,513	0	133,513	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	173,630	41,283	214,913	0	214,913	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	373,342	373,342	0	373,342	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	1,248,173	670,111	1,918,284	0	1,918,284	100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 51.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED				25.00
26.00	PHYSICIAN SERVICES	0	63,445		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	1,133,071		28.00
29.00	LPN/LVN	0	0		29.00
30.00	PHYSICAL THERAPY	0	0		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	133,513		33.00
34.00	SPIRITUAL COUNSELING	0	0		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	214,913		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	373,342		38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0		42.50
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0		46.00
100.00	TOTAL *	0	1,918,284		100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 51.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE

Provider CCN: 14-0209
Hospice CCN: 14-1537

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

Worksheet O-4
Date/Time Prepared: 5/29/2019 9:29 am

Hospice I

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	614	146	760	0	760	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	10,973	2,609	13,582	0	13,582	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	1,293	307	1,600	0	1,600	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	2,081	495	2,576	0	2,576	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	14,961	3,557	18,518	0	18,518	100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 53.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)		
		6.00	7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0		25.00
26.00	PHYSICIAN SERVICES	0	760		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGISTERED NURSE	0	13,582		28.00
29.00	LPN/LVN	0	0		29.00
30.00	PHYSICAL THERAPY	0	0		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	1,600		33.00
34.00	SPIRITUAL COUNSELING	0	0		34.00
35.00	DIETARY COUNSELING	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	2,576		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0		38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	IMAGING SERVICES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0		42.50
43.00	OUTPATIENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0		46.00
100.00	TOTAL *	0	18,518		100.00

* Transfer the amount in column 7 to Wkst. O-5, column 1, line 53.

COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET EXPENSES FOR ALLOCATION

Provider CCN: 14-0209
Hospice CCN: 14-1537

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

Worksheet O-5
Date/Time Prepared: 5/29/2019 9:29 am

Hospice I

	Descriptions	HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of cols. 1 + 2)	
		1.00	2.00	3.00	
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	890	117	1,007	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	89,654	89,654	3.00
4.00	ADMINISTRATIVE & GENERAL	1,184,015	1,239,058	2,423,073	4.00
5.00	PLANT OPERATION & MAINTENANCE	519	0	519	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	2,650	0	2,650	8.00
9.00	NURSING ADMINISTRATION	0	168,026	168,026	9.00
10.00	ROUTINE MEDICAL SUPPLIES	121,760	0	121,760	10.00
11.00	MEDICAL RECORDS	0	0	0	11.00
12.00	STAFF TRANSPORTATION	137,186		137,186	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0	13.00
14.00	PHARMACY	313,726	154,571	468,297	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0	15.00
16.00	OTHER GENERAL SERVICE	0	82,094	82,094	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0	17.00
	LEVEL OF CARE				
50.00	HOSPICE CONTINUOUS HOME CARE	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,918,284		1,918,284	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0		0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	18,518		18,518	53.00
	NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM	151,042		151,042	60.00
61.00	VOLUNTEER PROGRAM	0		0	61.00
62.00	FUNDRAISING	0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0	65.00
66.00	RESIDENTIAL CARE	0		0	66.00
67.00	ADVERTISING	0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0	68.00
69.00	THRIFT STORE	0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0		0	71.00
99.00	NEGATIVE COST CENTER	0		0	99.00
100.00	TOTAL	3,848,590	1,733,520	5,582,110	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0209
Hospice CCN: 14-1537

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

Worksheet O-6
Part I
Date/Time Prepared:
5/29/2019 9:29 am

Hospice I

	Descriptions	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,007		1,007			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	89,654	0	0	89,654		3.00
4.00	ADMINISTRATIVE & GENERAL	2,423,073	0	1,007	14,428	2,438,508	4.00
5.00	PLANT OPERATION & MAINTENANCE	519	0	0	0	519	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	2,650	0	0	0	2,650	8.00
9.00	NURSING ADMINISTRATION	168,026	0	0	0	168,026	9.00
10.00	ROUTINE MEDICAL SUPPLIES	121,760	0	0	0	121,760	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	137,186	0	0	0	137,186	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	468,297	0	0	0	468,297	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	82,094	0	0	0	82,094	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		0	17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,918,284			54,515	1,972,799	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	18,518	0	0	13,136	31,654	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	151,042	0	0	7,575	158,617	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0				0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0		99.00
100.00	TOTAL	5,582,110	0	1,007	89,654	5,582,110	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0209
Hospice CCN: 14-1537

