

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: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet S Parts I-III Date/Time Prepared: 1/30/2019 4:55 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 1/30/2019 Time: 4:55 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by NORTHWESTERN MEMORIAL HOSPITAL (14-0281) for the cost reporting period beginning 09/01/2017 and ending 08/31/2018 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		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	2,567,028	562,840	0	0	1.00
2.00 Subprovider - IPF	0	57,892	2,311		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	2,624,920	565,151	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: 14-0281		Period: From 09/01/2017 To 08/31/2018		Worksheet S-2 Part I Date/Time Prepared: 1/30/2019 4:55 pm				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 251E HURON			PO Box:							1.00	
2.00	City: CHICAGO			State: IL		Zip Code: 60611		County: COOK			2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
				1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
								V	XVIII	XIX		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		NORTHWESTERN MEMORIAL HOSPITAL		140281	16974	1	09/01/1972	N	P	O	3.00
4.00	Subprovider - IPF		NORTHWESTERN MEMORIAL PSYCH UNIT		14S281	16974	4	09/01/1984	N	P	O	4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:		To:			
							1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						09/01/2017		08/31/2018		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.						1	N			23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			13,548	7,769	0	312	29,094	193		24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0281		Period: From 09/01/2017 To 08/31/2018		Worksheet S-2 Part I Date/Time Prepared: 1/30/2019 4:55 pm			
		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		
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	0	0	0	0	0	25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPSS final rule? Enter "Y" for yes or "N" for no. (see instructions)					N		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)					Y	Y	40.00	
						V	XVII	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
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code			
				1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)			Y				60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)				23.00	1		60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)				23.01	1		60.02	
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)				23.02	1		60.03	

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		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.03	1		60.04	
60.05	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.04	1		60.05	
60.06	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.05	1		60.06	
		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		
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					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) Teaching Hospitals that Claim Residents in Nonprovider Settings					0.00	62.01
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00

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				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			13.16	319.21	0.039594	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	21.55	115.30	0.157472	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
		1.00	2.00	3.00	4.00	5.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010. 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)			19.60	386.77	0.048232	
		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)	INTERNAL MEDICINE	1400	23.72	113.73	0.172572	

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		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y				70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	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.	N				75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0		76.00
					1.00	
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N			80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N			81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		N			86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N			87.00
					V	XIX
					1.00	2.00
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y			90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N			91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N			92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N			93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N			94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00			95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N			96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00			97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N			98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N			98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.06
Rural Providers						
105.00	Does this hospital qualify as a CAH?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					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: 14-0281		Period: From 09/01/2017 To 08/31/2018		Worksheet S-2 Part I Date/Time Prepared: 1/30/2019 4:55 pm		
		Physical	Occupational	Speech	Respiratory			
		1.00	2.00	3.00	4.00			
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00	
					1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00	
					1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.				N		111.00	
					1.00	2.00	3.00	
Miscellaneous Cost Reporting Information								
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.				N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.				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.				1			118.00
		Premiums		Losses		Insurance		
		1.00		2.00		3.00		
118.01	List amounts of malpractice premiums and paid losses:	7,019,740		25,796,693		5,738,488		118.01
					1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.				N			118.02
119.00	DO NOT USE THIS LINE							119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.				N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.				Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.				N			122.00
Transplant Center Information								
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.				Y			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				07/01/1973			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.				09/29/2006			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.				02/02/1996			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.				12/29/2015			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				07/01/1999			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.							134.00
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)				Y	HBO640		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet S-2 Part I Date/Time Prepared: 1/30/2019 4:55 pm
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		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: NORTHWESTERN MEMORIAL HEALTHCARE	Contractor's Name: NGS - INC		Contractor's Number: 06101			141.00		
142.00	Street: 251 E HURON ST	PO Box:	PO BOX 6474 INDIANAPOLIS IN 46206				142.00		
143.00	City: CHICAGO	State:	IL	Zip Code:	60611		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.							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		
Multi campus									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						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)						9.99	169.00	
		Beginning	Ending						
		1.00	2.00						
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)						09/01/2015	08/31/2016	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: 14-0281		Period: From 09/01/2017 To 08/31/2018		Worksheet S-2 Part II Date/Time Prepared: 1/30/2019 4:55 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	11/30/2018			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			2.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/12/2018	Y	12/12/2018		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: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet S-2 Part II Date/Time Prepared: 1/30/2019 4:55 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				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.	JOHN		VANDER LAAN	41.00
42.00	Enter the employer/company name of the cost report preparer.	NORTHWESTERN MEMORIAL HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	312 926 6618		JVANDERL@NM.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet S-2 Part II Date/Time Prepared: 1/30/2019 4:55 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER OF REIMB		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: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet S-3
Part I
Date/Time Prepared:
1/30/2019 4:55 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	691	248,507	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)		691	248,507	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	106	38,690	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	0	0	0.00	0	11.00
12.00 SPECIAL CARE NURSERY	35.00	86	31,390	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		883	318,587	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	29	10,585		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	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)		912				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)		32	11,680			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: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet S-3
Part I
Date/Time Prepared:
1/30/2019 4:55 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	48,028	10,190	190,462			1.00
2.00 HMO and other (see instructions)	11,715	29,094				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	48,028	10,190	190,462			7.00
8.00 INTENSIVE CARE UNIT	19,002	3,407	29,551			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 SPECIAL CARE NURSERY	0	2,075	21,840			12.00
13.00 NURSERY		5,572	24,019			13.00
14.00 Total (see instructions)	67,030	21,244	265,872	564.71	4,689.77	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,543	578	10,084	2.92	39.72	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				567.63	4,729.49	27.00
28.00 Observation Bed Days		0	16,633			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	1,212	6,533			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			571			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: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet S-3
Part I
Date/Time Prepared:
1/30/2019 4:55 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	11,682	2,612	45,506	1.00
2.00 HMO and other (see instructions)			0	5,312		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 SPECIAL CARE NURSERY						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	11,682	2,612	45,506	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	147	75	813	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	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: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet S-3
Part II
Date/Time Prepared:
1/30/2019 4:55 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	459,111,407	3,078,177	462,189,584	12,732,643.00	36.30
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		8,274,770	0	8,274,770	56,917.00	145.38
4.01	Physicians - Part A - Teaching		2,208,476	0	2,208,476	20,909.00	105.62
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	31,092,811	2,359,507	33,452,318	1,174,319.00	28.49
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		13,373,631	1,378,897	14,752,528	329,663.00	44.75
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		3,998,582	0	3,998,582	56,065.00	71.32
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		126,941,842	0	126,941,842	2,707,833.00	46.88
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		106,231,996	0	106,231,996		
18.00	Wage-related costs (other) (see instructions)		943,309	0	943,309		
19.00	Excluded areas		2,622,813	0	2,622,813		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		1,424,424	0	1,424,424		
22.01	Physician Part A - Teaching		377,485	0	377,485		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		5,771,660	0	5,771,660		
25.50	Home office wage-related (core)		32,034,273	0	32,034,273		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	117,504	4,808	122,312	0.00	0.00
27.00	Administrative & General	5.00	52,983,297	-10,966,073	42,017,224	610,316.00	68.85

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet S-3
Part II
Date/Time Prepared:
1/30/2019 4:55 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,936,676	0	1,936,676	50,968.00	38.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	14,793,281	0	14,793,281	735,526.00	20.11	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	7,595,181	-3,412,851	4,182,330	184,773.00	22.63	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	3,412,851	3,412,851	146,556.00	23.29	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	8,617,360	93,731	8,711,091	162,093.00	53.74	38.00
39.00	Central Services and Supply	14.00	7,028,100	0	7,028,100	279,456.00	25.15	39.00
40.00	Pharmacy	15.00	23,217,925	-1,182,099	22,035,826	492,701.00	44.72	40.00
41.00	Medical Records & Medical Records Library	16.00	2,670,930	0	2,670,930	89,163.00	29.96	41.00
42.00	Social Service	17.00	3,219,866	0	3,219,866	106,737.00	30.17	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet S-3
Part III
Date/Time Prepared:
1/30/2019 4:55 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	425,810,120	718,670	426,528,790	11,537,415.00	36.97	1.00
2.00	Excluded area salaries (see instructions)	13,373,631	1,378,897	14,752,528	329,663.00	44.75	2.00
3.00	Subtotal salaries (line 1 minus line 2)	412,436,489	-660,227	411,776,262	11,207,752.00	36.74	3.00
4.00	Subtotal other wages & related costs (see inst.)	130,940,424	0	130,940,424	2,763,898.00	47.38	4.00
5.00	Subtotal wage-related costs (see inst.)	140,634,002	0	140,634,002	0.00	34.15	5.00
6.00	Total (sum of lines 3 thru 5)	684,010,915	-660,227	683,350,688	13,971,650.00	48.91	6.00
7.00	Total overhead cost (see instructions)	122,180,120	-12,049,633	110,130,487	2,858,289.00	38.53	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet S-3 Part IV Date/Time Prepared: 1/30/2019 4:55 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		26,847,042	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)		0	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)		36,692,495	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		14,587,818	9.00
10.00	Dental, Hearing and Vision Plan		1,823,477	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		917,774	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)		3,646,955	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		0	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		29,892,920	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		789,726	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		805,698	22.00
23.00	Tuition Reimbursement		1,579,238	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		117,583,143	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COST		943,309	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet S-3 Part V Date/Time Prepared: 1/30/2019 4:55 pm
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	3,998,582	117,583,143	1.00
2.00	Hospital	3,998,582	117,583,143	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	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			17.00
18.00	Other	0	0	18.00

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

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet S-5

Date/Time Prepared:
1/30/2019 4:55 pm

		CCN	Treatments	
		1.00	2.00	
23.00	If line 10.01 is yes, enter in column 1 the CCN for each renal dialysis facility listed on Worksheet S-2, Part I, line 18, and its subscripts. Enter in column 2, the total treatments for each CCN. (see instructions)		0	23.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet S-7

Date/Time Prepared:
1/30/2019 4:55 pm

		1.00	2.00		
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.				2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	0	0	0 12.00
13.00		RUB	0	0	0 13.00
14.00		RUA	0	0	0 14.00
15.00		RVC	0	0	0 15.00
16.00		RVB	0	0	0 16.00
17.00		RVA	0	0	0 17.00
18.00		RHC	0	0	0 18.00
19.00		RHB	0	0	0 19.00
20.00		RHA	0	0	0 20.00
21.00		RMC	0	0	0 21.00
22.00		RMB	0	0	0 22.00
23.00		RMA	0	0	0 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	0	0	0 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	0	0	0 31.00
32.00		HD1	0	0	0 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	0	0	0 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	0	0	0 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	0	0	0 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	0	0	0 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	0	0	0 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	0	0	0 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	0	0	0 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	0	0	0 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	0	0	0 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet S-7 Date/Time Prepared: 1/30/2019 4:55 pm
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		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		0	0	0	200.00

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

201.00 SNF SERVICES
 Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable). 201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?
		1.00	2.00	3.00