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

Worksheet O-6
Part I
Date/Time Prepared:
5/29/2019 9:29 am

Hospice I

	Descriptions	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL	2,438,508					4.00
5.00	PLANT OPERATION & MAINTENANCE	403	922				5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0			6.00
7.00	HOUSEKEEPING	0	0		0		7.00
8.00	DIETARY	2,056	0		0	4,706	8.00
9.00	NURSING ADMINISTRATION	130,339	0		0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	94,450	0		0		10.00
11.00	MEDICAL RECORDS	0	0		0		11.00
12.00	STAFF TRANSPORTATION	106,416	0		0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0		0		13.00
14.00	PHARMACY	363,260	0		0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0		0		15.00
16.00	OTHER GENERAL SERVICE	63,681	0		0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0		17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00	HOSPICE ROUTINE HOME CARE	1,530,309					51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	46	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	24,554	876	0	0	4,706	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	123,040	0		0		60.00
61.00	VOLUNTEER PROGRAM	0	0		0		61.00
62.00	FUNDRAISING	0	0		0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0		0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0		0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00	THRIFT STORE	0	0		0		69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	2,438,508	922	0	0	4,706	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0209
Hospice CCN: 14-1537

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

Worksheet O-6
Part I
Date/Time Prepared:
5/29/2019 9:29 am

Hospice I

	Descriptions	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	298,365					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	216,210				10.00
11.00	MEDICAL RECORDS	0		0			11.00
12.00	STAFF TRANSPORTATION	0			243,602		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	0	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	294,768	213,687	0	240,677	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	3,597	2,523	0	2,925	0	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	298,365	216,210	0	243,602	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0209
Hospice CCN: 14-1537

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

Worksheet O-6
Part I
Date/Time Prepared:
5/29/2019 9:29 am

Hospice I

	Descriptions	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES	TOTAL	
		14.00	15.00	16.00	17.00	18.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	831,557					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		145,775			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	821,574	0	144,074		5,217,888	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	46	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	9,983	0	1,701	0	82,519	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0		0		281,657	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	831,557	0	145,775	0	5,582,110	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 14-0209
Hospice CCN: 14-1537

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

Worksheet O-6
Part II
Date/Time Prepared:
5/29/2019 9:29 am

Hospice I

	Cost Center Descriptions	CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		890				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	1,374,871			3.00
4.00	ADMINISTRATIVE & GENERAL	0	890	221,252	-2,438,508	3,143,602	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	519	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	2,650	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	168,026	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	121,760	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	137,186	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	468,297	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	82,094	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0	0	17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			835,998	0	1,972,799	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	201,451	0	31,654	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	116,170	0	158,617	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	0	1,007	89,654		2,438,508	100.00
101.00	UNIT COST MULTIPLIER	0.000000	1.131461	0.065209		0.775705	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 14-0209
Hospice CCN: 14-1537

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

Worksheet O-6
Part II
Date/Time Prepared:
5/29/2019 9:29 am

Hospice I

	Cost Center Descriptions	PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	100					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	322		8.00
9.00	NURSING ADMINISTRATION	0		0		7,548	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0			17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					7,457	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	5	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	95	0	0	322	91	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	922	0	0	4,706	298,365	100.00
101.00	UNIT COST MULTIPLIER	9.220000	0.000000	0.000000	14.614907	39.529014	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 14-0209
Hospice CCN: 14-1537

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

Worksheet O-6
Part II
Date/Time Prepared:
5/29/2019 9:29 am

Hospice I

	Cost Center Descriptions	ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	27,597					10.00
11.00	MEDICAL RECORDS		0				11.00
12.00	STAFF TRANSPORTATION			137,186			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	0		13.00
14.00	PHARMACY			0	0	137,186	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	27,275	0	135,539	0	135,539	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	322	0	1,647	0	1,647	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	216,210	0	243,602	0	831,557	100.00
101.00	UNIT COST MULTIPLIER	7.834547	0.000000	1.775706	0.000000	6.061530	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 14-0209
Hospice CCN: 14-1537