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

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet S-10 Date/Time Prepared: 1/30/2019 4:55 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.193973	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		106,641,621	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		769,242,259	6.00	
7.00	Medicaid cost (line 1 times line 6)		149,212,229	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)		42,570,608	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		42,570,608	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)	69,911,800	13,061,068	82,972,868	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	13,561,002	13,061,068	26,622,070	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	13,561,002	13,061,068	26,622,070	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)			52,583,014	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			3,307,506	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			5,088,470	27.01
28.00	Non-Medicare bad debt expense (see instructions)			47,494,544	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			10,993,623	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			37,615,693	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			80,186,301	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet A Date/Time Prepared: 1/30/2019 4:55 pm		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		63,750,022	63,750,022	0	63,750,022	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		30,230,492	30,230,492	0	30,230,492	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	117,504	-16,496,453	-16,378,949	1,152,892	-15,226,057	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	52,983,297	630,894,606	683,877,903	-17,211,753	666,666,150	5.00
7.00	00700	OPERATION OF PLANT	1,936,676	76,182,767	78,119,443	0	78,119,443	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	4,125,294	4,125,294	8.00
9.00	00900	HOUSEKEEPING	14,793,281	9,186,027	23,979,308	0	23,979,308	9.00
10.00	01000	DIETARY	7,595,181	7,488,844	15,084,025	-6,701,325	8,382,700	10.00
11.00	01100	CAFETERIA	0	0	0	6,649,654	6,649,654	11.00
13.00	01300	NURSING ADMINISTRATION	8,617,360	5,044,115	13,661,475	143,885	13,805,360	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,028,100	14,640,299	21,668,399	-3,786,421	17,881,978	14.00
15.00	01500	PHARMACY	23,217,925	204,341,379	227,559,304	-196,686,889	30,872,415	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,670,930	2,220,306	4,891,236	0	4,891,236	16.00
17.00	01700	SOCIAL SERVICE	3,219,866	1,256,225	4,476,091	0	4,476,091	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	31,092,811	250,199	31,343,010	7,492,561	38,835,571	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	524,550	4,285,152	4,809,702	5,167,205	9,976,907	22.00
23.00	02300	PARAMED PRGM-(PHARMACY)	0	0	0	1,250,243	1,250,243	23.00
23.01	02301	PARAMED PRGM-(CHAPLAINCY)	0	0	0	77,076	77,076	23.01
23.02	02302	PARAMED PRGM-(NM SCHL)	0	0	0	599,633	599,633	23.02
23.03	02303	PARAMED PRGM-(RAD THER)	0	0	0	434,118	434,118	23.03
23.04	02304	PARAMED PRGM-(NUCLEAR MED)	0	0	0	381,317	381,317	23.04
23.05	02305	PARAMED PRGM-(SONOGRAPHY)	0	0	0	461,561	461,561	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	88,062,763	43,681,628	131,744,391	-9,591,284	122,153,107	30.00
31.00	03100	INTENSIVE CARE UNIT	22,928,641	11,964,218	34,892,859	-3,696,313	31,196,546	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	SPECIAL CARE NURSERY	12,006,941	4,260,066	16,267,007	-850,371	15,416,636	35.00
40.00	04000	SUBPROVIDER - I PF	3,418,414	954,065	4,372,479	-20,437	4,352,042	40.00
43.00	04300	NURSERY	0	0	0	4,394,603	4,394,603	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,484,792	105,119,795	133,604,587	-74,049,321	59,555,266	50.00
51.00	05100	RECOVERY ROOM	5,958,414	1,618,817	7,577,231	-127,478	7,449,753	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,042,307	6,932,047	20,974,354	-2,248,033	18,726,321	52.00
53.00	05300	ANESTHESIOLOGY	2,779,075	4,741,365	7,520,440	-2,717,653	4,802,787	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,427,989	22,077,071	41,505,060	-10,022,956	31,482,104	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,540,810	4,371,770	10,912,580	-651,085	10,261,495	55.00
56.00	05600	RADIOISOTOPE	2,379,275	9,860,649	12,239,924	-275,682	11,964,242	56.00
57.00	05700	CT SCAN	5,199,937	4,213,592	9,413,529	-604,570	8,808,959	57.00
58.00	05800	MRI	7,908,684	6,406,750	14,315,434	-582,735	13,732,699	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,635,059	15,160,059	16,795,118	-13,236,900	3,558,218	59.00
59.01	03650	VASCULAR LAB	1,027,077	251,743	1,278,820	0	1,278,820	59.01
59.02	03140	CARDIAC GRAPHICS	3,925,683	2,966,708	6,892,391	-1,176,881	5,715,510	59.02
59.03	03560	PULMONARY FUNCTION	506,057	527,318	1,033,375	-302,186	731,189	59.03
59.04	03290	EPS	1,095,195	12,747,873	13,843,068	-11,186,027	2,657,041	59.04
59.05	03340	GI	4,453,630	7,195,347	11,648,977	-3,807,173	7,841,804	59.05
60.00	06000	LABORATORY	22,382,006	64,104,728	86,486,734	-9,039,870	77,446,864	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	9,708,962	9,708,962	-58,992	9,649,970	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,970,052	3,768,476	6,738,528	-1,796,372	4,942,156	63.00
65.00	06500	RESPIRATORY THERAPY	7,240,407	5,196,460	12,436,867	-989,115	11,447,752	65.00
66.00	06600	PHYSICAL THERAPY	2,440,131	1,862,536	4,302,667	-447,555	3,855,112	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,421,691	488,755	1,910,446	0	1,910,446	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,650,746	2,597,561	5,248,307	-166,489	5,081,818	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	83,056,978	83,056,978	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	62,957,919	62,957,919	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	198,522,579	198,522,579	73.00
76.97	07697	CARDIAC REHABILITATION	323,354	233,441	556,795	8,887	565,682	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,636,951	4,068,065	10,705,016	689,686	11,394,702	90.00
90.01	09001	PSYCH CLINIC	1,967,275	1,890,413	3,857,688	95,689	3,953,377	90.01
90.02	09002	TRANSPLANT CLINIC	635,709	404,656	1,040,365	2,514,642	3,555,007	90.02
90.03	09003	OB CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	11,919,177	6,148,330	18,067,507	-1,445,645	16,621,862	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	2,990,467	830,669	3,821,136	-68,598	3,752,538	92.01
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,115,812	8,127,805	9,243,617	1,372,386	10,616,003	105.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet A
Date/Time Prepared:
1/30/2019 4:55 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
106.00	10600	HEART ACQUISITION	369,485	2,919,061	3,288,546	260,287	3,548,833	106.00
107.00	10700	LIVER ACQUISITION	624,826	4,624,418	5,249,244	474,357	5,723,601	107.00
108.00	10800	LUNG ACQUISITION	754,742	1,848,137	2,602,879	-141,342	2,461,537	108.00
109.00	10900	PANCREAS ACQUISITION	0	835,160	835,160	120,595	955,755	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	452,021,055	1,417,982,494	1,870,003,549	8,716,596	1,878,720,145	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	22,867	84,144	107,011	0	107,011	190.00
191.00	19100	RESEARCH	0	1,095	1,095	2,336,317	2,337,412	191.00
191.01	19101	SPONSERED PROJECT	0	2,742	2,742	1,737,584	1,740,326	191.01
194.00	07950	REAL ESTATE	57,039	24,045,395	24,102,434	0	24,102,434	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	130,811	130,811	0	130,811	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	7,010,446	6,524,640	13,535,086	-12,790,497	744,589	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	459,111,407	1,448,771,321	1,907,882,728	0	1,907,882,728	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet A
Date/Time Prepared:
1/30/2019 4:55 pm

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	10,300,640	74,050,662	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-109,074	30,121,418	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	21,557,234	6,331,177	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-217,001,263	449,664,887	5.00
7.00	00700	OPERATION OF PLANT	-31,645,927	46,473,516	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,125,294	8.00
9.00	00900	HOUSEKEEPING	-1,522,770	22,456,538	9.00
10.00	01000	DIETARY	-1,308,159	7,074,541	10.00
11.00	01100	CAFETERIA	0	6,649,654	11.00
13.00	01300	NURSING ADMINISTRATION	-165,322	13,640,038	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	17,881,978	14.00
15.00	01500	PHARMACY	-8,798,049	22,074,366	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,891,236	16.00
17.00	01700	SOCIAL SERVICE	-62,303	4,413,788	17.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	38,835,571	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-2,389,790	7,587,117	22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	0	1,250,243	23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)	0	77,076	23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)	0	599,633	23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)	0	434,118	23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)	0	381,317	23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)	0	461,561	23.05
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-883,551	121,269,556	30.00
31.00	03100	INTENSIVE CARE UNIT	-417,592	30,778,954	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
35.00	02060	SPECIAL CARE NURSERY	0	15,416,636	35.00
40.00	04000	SUBPROVIDER - I PF	0	4,352,042	40.00
43.00	04300	NURSERY	0	4,394,603	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-4,345,676	55,209,590	50.00
51.00	05100	RECOVERY ROOM	-175,523	7,274,230	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-7,518	18,718,803	52.00
53.00	05300	ANESTHESIOLOGY	-459,017	4,343,770	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,524,534	28,957,570	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-81,568	10,179,927	55.00
56.00	05600	RADIOISOTOPE	-1,923,121	10,041,121	56.00
57.00	05700	CT SCAN	-1,699,370	7,109,589	57.00
58.00	05800	MRI	-1,098,837	12,633,862	58.00
59.00	05900	CARDIAC CATHETERIZATION	-482,942	3,075,276	59.00
59.01	03650	VASCULAR LAB	-34,961	1,243,859	59.01
59.02	03140	CARDIAC GRAPHICS	-2,104,018	3,611,492	59.02
59.03	03560	PULMONARY FUNCTION	-78,417	652,772	59.03
59.04	03290	EPS	-147,017	2,510,024	59.04
59.05	03340	GI	-196,493	7,645,311	59.05
60.00	06000	LABORATORY	-4,995,070	72,451,794	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	-100,764	9,549,206	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-151,744	4,790,412	63.00
65.00	06500	RESPIRATORY THERAPY	43,024	11,490,776	65.00
66.00	06600	PHYSICAL THERAPY	-43,038	3,812,074	66.00
67.00	06700	OCCUPATIONAL THERAPY	-58,787	1,851,659	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-398,416	4,683,402	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	83,056,978	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	62,957,919	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-116,914,551	81,608,028	73.00
76.97	07697	CARDIAC REHABILITATION	-61,407	504,275	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-209,019	11,185,683	90.00
90.01	09001	PSYCH CLINIC	-264,006	3,689,371	90.01
90.02	09002	TRANSPLANT CLINIC	-388	3,554,619	90.02
90.03	09003	OB CLINIC	0	0	90.03
91.00	09100	EMERGENCY	-107,377	16,514,485	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	3,752,538	92.01
OTHER REIMBURSABLE COST CENTERS					
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-243,458	10,372,545	105.00
106.00	10600	HEART ACQUISITION	-102,587	3,446,246	106.00
107.00	10700	LIVER ACQUISITION	-341,217	5,382,384	107.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet A
Date/Time Prepared:
1/30/2019 4:55 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
108.00	10800	LUNG ACQUISITION	-90,078	2,371,459	108.00
109.00	10900	PANCREAS ACQUISITION	0	955,755	109.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-371,843,821	1,506,876,324	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	107,011	190.00
191.00	19100	RESEARCH	-287,183	2,050,229	191.00
191.01	19101	SPONSERED PROJECT	0	1,740,326	191.01
194.00	07950	REAL ESTATE	-58,066,158	-33,963,724	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	130,811	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	744,589	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	-430,197,162	1,477,685,566	200.00

RECLASSIFICATIONS

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet A-6
Date/Time Prepared:
1/30/2019 4:55 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - RECLASS MED POSITIONS					
1.00		0.00	0	0	1.00
2.00	NURSING ADMINISTRATION	13.00	77,240	21,228	2.00
3.00	PHARMACY	15.00	13,334	3,665	3.00
4.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	3,488,324	958,718	4.00
6.00	ADULTS & PEDIATRICS	30.00	567,949	156,093	6.00
7.00	INTENSIVE CARE UNIT	31.00	555,543	152,683	7.00
9.00	OPERATING ROOM	50.00	659,458	181,243	9.00
10.00	RECOVERY ROOM	51.00	71,220	19,574	10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	104,781	28,798	11.00
12.00	ANESTHESIOLOGY	53.00	204,337	56,157	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	425,857	117,041	13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	48,039	13,203	14.00
15.00	RADIOISOTOPE	56.00	5,957	1,637	15.00
16.00	CT SCAN	57.00	157,968	43,415	16.00
17.00	MRI	58.00	21,067	5,790	17.00
18.00	CARDIAC CATHETERIZATION	59.00	61,177	16,814	18.00
19.00	CARDIAC GRAPHICS	59.02	63,389	17,421	19.00
20.00	PULMONARY FUNCTION	59.03	12,369	3,399	20.00
21.00	EPS	59.04	61,182	16,815	21.00
22.00	GI	59.05	76,484	21,021	22.00
23.00	LABORATORY	60.00	57,000	15,666	23.00
24.00	BLOOD STORING, PROCESSING & TRANS.	63.00	20,958	5,760	24.00
25.00	RESPIRATORY THERAPY	65.00	59,609	16,383	25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	81,960	22,526	26.00
27.00	CARDIAC REHABILITATION	76.97	6,971	1,916	27.00
28.00	CLINIC	90.00	193,040	53,054	28.00
29.00	PSYCH CLINIC	90.01	92,935	25,543	29.00
30.00	EMERGENCY	91.00	267,171	73,428	30.00
37.00	ADULTS & PEDIATRICS	30.00	69,351	25,489	37.00
38.00	SPECIAL CARE NURSERY	35.00	47,100	17,184	38.00
39.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	23,295	11,058	39.00
40.00	PHYSICAL THERAPY	66.00	11,688	5,592	40.00
42.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	2,208,476	0	42.00
TOTALS			9,815,229	2,108,314	
C - DRUG RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	198,522,579	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
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
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
25.00		0.00	0	0	25.00
27.00		0.00	0	0	27.00
TOTALS			0	198,522,579	
D - IMPLANT RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	62,957,919	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

RECLASSIFICATIONS

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet A-6
Date/Time Prepared:
1/30/2019 4:55 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
	TOTALS		0	62,957,919	
E - MED SUPPLY RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	89,944,400	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
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
	TOTALS		0	89,944,400	
F - NN RECLASS					
1.00	NURSERY	43.00	3,177,134	1,217,469	1.00
	TOTALS		3,177,134	1,217,469	
G - DIETARY RECLASS					
1.00	CAFETERIA	11.00	3,412,851	3,236,803	1.00
	TOTALS		3,412,851	3,236,803	
H - RECLASS PURCHASING CREDIT					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	6,887,422	1.00
	TOTALS		0	6,887,422	
I - PARAMED SCHOOLS RECLASS					
1.00	PARAMED ED PRGM-(NM SCHL)	23.02	371,974	95,077	1.00
2.00	PARAMED ED PRGM-(RAD THER)	23.03	157,615	38,931	2.00
3.00	PARAMED ED PRGM-(NUCLEAR MED)	23.04	71,661	18,468	3.00
4.00	PARAMED ED PRGM-(SONOGRAPHY)	23.05	152,000	37,242	4.00
	TOTALS		753,250	189,718	
J - RECLASS RESIDENT FRINGE FRM NM100					
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	5,133,054	1.00
	TOTALS		0	5,133,054	
K - RECLASS LAUNDRY SERVICES					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	4,125,294	1.00
	TOTALS		0	4,125,294	
P - MALPRACTICE					
1.00		0.00	0	0	1.00
	TOTALS		0	0	
Q - TRANSPLANT RECLASS					
1.00	TRANSPLANT CLINIC	90.02	0	16,494	1.00
2.00	TRANSPLANT CLINIC	90.02	0	9,372	2.00
3.00	TRANSPLANT CLINIC	90.02	0	181,993	3.00
4.00	TRANSPLANT CLINIC	90.02	0	292,295	4.00
5.00	TRANSPLANT CLINIC	90.02	97,025	0	5.00

RECLASSIFICATIONS

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet A-6
Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
6.00	TRANSPLANT CLINIC	90.02	632,882	0	6.00
7.00	TRANSPLANT CLINIC	90.02	4,347	0	7.00
8.00	TRANSPLANT CLINIC	90.02	655,402	0	8.00
9.00	KIDNEY ACQUISITION	105.00	0	18,924	9.00
10.00	KIDNEY ACQUISITION	105.00	0	10,753	10.00
11.00	KIDNEY ACQUISITION	105.00	0	208,796	11.00
12.00	KIDNEY ACQUISITION	105.00	0	12,362	12.00
13.00	KIDNEY ACQUISITION	105.00	0	7,024	13.00
14.00	KIDNEY ACQUISITION	105.00	111,315	0	14.00
15.00	KIDNEY ACQUISITION	105.00	879,225	0	15.00
16.00	KIDNEY ACQUISITION	105.00	6,522	0	16.00
17.00	KIDNEY ACQUISITION	105.00	72,719	0	17.00
18.00	KIDNEY ACQUISITION	105.00	1,916	0	18.00
19.00	KIDNEY ACQUISITION	105.00	30,234	0	19.00
20.00	KIDNEY ACQUISITION	105.00	92,494	0	20.00
21.00	KIDNEY ACQUISITION	105.00	3,080	0	21.00
22.00	HEART ACQUISITION	106.00	0	3,896	22.00
23.00	HEART ACQUISITION	106.00	0	2,214	23.00
24.00	HEART ACQUISITION	106.00	0	42,987	24.00
25.00	HEART ACQUISITION	106.00	0	16,392	25.00
26.00	HEART ACQUISITION	106.00	0	9,314	26.00
27.00	HEART ACQUISITION	106.00	22,918	0	27.00
28.00	HEART ACQUISITION	106.00	28,012	0	28.00
29.00	HEART ACQUISITION	106.00	96,422	0	29.00
30.00	HEART ACQUISITION	106.00	10,932	0	30.00
31.00	HEART ACQUISITION	106.00	29,784	0	31.00
32.00	HEART ACQUISITION	106.00	1,163	0	32.00
33.00	LIVER ACQUISITION	107.00	0	8,667	33.00
34.00	LIVER ACQUISITION	107.00	0	4,925	34.00
35.00	LIVER ACQUISITION	107.00	0	95,625	35.00
36.00	LIVER ACQUISITION	107.00	0	17,761	36.00
37.00	LIVER ACQUISITION	107.00	0	10,092	37.00
38.00	LIVER ACQUISITION	107.00	50,980	0	38.00
39.00	LIVER ACQUISITION	107.00	368,947	0	39.00
40.00	LIVER ACQUISITION	107.00	251	0	40.00
41.00	LIVER ACQUISITION	107.00	104,475	0	41.00
42.00	LIVER ACQUISITION	107.00	13,751	0	42.00
43.00	LIVER ACQUISITION	107.00	45,802	0	43.00
44.00	LIVER ACQUISITION	107.00	1,596	0	44.00
45.00	LUNG ACQUISITION	108.00	0	1,908	45.00
46.00	LUNG ACQUISITION	108.00	0	1,084	46.00
47.00	LUNG ACQUISITION	108.00	0	21,055	47.00
48.00	LUNG ACQUISITION	108.00	0	22,298	48.00
49.00	LUNG ACQUISITION	108.00	0	12,670	49.00
50.00	LUNG ACQUISITION	108.00	11,225	0	50.00
51.00	LUNG ACQUISITION	108.00	22,495	0	51.00
52.00	LUNG ACQUISITION	108.00	131,166	0	52.00
53.00	LUNG ACQUISITION	108.00	6,567	0	53.00
54.00	LUNG ACQUISITION	108.00	12,765	0	54.00
55.00	LUNG ACQUISITION	108.00	498	0	55.00
56.00	PANCREAS ACQUISITION	109.00	0	1,272	56.00
57.00	PANCREAS ACQUISITION	109.00	0	723	57.00
58.00	PANCREAS ACQUISITION	109.00	0	14,037	58.00
59.00	PANCREAS ACQUISITION	109.00	7,483	0	59.00
60.00	PANCREAS ACQUISITION	109.00	36,605	0	60.00
61.00	PANCREAS ACQUISITION	109.00	366	0	61.00
62.00	PANCREAS ACQUISITION	109.00	39,683	0	62.00
63.00	PANCREAS ACQUISITION	109.00	1,320	0	63.00
64.00	TRANSPLANT CLINIC	90.02	3,747	0	64.00
65.00	LUNG ACQUISITION	108.00	1,643	0	65.00
66.00	PANCREAS ACQUISITION	109.00	9,243	0	66.00
67.00	PANCREAS ACQUISITION	109.00	9,863	0	67.00
68.00	TRANSPLANT CLINIC	90.02	62,229	0	68.00
69.00	TRANSPLANT CLINIC	90.02	248,515	0	69.00
70.00	TRANSPLANT CLINIC	90.02	386,716	0	70.00
TOTALS			4,354,323	1,044,933	
R - COMPANY WIDE OTHER FRINGES					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	4,808	1,148,084	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	243,629	332,320	2.00
3.00	NURSING ADMINISTRATIVE	13.00	16,491	115,153	3.00
4.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	2,359,507	0	4.00
5.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	32,000	5.00

RECLASSIFICATIONS

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet A-6

Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
6.00	I & R SERVICES-OTHER PRGM COSTS APPRV	22.00	8,202	662,888	6.00
7.00	PARAMED ED PRGM-(CHAPLAINCY)	23.01	0	37,970	7.00
8.00	PARAMED ED PRGM-(NM SCHL)	23.02	0	3,373	8.00
9.00	ADULTS & PEDIATRICS	30.00	101,482	2,326,891	9.00
10.00	SPECIAL CARE NURSERY	35.00	125,659	76,973	10.00
11.00	CLINIC	90.00	220,906	900,260	11.00
13.00	RESEARCH	191.00	1,952,696	383,621	13.00
14.00	SPONSERED PROJECT	191.01	384,108	1,348,887	14.00
15.00	SPONSERED PROJECT	191.01	0	4,589	15.00
	TOTALS		5,417,488	7,373,009	
S - NM SCHOOLS PARAMED RECLASS					
1.00	PARAMED ED PRGM-(NM SCHL)	23.02	11,549	0	1.00
2.00	PARAMED ED PRGM-(RAD THER)	23.03	14,137	0	2.00
3.00	PARAMED ED PRGM-(NUCLEAR MED)	23.04	10,704	0	3.00
4.00	PARAMED ED PRGM-(SONOGRAPHY)	23.05	10,545	0	4.00
5.00	PARAMED ED PRGM-(NUCLEAR MED)	23.04	12,680	0	5.00
6.00	PARAMED ED PRGM-(NM SCHL)	23.02	117,660	0	6.00
7.00	PARAMED ED PRGM-(NUCLEAR MED)	23.04	378	0	7.00
8.00	PARAMED ED PRGM-(SONOGRAPHY)	23.05	261,774	0	8.00
9.00	PARAMED ED PRGM-(RAD THER)	23.03	223,435	0	9.00
10.00	PARAMED ED PRGM-(NUCLEAR MED)	23.04	415	0	10.00
11.00	PARAMED ED PRGM-(NUCLEAR MED)	23.04	254,521	0	11.00
12.00	PARAMED ED PRGM-(NUCLEAR MED)	23.04	12,490	0	12.00
	TOTALS		930,288	0	
T - RECL PHARM AND CHAPLAINCY RESIDENTS					
1.00	PARAMED ED PRGM-(PHARMACY)	23.00	293,769	0	1.00
2.00	PARAMED ED PRGM-(PHARMACY)	23.00	901,664	0	2.00
3.00	PARAMED ED PRGM-(PHARMACY)	23.00	0	54,810	3.00
5.00	PARAMED ED PRGM-(CHAPLAINCY)	23.01	39,106	0	5.00
	TOTALS		1,234,539	54,810	
500.00	Grand Total: Increases		29,095,102	382,795,724	500.00