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

Worksheet O-6
Part II
Date/Time Prepared:
5/29/2019 9:29 am

Hospice I

	Cost Center Descriptions	PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)		
		15.00	16.00	17.00		
	GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	27,597				15.00
16.00	OTHER GENERAL SERVICE		27,597			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
	LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	27,275	27,275			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	322	322	0		53.00
	NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. O-6, Part I)	0	145,775	0		100.00
101.00	UNIT COST MULTIPLIER	0.000000	5.282277	0.000000		101.00

APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY LEVEL OF CARE

Provider CCN: 14-0209
Hospice CCN: 14-1537

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

Worksheet O-7
Date/Time Prepared: 5/29/2019 9:29 am

Hospice I

	Cost Center Descriptions	From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records) HCHC	HRHC	HIRC	
		0	1.00	2.00	3.00	4.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.295357	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.300484	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.339773	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.328191	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.099341	0	0	0	6.00
6.01	NORTHSIDE LAB	60.01	0.000000	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHRGED TO PATIENTS	71.00	0.035099	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.210649	0	0	0	9.00
10.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0.241475	0	0	0	10.00
10.01	GASTRO INTESTINAL SERVICES	76.01	0.074671	0	0	0	10.01
10.02	CARDIOLOGY	76.02	0.121301	0	0	0	10.02
10.03	PULMONARY FUNCTION TESTING	76.03	0.531559	0	0	0	10.03
10.97	CARDIAC REHABILITATION	76.97	8.732000	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.768042	0	0	0	10.98
10.99	LITHOTRIPSY	76.99	0.000000	0	0	0	10.99
11.00	Totals (sum of lines 1-11)						11.00

	Cost Center Descriptions	Charges by LOC (from Provider Records) HGIP	Shared Service Costs by LOC HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
6.01	NORTHSIDE LAB	0	0	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	10.00
10.01	GASTRO INTESTINAL SERVICES	0	0	0	0	0	10.01
10.02	CARDIOLOGY	0	0	0	0	0	10.02
10.03	PULMONARY FUNCTION TESTING	0	0	0	0	0	10.03
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	10.98
10.99	LITHOTRIPSY	0	0	0	0	0	10.99
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0209
Hospice CCN: 14-1537

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

Worksheet O-8
Date/Time Prepared: 5/29/2019 9:29 am

Hospice I

		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
	HOSPICE CONTINUOUS HOME CARE				
1.00	Total cost (Wkst. O-6, Part I, col. 18, line 50 plus Wkst. O-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
	HOSPICE ROUTINE HOME CARE				
6.00	Total cost (Wkst. O-6, Part I, col. 18, line 51 plus Wkst. O-7, col. 7, line 11)			5,217,888	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			27,275	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			191.31	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	27,275	0		9.00
10.00	Program cost (line 8 times line 9)	5,217,980	0		10.00
	HOSPICE INPATIENT RESPITE CARE				
11.00	Total cost (Wkst. O-6, Part I, col. 18, line 52 plus Wkst. O-7, col. 8, line 11)			46	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			0	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			0.00	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	0	0		14.00
15.00	Program cost (line 13 times line 14)	0	0		15.00
	HOSPICE GENERAL INPATIENT CARE				
16.00	Total cost (Wkst. O-6, Part I, col. 18, line 53 plus Wkst. O-7, col. 9, line 11)			82,519	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			322	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			256.27	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	322	0		19.00
20.00	Program cost (line 18 times line 19)	82,519	0		20.00
	TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			5,300,453	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			27,597	22.00
23.00	Average cost per diem (line 21 divided by line 22)			192.07	23.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 14-0209	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/29/2019 9:29 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	3,034,119	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	49,439	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)	131.78	3.00
4.00	Number of interns & residents (see instructions)	27.48	4.00
5.00	Indirect medical education percentage (see instructions)	6.06	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)	183,868	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	4.60	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	25.35	8.00
9.00	Sum of lines 7 and 8	29.95	9.00
10.00	Allowable disproportionate share percentage (see instructions)	6.25	10.00
11.00	Disproportionate share adjustment (see instructions)	189,632	11.00
12.00	Total prospective capital payments (see instructions)	3,457,058	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