RECLASSIFICATIONS

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet A-6
Date/Time Prepared:
1/30/2019 4:55 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.	
6.00	7.00	8.00	9.00	10.00		
A - RECLASS MED POSITIONS						
1.00		0.00	0	0	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	77,240	21,228	0	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	13,334	3,665	0	3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	3,488,324	958,718	0	4.00
6.00	ADMINISTRATIVE & GENERAL	5.00	567,949	156,093	0	6.00
7.00	ADMINISTRATIVE & GENERAL	5.00	555,543	152,683	0	7.00
9.00	ADMINISTRATIVE & GENERAL	5.00	659,458	181,243	0	9.00
10.00	ADMINISTRATIVE & GENERAL	5.00	71,220	19,574	0	10.00
11.00	ADMINISTRATIVE & GENERAL	5.00	104,781	28,798	0	11.00
12.00	ADMINISTRATIVE & GENERAL	5.00	204,337	56,157	0	12.00
13.00	ADMINISTRATIVE & GENERAL	5.00	425,857	117,041	0	13.00
14.00	ADMINISTRATIVE & GENERAL	5.00	48,039	13,203	0	14.00
15.00	ADMINISTRATIVE & GENERAL	5.00	5,957	1,637	0	15.00
16.00	ADMINISTRATIVE & GENERAL	5.00	157,968	43,415	0	16.00
17.00	ADMINISTRATIVE & GENERAL	5.00	21,067	5,790	0	17.00
18.00	ADMINISTRATIVE & GENERAL	5.00	61,177	16,814	0	18.00
19.00	ADMINISTRATIVE & GENERAL	5.00	63,389	17,421	0	19.00
20.00	ADMINISTRATIVE & GENERAL	5.00	12,369	3,399	0	20.00
21.00	ADMINISTRATIVE & GENERAL	5.00	61,182	16,815	0	21.00
22.00	ADMINISTRATIVE & GENERAL	5.00	76,484	21,021	0	22.00
23.00	ADMINISTRATIVE & GENERAL	5.00	57,000	15,666	0	23.00
24.00	ADMINISTRATIVE & GENERAL	5.00	20,958	5,760	0	24.00
25.00	ADMINISTRATIVE & GENERAL	5.00	59,609	16,383	0	25.00
26.00	ADMINISTRATIVE & GENERAL	5.00	81,960	22,526	0	26.00
27.00	ADMINISTRATIVE & GENERAL	5.00	6,971	1,916	0	27.00
28.00	ADMINISTRATIVE & GENERAL	5.00	193,040	53,054	0	28.00
29.00	ADMINISTRATIVE & GENERAL	5.00	92,935	25,543	0	29.00
30.00	ADMINISTRATIVE & GENERAL	5.00	267,171	73,428	0	30.00
37.00	ADMINISTRATIVE & GENERAL	5.00	0	94,840	0	37.00
38.00	ADMINISTRATIVE & GENERAL	5.00	0	64,284	0	38.00
39.00	ADMINISTRATIVE & GENERAL	5.00	23,295	11,058	0	39.00
40.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	11,688	5,592	0	40.00
42.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	2,208,476	0	42.00
TOTALS			7,490,302	4,433,241		
C - DRUG RECLASS						
1.00	PHARMACY	15.00	0	194,914,743	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	504,342	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	227,247	0	3.00
6.00	OPERATING ROOM	50.00	0	409,305	0	6.00
7.00	RECOVERY ROOM	51.00	0	31,707	0	7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	167,621	0	8.00
9.00	ANESTHESIOLOGY	53.00	0	229,001	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	195,068	0	10.00
13.00	CT SCAN	57.00	0	28,061	0	13.00
14.00	MRI	58.00	0	159,570	0	14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	41,667	0	15.00
16.00	CARDIAC GRAPHICS	59.02	0	963,594	0	16.00
17.00	PULMONARY FUNCTION	59.03	0	21,155	0	17.00
18.00	EPS	59.04	0	18,824	0	18.00
19.00	GI	59.05	0	40,435	0	19.00
20.00	LABORATORY	60.00	0	35,839	0	20.00
21.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	58,992	0	21.00
22.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	71,129	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0	27,733	0	23.00
25.00	CLINIC	90.00	0	186,141	0	25.00
27.00	EMERGENCY	91.00	0	190,405	0	27.00
TOTALS			0	198,522,579		
D - IMPLANT RECLASS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	165,545	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	91,063	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	61,309	0	3.00
4.00	OPERATING ROOM	50.00	0	40,549,111	0	4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	0	22,464	0	5.00
6.00	ANESTHESIOLOGY	53.00	0	70,453	0	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,143,593	0	7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	10,105,749	0	8.00
9.00	CARDIAC GRAPHICS	59.02	0	25,598	0	9.00
10.00	PULMONARY FUNCTION	59.03	0	10,853	0	10.00
11.00	EPS	59.04	0	7,622,151	0	11.00

RECLASSIFICATIONS

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet A-6
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
12.00	GI	59.05	0	507,025	0	12.00	
13.00	RESPIRATORY THERAPY	65.00	0	17,158	0	13.00	
14.00	PHYSICAL THERAPY	66.00	0	464,835	0	14.00	
15.00	ELECTROENCEPHALOGRAPHY	70.00	0	13,077	0	15.00	
16.00	CLINIC	90.00	0	55,645	0	16.00	
17.00	EMERGENCY	91.00	0	32,290	0	17.00	
	TOTALS		0	62,957,919			
E - MED SUPPLY RECLASS							
1.00	DIETARY	10.00	0	51,671	0	1.00	
2.00	NURSING ADMINISTRATION	13.00	0	86,227	0	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,620,876	0	3.00	
4.00	PHARMACY	15.00	0	538,902	0	4.00	
5.00	ADULTS & PEDIATRICS	30.00	0	7,848,531	0	5.00	
6.00	INTENSIVE CARE UNIT	31.00	0	4,115,983	0	6.00	
7.00	SPECIAL CARE NURSERY	35.00	0	1,117,287	0	7.00	
8.00	SUBPROVIDER - IPF	40.00	0	20,437	0	8.00	
9.00	OPERATING ROOM	50.00	0	33,931,606	0	9.00	
10.00	RECOVERY ROOM	51.00	0	186,565	0	10.00	
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,191,527	0	11.00	
12.00	ANESTHESIOLOGY	53.00	0	2,678,693	0	12.00	
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,847,381	0	13.00	
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	488,477	0	14.00	
15.00	RADIOISOTOPE	56.00	0	28,755	0	15.00	
16.00	CT SCAN	57.00	0	765,402	0	16.00	
17.00	MRI	58.00	0	450,022	0	17.00	
18.00	CARDIAC CATHETERIZATION	59.00	0	3,167,475	0	18.00	
19.00	CARDIAC GRAPHICS	59.02	0	268,499	0	19.00	
20.00	PULMONARY FUNCTION	59.03	0	285,946	0	20.00	
21.00	EPS	59.04	0	3,623,049	0	21.00	
22.00	GI	59.05	0	3,357,218	0	22.00	
23.00	LABORATORY	60.00	0	9,076,697	0	23.00	
24.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,751,961	0	24.00	
25.00	RESPIRATORY THERAPY	65.00	0	1,020,216	0	25.00	
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	257,898	0	26.00	
27.00	CLINIC	90.00	0	435,788	0	27.00	
28.00	PSYCH CLINIC	90.01	0	22,789	0	28.00	
29.00	TRANSPLANT CLINIC	90.02	0	76,375	0	29.00	
30.00	EMERGENCY	91.00	0	1,563,549	0	30.00	
31.00	OBSERVATION BEDS-DISTINCT	92.01	0	68,598	0	31.00	
	TOTALS		0	89,944,400			
F - NN RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	3,177,134	1,217,469	0	1.00	
	TOTALS		3,177,134	1,217,469			
G - DIETARY RECLASS							
1.00	DIETARY	10.00	3,412,851	3,236,803	0	1.00	
	TOTALS		3,412,851	3,236,803			
H - RECLASS PURCHASING CREDIT							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,887,422	0	1.00	
	TOTALS		0	6,887,422			
I - PARAMED SCHOOLS RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	467,051	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	196,546	0	2.00	
3.00	ADMINISTRATIVE & GENERAL	5.00	0	90,129	0	3.00	
4.00	ADMINISTRATIVE & GENERAL	5.00	0	189,242	0	4.00	
	TOTALS		0	942,968			
J - RECLASS RESIDENT FRINGE FRM NM100							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,133,054	0	1.00	
	TOTALS		0	5,133,054			
K - RECLASS LAUNDRY SERVICES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,125,294	0	1.00	
	TOTALS		0	4,125,294			
P - MALPRACTICE							
1.00		0.00	0	0	0	1.00	
	TOTALS		0	0			
Q - TRANSPLANT RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	16,494	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	9,372	0	2.00	
3.00	ADMINISTRATIVE & GENERAL	5.00	0	181,993	0	3.00	
4.00	ADMINISTRATIVE & GENERAL	5.00	0	292,295	0	4.00	
5.00	ADMINISTRATIVE & GENERAL	5.00	97,025	0	0	5.00	
6.00	ADMINISTRATIVE & GENERAL	5.00	632,882	0	0	6.00	
7.00	ADMINISTRATIVE & GENERAL	5.00	4,347	0	0	7.00	

RECLASSIFICATIONS

Provider CCN: 14-0281

Period:
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To 08/31/2018

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Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
8.00	ADMINISTRATIVE & GENERAL	5.00	655,402	0	0	0	8.00
9.00	ADMINISTRATIVE & GENERAL	5.00	0	18,924	0	0	9.00
10.00	ADMINISTRATIVE & GENERAL	5.00	0	10,753	0	0	10.00
11.00	ADMINISTRATIVE & GENERAL	5.00	0	208,796	0	0	11.00
12.00	ADMINISTRATIVE & GENERAL	5.00	0	12,362	0	0	12.00
13.00	ADMINISTRATIVE & GENERAL	5.00	0	7,024	0	0	13.00
14.00	ADMINISTRATIVE & GENERAL	5.00	111,315	0	0	0	14.00
15.00	ADMINISTRATIVE & GENERAL	5.00	879,225	0	0	0	15.00
16.00	ADMINISTRATIVE & GENERAL	5.00	6,522	0	0	0	16.00
17.00	ADMINISTRATIVE & GENERAL	5.00	72,719	0	0	0	17.00
18.00	ADMINISTRATIVE & GENERAL	5.00	1,916	0	0	0	18.00
19.00	ADMINISTRATIVE & GENERAL	5.00	30,234	0	0	0	19.00
20.00	ADMINISTRATIVE & GENERAL	5.00	92,494	0	0	0	20.00
21.00	ADMINISTRATIVE & GENERAL	5.00	3,080	0	0	0	21.00
22.00	ADMINISTRATIVE & GENERAL	5.00	0	3,896	0	0	22.00
23.00	ADMINISTRATIVE & GENERAL	5.00	0	2,214	0	0	23.00
24.00	ADMINISTRATIVE & GENERAL	5.00	0	42,987	0	0	24.00
25.00	ADMINISTRATIVE & GENERAL	5.00	0	16,392	0	0	25.00
26.00	ADMINISTRATIVE & GENERAL	5.00	0	9,314	0	0	26.00
27.00	ADMINISTRATIVE & GENERAL	5.00	22,918	0	0	0	27.00
28.00	ADMINISTRATIVE & GENERAL	5.00	28,012	0	0	0	28.00
29.00	ADMINISTRATIVE & GENERAL	5.00	96,422	0	0	0	29.00
30.00	ADMINISTRATIVE & GENERAL	5.00	10,932	0	0	0	30.00
31.00	ADMINISTRATIVE & GENERAL	5.00	29,784	0	0	0	31.00
32.00	ADMINISTRATIVE & GENERAL	5.00	1,163	0	0	0	32.00
33.00	ADMINISTRATIVE & GENERAL	5.00	0	8,667	0	0	33.00
34.00	ADMINISTRATIVE & GENERAL	5.00	0	4,925	0	0	34.00
35.00	ADMINISTRATIVE & GENERAL	5.00	0	95,625	0	0	35.00
36.00	ADMINISTRATIVE & GENERAL	5.00	0	17,761	0	0	36.00
37.00	ADMINISTRATIVE & GENERAL	5.00	0	10,092	0	0	37.00
38.00	ADMINISTRATIVE & GENERAL	5.00	50,980	0	0	0	38.00
39.00	ADMINISTRATIVE & GENERAL	5.00	368,947	0	0	0	39.00
40.00	ADMINISTRATIVE & GENERAL	5.00	251	0	0	0	40.00
41.00	ADMINISTRATIVE & GENERAL	5.00	104,475	0	0	0	41.00
42.00	ADMINISTRATIVE & GENERAL	5.00	13,751	0	0	0	42.00
43.00	ADMINISTRATIVE & GENERAL	5.00	45,802	0	0	0	43.00
44.00	ADMINISTRATIVE & GENERAL	5.00	1,596	0	0	0	44.00
45.00	ADMINISTRATIVE & GENERAL	5.00	0	1,908	0	0	45.00
46.00	ADMINISTRATIVE & GENERAL	5.00	0	1,084	0	0	46.00
47.00	ADMINISTRATIVE & GENERAL	5.00	0	21,055	0	0	47.00
48.00	ADMINISTRATIVE & GENERAL	5.00	0	22,298	0	0	48.00
49.00	ADMINISTRATIVE & GENERAL	5.00	0	12,670	0	0	49.00
50.00	ADMINISTRATIVE & GENERAL	5.00	11,225	0	0	0	50.00
51.00	ADMINISTRATIVE & GENERAL	5.00	22,495	0	0	0	51.00
52.00	ADMINISTRATIVE & GENERAL	5.00	131,166	0	0	0	52.00
53.00	ADMINISTRATIVE & GENERAL	5.00	6,567	0	0	0	53.00
54.00	ADMINISTRATIVE & GENERAL	5.00	12,765	0	0	0	54.00
55.00	ADMINISTRATIVE & GENERAL	5.00	498	0	0	0	55.00
56.00	ADMINISTRATIVE & GENERAL	5.00	0	1,272	0	0	56.00
57.00	ADMINISTRATIVE & GENERAL	5.00	0	723	0	0	57.00
58.00	ADMINISTRATIVE & GENERAL	5.00	0	14,037	0	0	58.00
59.00	ADMINISTRATIVE & GENERAL	5.00	7,483	0	0	0	59.00
60.00	ADMINISTRATIVE & GENERAL	5.00	36,605	0	0	0	60.00
61.00	ADMINISTRATIVE & GENERAL	5.00	366	0	0	0	61.00
62.00	ADMINISTRATIVE & GENERAL	5.00	39,683	0	0	0	62.00
63.00	ADMINISTRATIVE & GENERAL	5.00	1,320	0	0	0	63.00
64.00	HEART ACQUISITION	106.00	3,747	0	0	0	64.00
65.00	KIDNEY ACQUISITION	105.00	1,643	0	0	0	65.00
66.00	KIDNEY ACQUISITION	105.00	9,243	0	0	0	66.00
67.00	KIDNEY ACQUISITION	105.00	9,863	0	0	0	67.00
68.00	KIDNEY ACQUISITION	105.00	62,229	0	0	0	68.00
69.00	LIVER ACQUISITION	107.00	248,515	0	0	0	69.00
70.00	LUNG ACQUISITION	108.00	386,716	0	0	0	70.00
TOTALS			4,354,323	1,044,933			
R - COMPANY WIDE OTHER FRINGES							
1.00	OTHER COMPANY WIDE ACTIVITY	194.02	4,808	1,148,084	0	0	1.00
2.00	OTHER COMPANY WIDE ACTIVITY	194.02	243,629	332,320	0	0	2.00
3.00	OTHER COMPANY WIDE ACTIVITY	194.02	16,491	115,153	0	0	3.00
4.00	OTHER COMPANY WIDE ACTIVITY	194.02	2,359,507	0	0	0	4.00
5.00	OTHER COMPANY WIDE ACTIVITY	194.02	0	32,000	0	0	5.00
6.00	OTHER COMPANY WIDE ACTIVITY	194.02	8,202	662,888	0	0	6.00
7.00	OTHER COMPANY WIDE ACTIVITY	194.02	0	37,970	0	0	7.00
8.00	OTHER COMPANY WIDE ACTIVITY	194.02	0	3,373	0	0	8.00
9.00	OTHER COMPANY WIDE ACTIVITY	194.02	101,482	2,326,891	0	0	9.00

RECLASSIFICATIONS

Provider CCN: 14-0281

Period:
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To 08/31/2018

Worksheet A-6

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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
10.00	OTHER COMPANY WIDE ACTIVITY	194.02	125,659	76,973	0		10.00
11.00	OTHER COMPANY WIDE ACTIVITY	194.02	220,906	900,260	0		11.00
13.00	OTHER COMPANY WIDE ACTIVITY	194.02	1,952,696	383,621	0		13.00
14.00	OTHER COMPANY WIDE ACTIVITY	194.02	384,108	1,348,887	0		14.00
15.00	OTHER COMPANY WIDE ACTIVITY	194.02	0	4,589	0		15.00
TOTALS			5,417,488	7,373,009			
S - NM SCHOOLS PARAMED RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	11,549	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	14,137	0	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	10,704	0	0		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	10,545	0	0		4.00
5.00	ADMINISTRATIVE & GENERAL	5.00	12,680	0	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	117,660	0	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	378	0	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	261,774	0	0		8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	223,435	0	0		9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	415	0	0		10.00
11.00	RADIOISOTOPE	56.00	254,521	0	0		11.00
12.00	CT SCAN	57.00	12,490	0	0		12.00
TOTALS			930,288	0			
T - RECL PHARM AND CHAPLAINCY RESIDENTS							
1.00	PHARMACY	15.00	293,769	0	0		1.00
2.00	PHARMACY	15.00	901,664	0	0		2.00
3.00	PHARMACY	15.00	0	54,810	0		3.00
5.00	ADMINISTRATIVE & GENERAL	5.00	39,106	0	0		5.00
TOTALS			1,234,539	54,810			
500.00	Grand Total: Decreases		26,016,925	385,873,901			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet A-7
Part I
Date/Time Prepared:
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	208,945,354	0	0	0	0	1.00
2.00	Land Improvements	2,270,840	0	0	0	-579,025	2.00
3.00	Buildings and Fixtures	1,969,052,783	54,862,987	0	54,862,987	-7,652,326	3.00
4.00	Building Improvements	16,021,590	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	-19,098,817	5.00
6.00	Movable Equipment	376,048,285	26,932,670	0	26,932,670	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	2,572,338,852	81,795,657	0	81,795,657	-27,330,168	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	2,572,338,852	81,795,657	0	81,795,657	-27,330,168	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	208,945,354	0				1.00
2.00	Land Improvements	2,849,865	0				2.00
3.00	Buildings and Fixtures	2,031,568,096	0				3.00
4.00	Building Improvements	16,021,590	0				4.00
5.00	Fixed Equipment	19,098,817	0				5.00
6.00	Movable Equipment	402,980,955	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	2,681,464,677	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	2,681,464,677	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0281

Period:
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To 08/31/2018

Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	63,750,022	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	30,230,492	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	93,980,514	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	63,750,022				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	30,230,492				2.00
3.00	Total (sum of lines 1-2)	0	93,980,514				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0281

Period:
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To 08/31/2018

Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	2,145,163,550	0	2,145,163,550	0.861549	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	344,727,582	0	344,727,582	0.138451	0	2.00
3.00	Total (sum of lines 1-2)	2,489,891,132	0	2,489,891,132	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	63,750,022	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	30,230,492	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	93,980,514	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	10,300,640	74,050,662	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	-109,074	30,121,418	2.00
3.00	Total (sum of lines 1-2)	0	0	0	10,191,566	104,172,080	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet A-8

Date/Time Prepared:
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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)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-3,914,164				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	-94,746,276				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests			0		0.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
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
19.05 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.05
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		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

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet A-8

Date/Time Prepared:
1/30/2019 4:55 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
			Cost Center	Line #			
			1.00	2.00	3.00		4.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 BLDG DEPR RELIEF ADJ FOR MEDICARE	A	21,709,231		CAP REL COSTS-BLDG & FIXT	1.00	14	33.00
33.01 EQUIP DEPR ADJ FOR MEDICARE	A	-109,074		CAP REL COSTS-MVBLE EQUIP	2.00	14	33.01
33.02 BLDG DEPR REPORTED ON B PART II	A	-4,067,849		CAP REL COSTS-BLDG & FIXT	1.00	14	33.02
33.03 MISC BLDG ADJ	A	-578,551		CAP REL COSTS-BLDG & FIXT	1.00	14	33.03
33.04 OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	33.04
33.05 OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	33.05
33.06 FOOD SERVICE REVENUE	B	-584,469		DIETARY	10.00	0	33.06
33.07 OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	33.07
33.08 OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	33.08
33.09 OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	33.09
33.10 IC SPEC PHARM EMPLOYEY REV	B	-4,948,708		PHARMACY	15.00	0	33.10
33.11 SPECIALTY PHARMACY SALES	B	-116,914,551		DRUGS CHARGED TO PATIENTS	73.00	0	33.11
33.12 PAYOR INTEREST INCOME	B	-4,962,134		ADMINISTRATIVE & GENERAL	5.00	0	33.12
33.13 OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	33.13
33.14 OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	33.14
33.15 OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	33.15
34.00 BUILDING OP REV	B	-2,348,498		ADMINISTRATIVE & GENERAL	5.00	0	34.00
34.01 BUILDING OP REV	B	-366,080		OPERATION OF PLANT	7.00	0	34.01
34.02 BUILDING OP REV	B	-1,462,096		REAL ESTATE	194.00	0	34.02
34.03 CORPORATE BILLING REV	B	-249,707		ADMINISTRATIVE & GENERAL	5.00	0	34.03
34.04 CORPORATE BILLING ADJ	A	6,086,122		ADMINISTRATIVE & GENERAL	5.00	0	34.04
34.05 CORPORATE BILLINGS REV	B	-544,718		PHARMACY	15.00	0	34.05
34.06 CORPORATE BILLINGS REV	B	-150,290		ADULTS & PEDIATRICS	30.00	0	34.06
34.07 CORPORATE BILLINGS REV	B	-106,845		INTENSIVE CARE UNIT	31.00	0	34.07
34.08 CORPORATE BILLINGS REV	B	-4,211,333		OPERATING ROOM	50.00	0	34.08
34.09 CORPORATE BILLINGS REV	B	-149,220		RECOVERY ROOM	51.00	0	34.09
34.10 CORPORATE BILLINGS REV	B	-394,342		ANESTHESIOLOGY	53.00	0	34.10
34.11 CORPORATE BILLINGS REV	B	-2,105,466		RADIOLOGY-DIAGNOSTIC	54.00	0	34.11
34.12 CORPORATE BILLINGS REV	B	-39,661		RADIOLOGY-THERAPEUTIC	55.00	0	34.12
34.13 CORPORATE BILLINGS REV	B	-1,326,142		RADIOISOTOPE	56.00	0	34.13
34.14 CORPORATE BILLINGS REV	B	-1,518,229		CT SCAN	57.00	0	34.14
34.15 CORPORATE BILLINGS REV	B	-1,021,493		MRI	58.00	0	34.15
34.16 CORPORATE BILLINGS REV	B	-461,475		CARDIAC CATHETERIZATION	59.00	0	34.16
34.17 CORPORATE BILLINGS REV	B	-30,953		VASCULAR LAB	59.01	0	34.17
34.18 CORPORATE BILLINGS REV	B	-1,785,372		CARDIAC GRAPHICS	59.02	0	34.18
34.19 CORPORATE BILLINGS REV	B	-64,960		PULMONARY FUNCTION	59.03	0	34.19
34.20 CORPORATE BILLINGS REV	B	-108,695		EPS	59.04	0	34.20
34.21 CORPORATE BILLINGS REV	B	-126,594		GI	59.05	0	34.21
34.22 CORPORATE BILLINGS REV	B	-2,426,490		LABORATORY	60.00	0	34.22
34.23 CORPORATE BILLINGS REV	B	-98,714		WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	34.23
34.24 CORPORATE BILLINGS REV	B	-126,589		BLOOD STORING, PROCESSING & TRANS.	63.00	0	34.24
34.25 CORPORATE BILLINGS REV	B	-67,567		RESPIRATORY THERAPY	65.00	0	34.25
34.26 CORPORATE BILLINGS REV	B	-631		PHYSICAL THERAPY	66.00	0	34.26
34.27 CORPORATE BILLINGS REV	B	-466		OCCUPATIONAL THERAPY	67.00	0	34.27

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet A-8

Date/Time Prepared:
1/30/2019 4:55 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
34.28 CORPORATE BILLINGS REV	B	-262,073	ELECTROENCEPHALOGRAPHY	70.00	0	34.28
34.29 CORPORATE BILLINGS REV	B	-143,634	CLINIC	90.00	0	34.29
34.30 CORPORATE BILLINGS REV	B	-175,038	ADULTS & PEDIATRICS	30.00	0	34.30
34.31 CORPORATE BILLINGS REV	B	-19,185	EMERGENCY	91.00	0	34.31
34.32 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.32
34.33 OTHER ADJUSTMENTS (SPECIFY) (3)	B	0		0.00	0	34.33
34.34 OTHER ADJUSTMENTS (SPECIFY) (3)	B	0		0.00	0	34.34
34.35 MISC FEE REV	B	-220,182	ADMINISTRATIVE & GENERAL	5.00	0	34.35
34.36 MISC FEE REV	B	-2,658	NURSING ADMINISTRATION	13.00	0	34.36
34.37 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.37
34.38 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.38
34.39 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.39
34.40 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.40
34.41 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.41
34.42 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.42
34.43 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.43
34.44 LAB REV	B	993,620	ADMINISTRATIVE & GENERAL	5.00	0	34.44
34.45 LAB REV	B	-510,233	PHARMACY	15.00	0	34.45
34.46 LAB REV	B	-126,789	RADIOLOGY-DIAGNOSTIC	54.00	0	34.46
34.47 LAB REV	B	-510,135	RADIOISOTOPE	56.00	0	34.47
34.48 LAB REV	B	-25,470	CT SCAN	57.00	0	34.48
34.49 LAB REV	B	-22,440	MRI	58.00	0	34.49
34.50 LAB REV	B	-3,583	VASCULAR LAB	59.01	0	34.50
34.51 LAB REV	B	-231,742	CARDIAC GRAPHICS	59.02	0	34.51
34.52 LAB REV	B	-5,560	PULMONARY FUNCTION	59.03	0	34.52
34.53 LAB REV	B	-1,876	EPS	59.04	0	34.53
34.54 LAB REV	B	-4,095	GI	59.05	0	34.54
34.55 LAB REV	B	-2,368,971	LABORATORY	60.00	0	34.55
34.56 LAB REV	B	-302	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	34.56
34.57 LAB REV	B	-971	BLOOD STORING, PROCESSING & TRANS.	63.00	0	34.57
34.58 LAB REV	B	-1,915	CLINIC	90.00	0	34.58
34.59 LAB REV	B	-1,888	EMERGENCY	91.00	0	34.59
34.60 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.60
34.61 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.61
34.62 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.62
34.63 MISC ADJ	B	-154,336	ADMINISTRATIVE & GENERAL	5.00	0	34.63
34.64 MISC ADJ	B	-7,103	PHARMACY	15.00	0	34.64
34.65 MISC ADJ	B	-25,319	PSYCH CLINIC	90.01	0	34.65
34.66 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.66
34.67 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.67
34.68 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.68
34.69 OTHER OPERATING REV	B	-702,078	ADMINISTRATIVE & GENERAL	5.00	0	34.69
34.70 OTHER OPERATING REV	B	-66,734	OPERATION OF PLANT	7.00	0	34.70
34.71 OTHER OPERATING REV	B	-659,187	DIETARY	10.00	0	34.71
34.72 OTHER OPERATING REV	B	-142,352	NURSING ADMINISTRATION	13.00	0	34.72
34.73 OTHER OPERATING REV	B	-297,388	PHARMACY	15.00	0	34.73
34.74 OTHER OPERATING REV	B	-1,414	ADULTS & PEDIATRICS	30.00	0	34.74
34.75 OTHER OPERATING REV	B	-3,257	RADIOLOGY-THERAPEUTIC	55.00	0	34.75
34.76 OTHER OPERATING REV	B	-588	CARDIAC GRAPHICS	59.02	0	34.76
34.77 OTHER OPERATING REV	B	-88,828	LABORATORY	60.00	0	34.77
34.78 OTHER OPERATING REV	B	-11,274	BLOOD STORING, PROCESSING & TRANS.	63.00	0	34.78

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet A-8

Date/Time Prepared:
1/30/2019 4:55 pm

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
34.79 OTHER OPERATING REV	B	112,880	RESPIRATORY THERAPY	65.00	0	34.79
34.80 OTHER OPERATING REV	B	-41,100	ELECTROENCEPHALOGRAPHY	70.00	0	34.80
34.81 OTHER OPERATING REV	B	-2,000	CARDIAC REHABILITATION	76.97	0	34.81
34.82 OTHER OPERATING REV	B	-1,902	PSYCH CLINIC	90.01	0	34.82
34.83 OTHER OPERATING REV	B	-193,010	KIDNEY ACQUISITION	105.00	0	34.83
34.84 OTHER OPERATING REV	B	-50,116	LIVER ACQUISITION	107.00	0	34.84
34.85 OTHER OPERATING REV	B	-274,069	REAL ESTATE	194.00	0	34.85
34.86 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.86
34.87 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.87
34.88 RESEARCH REV	B	-22,211	ADMINISTRATIVE & GENERAL	5.00	0	34.88
34.89 RESEARCH REV	B	-176,670	PHARMACY	15.00	0	34.89
34.90 RESEARCH REV	B	-5,565	ADULTS & PEDIATRICS	30.00	0	34.90
34.91 RESEARCH REV	B	-4,024	INTENSIVE CARE UNIT	31.00	0	34.91
34.92 RESEARCH REV	B	-290	OPERATING ROOM	50.00	0	34.92
34.93 RESEARCH REV	B	-11	RECOVERY ROOM	51.00	0	34.93
34.94 RESEARCH REV	B	-1,711	ANESTHESIOLOGY	53.00	0	34.94
34.95 RESEARCH REV	B	-102,205	RADIOLOGY-DIAGNOSTIC	54.00	0	34.95
34.96 RESEARCH REV	B	-17,207	RADIOLOGY-THERAPEUTIC	55.00	0	34.96
34.97 RESEARCH REV	B	-86,844	RADIOISOTOPE	56.00	0	34.97
34.98 RESEARCH REV	B	-119,176	CT SCAN	57.00	0	34.98
34.99 RESEARCH REV	B	-51,289	MRI	58.00	0	34.99
35.00 RESEARCH REV	B	-3,364	CARDIAC CATHETERIZATION	59.00	0	35.00
35.01 RESEARCH REV	B	-425	VASCULAR LAB	59.01	0	35.01
35.02 RESEARCH REV	B	-67,160	CARDIAC GRAPHICS	59.02	0	35.02
35.03 RESEARCH REV	B	-7,115	PULMONARY FUNCTION	59.03	0	35.03
35.04 RESEARCH REV	B	-2,258	EPS	59.04	0	35.04
35.05 RESEARCH REV	B	-21,512	GI	59.05	0	35.05
36.00 RESEARCH REV	B	-110,781	LABORATORY	60.00	0	36.00
36.01 RESEARCH REV	B	-1,748	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	36.01
36.02 RESEARCH REV	B	-12,910	BLOOD STORING, PROCESSING & TRANS.	63.00	0	36.02
36.03 RESEARCH REV	B	-758	RESPIRATORY THERAPY	65.00	0	36.03
36.05 RESEARCH REV	B	-1,595	PHYSICAL THERAPY	66.00	0	36.05
36.06 RESEARCH REV	B	-12,756	ELECTROENCEPHALOGRAPHY	70.00	0	36.06
36.07 RESEARCH REV	B	-18,949	CLINIC	90.00	0	36.07
36.15 RESEARCH REV	B	-388	TRANSPLANT CLINIC	90.02	0	36.15
36.20 RESEARCH REV	B	-287,183	RESEARCH	191.00	0	36.20
36.21 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	36.21
36.22 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	36.22
36.23 SHARED SERVICES	B	-73,547	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	36.23
36.24 SHARED SERVICES	B	-2,344,374	ADMINISTRATIVE & GENERAL	5.00	0	36.24
36.25 SHARED SERVICES	B	-2,811,632	OPERATION OF PLANT	7.00	0	36.25
36.26 SHARED SERVICES	B	-65,034	HOUSEKEEPING	9.00	0	36.26
36.27 SHARED SERVICES	B	-64,503	DIETARY	10.00	0	36.27
36.29 SHARED SERVICES	B	-2,311,418	PHARMACY	15.00	0	36.29
36.30 SHARED SERVICES	B	-62,303	SOCIAL SERVICE	17.00	0	36.30
36.32 SHARED SERVICES	B	-551,244	ADULTS & PEDIATRICS	30.00	0	36.32
36.33 SHARED SERVICES	B	-7,921	RADIOLOGY-THERAPEUTIC	55.00	0	36.33
36.34 SHARED SERVICES	B	-38,374	PHYSICAL THERAPY	66.00	0	36.34
37.01 SHARED SERVICES	B	-58,321	OCCUPATIONAL THERAPY	67.00	0	37.01
37.02 SHARED SERVICES	B	-50,950	ELECTROENCEPHALOGRAPHY	70.00	0	37.02
38.00 SHARED SERVICES	A	-55,080	CARDIAC REHABILITATION	76.97	0	38.00
38.01 SHARED SERVICES	A	-179,937	LIVER ACQUISITION	107.00	0	38.01
38.04 SHARED SERVICES	A	-218,789	REAL ESTATE	194.00	0	38.04
38.05 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	38.05
39.66 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	39.66
39.67 211 BLDG RENT REV OR COST	A	-3,090,151	OPERATION OF PLANT	7.00	0	39.67
39.68 259 BLDG PRKG REV	A	-8,395,858	OPERATION OF PLANT	7.00	0	39.68
39.72 259 PRKG RENT REV OR COST	A	-948,335	OPERATION OF PLANT	7.00	0	39.72
39.73 PATRIOT RENT REV	B	-6,686,415	REAL ESTATE	194.00	0	39.73
39.74 350 WAUKEGAN REV OR COST	B	-627,797	REAL ESTATE	194.00	0	39.74
39.75 450 BLDG PRKG REV	B	-3,982,213	REAL ESTATE	194.00	0	39.75

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			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
39.76 541 BLDG RENT REV OR COST	A	-10,815,883	REAL ESTATE		194.00	0	39.76
39.77 560 BLDG PRKG REV	B	-989,214	REAL ESTATE		194.00	0	39.77
39.78 680 BLDG RENT REV OR COST	A	-615,617	OPERATION OF PLANT		7.00	0	39.78
39.79 676 BLDG RENT REV OR COST	B	-14,627,334	REAL ESTATE		194.00	0	39.79
39.80 ERIE MCCLRG REV OR COST	A	-751,390	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	39.80
39.82 EXTERNAL LEASES	B	-6,128,681	REAL ESTATE		194.00	0	39.82
39.83 OLSON	A	-674,669	OPERATION OF PLANT		7.00	0	39.83
39.84 GALTER	B	-4,396,453	REAL ESTATE		194.00	0	39.84
39.85 ONTERIE	B	-236,785	PSYCH CLINIC		90.01	0	39.85
39.86 PRENTICE	A	-707,366	OPERATION OF PLANT		7.00	0	39.86
39.87 VALET PKNG REV	B	-293,977	ADMINISTRATIVE & GENERAL		5.00	0	39.87
39.88 WRCHSTR HOUSE	B	-2,082,274	REAL ESTATE		194.00	0	39.88
39.89 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	39.89
39.90 REAL ESTATE TAX ERIE MCCLURG	A	-52,615	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	39.90
39.91 REAL ESTATE TAX FAIRBANKS	A	-1,679,744	ADMINISTRATIVE & GENERAL		5.00	0	39.91
39.92 REAL ESTATE NON REIMB AREAS	A	-5,774,940	REAL ESTATE		194.00	0	39.92
39.93 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	39.93
39.94 INTEREST EXPENSE	A	-26,460,434	ADMINISTRATIVE & GENERAL		5.00	0	39.94
39.95 MEDICAID TAX 1099 793000	A	-60,160,176	ADMINISTRATIVE & GENERAL		5.00	0	39.95
39.96 EMPLOYEE BEN PENS PLAN 1092 635200	A	22,434,786	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	39.96
39.98 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	39.98
39.99 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	39.99
40.00 CS-BASE/GOALS-HOSP	A	-8,650,016	ADMINISTRATIVE & GENERAL		5.00	0	40.00
40.01 CS-BASE/GOALS-PERI	A	-644,509	ADMINISTRATIVE & GENERAL		5.00	0	40.01
40.02 CS-BASE/GOALS-REC	A	-381,331	ADMINISTRATIVE & GENERAL		5.00	0	40.02
40.03 CS-BASE/GOALS-PALL	A	-514,723	ADMINISTRATIVE & GENERAL		5.00	0	40.03
40.04 CS-BASE/GOALS-HEART	A	-471,180	ADMINISTRATIVE & GENERAL		5.00	0	40.04
40.05 CS-BASE/GOALS-PULM	A	-243,500	ADMINISTRATIVE & GENERAL		5.00	0	40.05
40.06 CS-CALL COVER-KIDNEY	A	-585,261	ADMINISTRATIVE & GENERAL		5.00	0	40.06
40.07 CD-CALL COVER-LIVER	A	-585,261	ADMINISTRATIVE & GENERAL		5.00	0	40.07
40.08 CS-BASE/GOALS-GYNEONC	A	-100,000	ADMINISTRATIVE & GENERAL		5.00	0	40.08
40.09 CS-BASE/GOALS-L&D	A	-457,446	ADMINISTRATIVE & GENERAL		5.00	0	40.09
40.10 CS-BASE/GOALS-PAC	A	-86,487	ADMINISTRATIVE & GENERAL		5.00	0	40.10
40.11 CS-BASE/GOALS-ANESTH	A	-15,118,486	ADMINISTRATIVE & GENERAL		5.00	0	40.11
40.13 CS-TRAUMA CALL COVER	A	-365,000	ADMINISTRATIVE & GENERAL		5.00	0	40.13
42.00 CS-CSF OPHTH ROB PROGRAM	A	-85,600	ADMINISTRATIVE & GENERAL		5.00	0	42.00
43.00 CS-DENTAL CENTER LAB AND PROFF SERV	A	-155,116	ADMINISTRATIVE & GENERAL		5.00	0	43.00
44.00 CS- PFF NICU HOSPITALISTS	A	-1,213,423	ADMINISTRATIVE & GENERAL		5.00	0	44.00
45.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	45.00
45.01 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	45.01
45.03 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	45.03
46.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	46.00
47.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	47.00
47.01 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	47.01
47.02 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	47.02
48.01 RECLASS TO HOME OFFICE	A	-6,762,191	CAP REL COSTS-BLDG & FIXT		1.00	14	48.01
48.02 RECLASS TO HOME OFFICE	A	-3,016,766	OPERATION OF PLANT		7.00	0	48.02
48.03 RECLASS TO HOME OFFICE	A	-1,457,736	HOUSEKEEPING		9.00	0	48.03
49.02 PRENT REPAIR REV OFFSET PY SPREAD	A	-10,952,719	OPERATION OF PLANT		7.00	0	49.02
49.03 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	49.03
49.04 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	49.04
49.05 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	49.05

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00		3.00	4.00
49.06 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	49.06
49.07 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	49.07
49.08 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	49.08
49.09 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	49.09
49.10 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	49.10
49.11 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	49.11
49.12 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	49.12
49.13 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	49.13
49.14 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	49.14
49.15 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	49.15
49.16 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	49.16
49.17 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	49.17
49.18 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	49.18
49.19 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	49.19
49.20 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	49.20
49.21 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	49.21
49.22 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	49.22
49.23 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	49.23
49.24 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	49.24
49.25 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	49.25
49.26 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	49.26
49.27 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	49.27
49.28 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	49.28
49.29 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	49.29
49.30 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	49.30
49.31 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	49.31
49.32 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	49.32
49.33 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	49.33
49.34 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	49.34
49.35 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	49.35
49.36 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	49.36
49.37 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	49.37
49.38 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	49.38
49.39 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	49.39
49.40 OTHER ADJUSTMENTS (SPECI FY) (3)		0			0.00	0	49.40

Provider CCN: 14-0281 Period: From 09/01/2017 To 08/31/2018 Worksheet A-8
Date/Time Prepared: 1/30/2019 4:55 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00			3.00
49.41 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	49.41
49.42 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	49.42
49.43 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	49.43
49.44 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	49.44
49.45 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	49.45
49.46 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	49.46
49.47 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	49.47
49.48 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	49.48
49.49 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	49.49
49.50 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	49.50
49.51 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	49.51
49.52 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0	49.52
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-430,197,162					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: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet A-8-1

Date/Time Prepared:
1/30/2019 4:55 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	5.00	ADMINISTRATIVE & GENERAL	NMHC MANAGEMENT FEE	297,131,109	393,944,224	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	VARIOUS	106,669,913	106,669,913	2.00
3.00	7.00	OPERATION OF PLANT	VARIOUS	5,909,664	5,909,664	3.00
4.00	13.00	NURSING ADMINISTRATION	VARIOUS	653,717	653,717	4.00
4.01	21.00	HR SERVICES-SALARY & FRINGE	VARIOUS	3,273,801	3,273,801	4.01
4.02	30.00	ADULTS & PEDIATRICS	VARIOUS	815,501	815,501	4.02
4.03	50.00	OPERATING ROOM	VARIOUS	181,921	181,921	4.03
4.04	59.02	CARDIAC GRAPHICS	VARIOUS	69,430	69,430	4.04
4.05	59.04	EPS	VARIOUS	28,031	28,031	4.05
4.06	60.00	LABORATORY	VARIOUS	196,967	196,967	4.06
4.07	63.00	BLOOD STORING, PROCESSING &	VARIOUS	50,000	50,000	4.07
4.08	70.00	ELECTROENCEPHALOGRAPHY	VARIOUS	393,600	393,600	4.08
4.09	90.00	CLINIC	VARIOUS	1,849	1,849	4.09
4.10	91.00	EMERGENCY	VARIOUS	500	500	4.10
4.11	105.00	KIDNEY ACQUISITION	VARIOUS	545,063	545,063	4.11
4.12	106.00	HEART ACQUISITION	VARIOUS	6,949	6,949	4.12
4.13	107.00	LIVER ACQUISITION	VARIOUS	147,984	147,984	4.13
4.14	108.00	LUNG ACQUISITION	VARIOUS	30,420	30,420	4.14
4.15	109.00	PANCREAS ACQUISITION	VARIOUS	18,572	18,572	4.15
4.16	194.00	REAL ESTATE	VARIOUS	241,667	241,667	4.16
4.17	194.02	OTHER COMPANY WIDE ACTIVITY	VARIOUS	852,060	852,060	4.17
4.18	5.00	ADMINISTRATIVE & GENERAL	NM100 ALLIED HEALTH	896,481	0	4.18
4.19	5.00	ADMINISTRATIVE & GENERAL	NM100 TRANSPLANT	1,170,358	0	4.19
4.20	0.00			0	0	4.20
4.21	0.00			0	0	4.21
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			419,285,557	514,031,833	5.00

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

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

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

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

6.00	B		100.00	NM HEALTHCARE	100.00	6.00
7.00	B		100.00	NM LAKE FOREST	100.00	7.00
8.00	B		100.00	NM FOUNDATION	100.00	8.00
9.00	B		100.00	NM MEDICAL GROUP	100.00	9.00
9.01	B		100.00	NM DELNOR	100.00	9.01
9.02	B		100.00	NM CENTRAL DUPAGE	100.00	9.02
9.03	B		100.00	NM INSURANCE CO	100.00	9.03
9.04	B		100.00	N HEALTHCARE CORP	100.00	9.04
9.05	B		100.00	NM DELNOR	100.00	9.05
9.06	B		100.00	NM KI SHWAUKEE	100.00	9.06
9.07	B		100.00	NM VALLEY WEST	100.00	9.07
10.00	B		100.00	NM MARIANJOY	100.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet A-8-1

Date/Time Prepared:
1/30/2019 4:55 pm

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

(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: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet A-8-1

Date/Time Prepared:
1/30/2019 4:55 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-96,813,115	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
4.16	0	0		4.16
4.17	0	0		4.17
4.18	896,481	0		4.18
4.19	1,170,358	0		4.19
4.20	0	0		4.20
4.21	0	0		4.21
5.00	-94,746,276			5.00

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

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

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

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

6.00	HEALTH CARE		6.00
7.00	HEALTH CARE		7.00
8.00	HEALTH CARE		8.00
9.00	HEALTH CARE		9.00
9.01	HEALTH CARE		9.01
9.02	HEALTHCARE		9.02
9.03	HEALTHCARE		9.03
9.04	HEALTHCARE		9.04
9.05	HEALTHCARE		9.05
9.06	HEALTHCARE		9.06
9.07	HEALTHCARE		9.07
10.00	HEALTHCARE		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: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet A-8-2

Date/Time Prepared:
1/30/2019 4:55 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	781,578	0	781,578	179,000	7,344	1.00
2.00	13.00	NURSING ADMINISTRATION	90,371	0	90,371	179,000	720	2.00
3.00	15.00	PHARMACY	15,601	0	15,601	179,000	144	3.00
4.00	17.00	SOCIAL SERVICE	0	0	0	0	0	4.00
5.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	4,113,254	0	4,113,254	179,000	15,749	5.00
6.00	30.00	ADULTS & PEDIATRICS	752,071	0	752,071	197,500	7,956	6.00
7.00	31.00	INTENSIVE CARE UNIT	649,986	0	649,986	179,000	3,312	7.00
8.00	35.00	SPECIAL CARE NURSERY	59,346	0	59,346	237,100	864	8.00
9.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	9.00
10.00	50.00	OPERATING ROOM	771,566	0	771,566	246,400	4,798	10.00
11.00	51.00	RECOVERY ROOM	83,327	0	83,327	179,000	576	11.00
12.00	52.00	DELIVERY ROOM & LABOR ROOM	122,594	0	122,594	237,400	912	12.00
13.00	53.00	ANESTHESIOLOGY	239,075	0	239,075	239,400	1,344	13.00
14.00	54.00	RADIOLOGY-DIAGNOSTIC	498,253	0	498,253	271,900	2,016	14.00
15.00	55.00	RADIOLOGY-THERAPEUTIC	56,206	0	56,206	271,900	288	15.00
16.00	56.00	RADIOISOTOPE	6,970	0	6,970	271,900	144	16.00
17.00	57.00	CT SCAN	184,823	0	184,823	271,900	1,008	17.00
18.00	58.00	MRI	24,648	0	24,648	271,900	144	18.00
19.00	59.00	CARDIAC CATHETERIZATION	71,577	0	71,577	271,900	360	19.00
21.00	59.02	CARDIAC GRAPHICS	74,165	0	74,165	179,000	562	21.00
22.00	59.03	PULMONARY FUNCTION	14,471	0	14,471	179,000	144	22.00
23.00	59.04	EPS	71,583	0	71,583	179,000	360	23.00
24.00	59.05	GI	89,487	0	89,487	179,000	432	24.00
25.00	60.00	LABORATORY	66,690	0	66,690	260,300	576	25.00
27.00	63.00	BLOOD STORING, PROCESSING & TRANS.	24,521	0	24,521	179,000	288	27.00
28.00	65.00	RESPIRATORY THERAPY	69,742	0	69,742	179,000	720	28.00
29.00	66.00	PHYSICAL THERAPY	16,055	0	16,055	179,000	144	29.00
30.00	70.00	ELECTROENCEPHALOGRAPHY	95,894	0	95,894	179,000	648	30.00
31.00	76.97	CARDIAC REHABILITATION	8,156	0	8,156	179,000	36	31.00
32.00	90.00	CLINIC	225,858	0	225,858	179,000	1,872	32.00
33.00	90.01	PSYCH CLINIC	108,734	0	108,734	179,000	1,152	33.00
34.00	90.02	TRANSPLANT CLINIC	0	0	0	0	0	34.00
36.00	91.00	EMERGENCY	312,590	0	312,590	179,000	2,304	36.00
37.00	105.00	KIDNEY ACQUISITION	85,081	0	85,081	246,400	228	37.00
39.00	106.00	HEART ACQUISITION	112,814	0	112,814	246,400	1	39.00
41.00	107.00	LIVER ACQUISITION	122,236	0	122,236	246,400	1	41.00
43.00	108.00	LUNG ACQUISITION	153,464	0	153,464	246,400	419	43.00
200.00			10,172,787	0	10,172,787		57,566	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	632,008	31,600	0	0	70,031	1.00
2.00	13.00	NURSING ADMINISTRATION	61,962	3,098	0	0	8,097	2.00
3.00	15.00	PHARMACY	12,392	620	0	0	1,398	3.00
4.00	17.00	SOCIAL SERVICE	0	0	0	0	0	4.00
5.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	1,355,323	67,766	0	0	368,141	5.00
6.00	30.00	ADULTS & PEDIATRICS	755,438	37,772	0	0	66,811	6.00
7.00	31.00	INTENSIVE CARE UNIT	285,023	14,251	0	0	58,240	7.00
8.00	35.00	SPECIAL CARE NURSERY	98,488	4,924	0	0	4,938	8.00
9.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	9.00
10.00	50.00	OPERATING ROOM	568,379	28,419	0	0	69,134	10.00
11.00	51.00	RECOVERY ROOM	49,569	2,478	0	0	7,466	11.00
12.00	52.00	DELIVERY ROOM & LABOR ROOM	104,091	5,205	0	0	10,985	12.00
13.00	53.00	ANESTHESIOLOGY	154,689	7,734	0	0	21,422	13.00
14.00	54.00	RADIOLOGY-DIAGNOSTIC	263,534	13,177	0	0	44,645	14.00
15.00	55.00	RADIOLOGY-THERAPEUTIC	37,648	1,882	0	0	5,036	15.00
16.00	56.00	RADIOISOTOPE	18,824	941	0	0	624	16.00
17.00	57.00	CT SCAN	131,767	6,588	0	0	16,561	17.00
18.00	58.00	MRI	18,824	941	0	0	2,209	18.00
19.00	59.00	CARDIAC CATHETERIZATION	47,060	2,353	0	0	6,414	19.00
21.00	59.02	CARDIAC GRAPHICS	48,364	2,418	0	0	6,645	21.00
22.00	59.03	PULMONARY FUNCTION	12,392	620	0	0	1,297	22.00
23.00	59.04	EPS	30,981	1,549	0	0	6,414	23.00
24.00	59.05	GI	37,177	1,859	0	0	8,018	24.00
25.00	60.00	LABORATORY	72,083	3,604	0	0	5,976	25.00
27.00	63.00	BLOOD STORING, PROCESSING & TRANS.	24,785	1,239	0	0	2,197	27.00
28.00	65.00	RESPIRATORY THERAPY	61,962	3,098	0	0	6,249	28.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet A-8-2

Date/Time Prepared:
1/30/2019 4:55 pm

	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	
29.00	66.00	PHYSICAL THERAPY	12,392	620	0	0	1,225	29.00
30.00	70.00	ELECTROENCEPHALOGRAPHY	55,765	2,788	0	0	8,592	30.00
31.00	76.97	CARDIAC REHABILITATION	3,098	155	0	0	731	31.00
32.00	90.00	CLINIC	161,100	8,055	0	0	20,237	32.00
33.00	90.01	PSYCH CLINIC	99,138	4,957	0	0	9,743	33.00
34.00	90.02	TRANSPLANT CLINIC	0	0	0	0	0	34.00
36.00	91.00	EMERGENCY	198,277	9,914	0	0	28,009	36.00
37.00	105.00	KIDNEY ACQUISITION	27,009	1,350	0	0	7,624	37.00
39.00	106.00	HEART ACQUISITION	119	6	0	0	10,108	39.00
41.00	107.00	LIVER ACQUISITION	119	6	0	0	10,953	41.00
43.00	108.00	LUNG ACQUISITION	49,635	2,482	0	0	13,751	43.00
200.00			5,489,415	274,469	0	0	909,921	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	70,031	702,039	79,539	79,539		1.00
2.00	13.00	NURSING ADMINISTRATION	8,097	70,059	20,312	20,312		2.00
3.00	15.00	PHARMACY	1,398	13,790	1,811	1,811		3.00
4.00	17.00	SOCIAL SERVICE	0	0	0	0		4.00
5.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	368,141	1,723,464	2,389,790	2,389,790		5.00
6.00	30.00	ADULTS & PEDIATRICS	66,811	822,249	0	0		6.00
7.00	31.00	INTENSIVE CARE UNIT	58,240	343,263	306,723	306,723		7.00
8.00	35.00	SPECIAL CARE NURSERY	4,938	103,426	0	0		8.00
9.00	40.00	SUBPROVIDER - IPF	0	0	0	0		9.00
10.00	50.00	OPERATING ROOM	69,134	637,513	134,053	134,053		10.00
11.00	51.00	RECOVERY ROOM	7,466	57,035	26,292	26,292		11.00
12.00	52.00	DELIVERY ROOM & LABOR ROOM	10,985	115,076	7,518	7,518		12.00
13.00	53.00	ANESTHESIOLOGY	21,422	176,111	62,964	62,964		13.00
14.00	54.00	RADIOLOGY-DIAGNOSTIC	44,645	308,179	190,074	190,074		14.00
15.00	55.00	RADIOLOGY-THERAPEUTIC	5,036	42,684	13,522	13,522		15.00
16.00	56.00	RADIOISOTOPE	624	19,448	0	0		16.00
17.00	57.00	CT SCAN	16,561	148,328	36,495	36,495		17.00
18.00	58.00	MRI	2,209	21,033	3,615	3,615		18.00
19.00	59.00	CARDIAC CATHETERIZATION	6,414	53,474	18,103	18,103		19.00
21.00	59.02	CARDIAC GRAPHICS	6,645	55,009	19,156	19,156		21.00
22.00	59.03	PULMONARY FUNCTION	1,297	13,689	782	782		22.00
23.00	59.04	EPS	6,414	37,395	34,188	34,188		23.00
24.00	59.05	GI	8,018	45,195	44,292	44,292		24.00
25.00	60.00	LABORATORY	5,976	78,059	0	0		25.00
27.00	63.00	BLOOD STORING, PROCESSING & TRANS.	2,197	26,982	0	0		27.00
28.00	65.00	RESPIRATORY THERAPY	6,249	68,211	1,531	1,531		28.00
29.00	66.00	PHYSICAL THERAPY	1,225	13,617	2,438	2,438		29.00
30.00	70.00	ELECTROENCEPHALOGRAPHY	8,592	64,357	31,537	31,537		30.00
31.00	76.97	CARDIAC REHABILITATION	731	3,829	4,327	4,327		31.00
32.00	90.00	CLINIC	20,237	181,337	44,521	44,521		32.00
33.00	90.01	PSYCH CLINIC	9,743	108,881	0	0		33.00
34.00	90.02	TRANSPLANT CLINIC	0	0	0	0		34.00
36.00	91.00	EMERGENCY	28,009	226,286	86,304	86,304		36.00
37.00	105.00	KIDNEY ACQUISITION	7,624	34,633	50,448	50,448		37.00
39.00	106.00	HEART ACQUISITION	10,108	10,227	102,587	102,587		39.00
41.00	107.00	LIVER ACQUISITION	10,953	11,072	111,164	111,164		41.00
43.00	108.00	LUNG ACQUISITION	13,751	63,386	90,078	90,078		43.00
200.00			909,921	6,399,336	3,914,164	3,914,164		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet B
Part I
Date/Time Prepared:
1/30/2019 4:55 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	74,050,662	74,050,662				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	30,121,418		30,121,418			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	6,331,177	845,023	343,728	7,519,928		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	449,664,887	7,070,881	2,876,206	881,536	460,493,510	5.00
7.00 00700 OPERATION OF PLANT	46,473,516	26,423,303	10,748,151	32,222	83,677,192	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	4,125,294	0	0	0	4,125,294	8.00
9.00 00900 HOUSEKEEPING	22,456,538	584,865	237,904	246,131	23,525,438	9.00
10.00 01000 DIETARY	7,074,541	988,101	401,928	126,369	8,590,939	10.00
11.00 01100 CAFETERIA	6,649,654	0	0	0	6,649,654	11.00
13.00 01300 NURSING ADMINISTRATION	13,640,038	90,747	36,913	143,376	13,911,074	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	17,881,978	388,719	158,118	116,934	18,545,749	14.00
15.00 01500 PHARMACY	22,074,366	204,335	83,117	386,300	22,748,118	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	4,891,236	124,533	50,656	44,439	5,110,864	16.00
17.00 01700 SOCIAL SERVICE	4,413,788	0	0	53,572	4,467,360	17.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	38,835,571	131,210	53,372	517,322	39,537,475	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	7,587,117	0	0	8,727	7,595,844	22.00
23.00 02300 PARAMED ED PRGM-(PHARMACY)	1,250,243	4,777	1,943	0	1,256,963	23.00
23.01 02301 PARAMED ED PRGM-(CHAPLAINCY)	77,076	9,795	3,984	0	90,855	23.01
23.02 02302 PARAMED ED PRGM-(NM SCHL)	599,633	9,112	3,707	0	612,452	23.02
23.03 02303 PARAMED ED PRGM-(RAD THER)	434,118	9,112	3,707	0	446,937	23.03
23.04 02304 PARAMED ED PRGM-(NUCLEAR MED)	381,317	9,112	3,707	0	394,136	23.04
23.05 02305 PARAMED ED PRGM-(SONOGRAPHY)	461,561	9,126	3,712	0	474,399	23.05
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	121,269,556	6,790,451	2,762,136	1,465,014	132,287,157	30.00
31.00 03100 INTENSIVE CARE UNIT	30,778,954	1,395,901	567,807	381,487	33,124,149	31.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00 02060 SPECIAL CARE NURSERY	15,416,636	539,786	219,567	199,771	16,375,760	35.00
40.00 04000 SUBPROVIDER - IPF	4,352,042	426,519	173,494	56,876	5,008,931	40.00
43.00 04300 NURSERY	4,394,603	0	0	0	4,394,603	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	55,209,590	3,151,351	1,281,868	473,930	60,116,739	50.00
51.00 05100 RECOVERY ROOM	7,274,230	228,875	93,099	99,136	7,695,340	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	18,718,803	707,417	287,754	233,636	19,947,610	52.00
53.00 05300 ANESTHESIOLOGY	4,343,770	25,664	10,439	46,238	4,426,111	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	28,957,570	2,063,886	839,522	323,243	32,184,221	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	10,179,927	481,366	195,804	108,826	10,965,923	55.00
56.00 05600 RADIOISOTOPE	10,041,121	288,686	117,428	39,586	10,486,821	56.00
57.00 05700 CT SCAN	7,109,589	168,983	68,737	86,517	7,433,826	57.00
58.00 05800 MRI	12,633,862	613,767	249,660	131,585	13,628,874	58.00
59.00 05900 CARDIAC CATHETERIZATION	3,075,276	74,864	30,452	27,204	3,207,796	59.00
59.01 03650 VASCULAR LAB	1,243,859	47,929	19,496	17,089	1,328,373	59.01
59.02 03140 CARDIAC GRAPHICS	3,611,492	97,076	39,487	65,316	3,813,371	59.02
59.03 03560 PULMONARY FUNCTION	652,772	37,211	15,136	8,420	713,539	59.03
59.04 03290 EPS	2,510,024	103,392	42,056	18,222	2,673,694	59.04
59.05 03340 GI	7,645,311	609,619	247,973	74,099	8,577,002	59.05
60.00 06000 LABORATORY	72,451,794	763,937	310,745	372,392	73,898,868	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	9,549,206	327,918	133,386	0	10,010,510	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	4,790,412	0	0	49,416	4,839,828	63.00
65.00 06500 RESPIRATORY THERAPY	11,490,776	69,592	28,308	120,466	11,709,142	65.00
66.00 06600 PHYSICAL THERAPY	3,812,074	15,749	6,406	40,599	3,874,828	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,851,659	87,121	35,438	23,654	1,997,872	67.00
70.00 07000 ELECTROENCEPHALOGRAPHY	4,683,402	303,297	123,372	44,103	5,154,174	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	83,056,978	0	0	0	83,056,978	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	62,957,919	0	0	0	62,957,919	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	81,608,028	0	0	0	81,608,028	73.00
76.97 07697 CARDIAC REHABILITATION	504,275	0	0	5,380	509,655	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	11,185,683	152,579	62,064	110,426	11,510,752	90.00
90.01 09001 PSYCH CLINIC	3,689,371	9,259	3,766	32,732	3,735,128	90.01
90.02 09002 TRANSPLANT CLINIC	3,554,619	0	0	10,577	3,565,196	90.02
90.03 09003 OB CLINIC	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	16,514,485	562,479	228,798	198,311	17,504,073	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
92.01 09201 OBSERVATION BEDS-DISTINCT	3,752,538	0	0	49,755	3,802,293	92.01
OTHER REIMBURSABLE COST CENTERS						
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet B
Part I
Date/Time Prepared:
1/30/2019 4:55 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal			
		BLDG & FIXT	MVBLE EQUIP					
	0	1.00	2.00	4.00	4A			
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	10,372,545	85,435	34,752	18,565	10,511,297	105.00
106.00	10600	HEART ACQUISITION	3,446,246	21,422	8,714	6,147	3,482,529	106.00
107.00	10700	LIVER ACQUISITION	5,382,384	17,983	7,315	10,396	5,418,078	107.00
108.00	10800	LUNG ACQUISITION	2,371,459	4,496	1,829	12,557	2,390,341	108.00
109.00	10900	PANCREAS ACQUISITION	955,755	4,496	1,829	0	962,080	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,506,876,324	57,181,257	23,259,490	7,518,599	1,483,143,662	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	107,011	0	0	380	107,391	190.00
191.00	19100	RESEARCH	2,050,229	68,428	27,834	0	2,146,491	191.00
191.01	19101	SPONSERED PROJECT	1,740,326	0	0	0	1,740,326	191.01
194.00	07950	REAL ESTATE	-33,963,724	16,800,977	6,834,094	949	-10,327,704	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	130,811	0	0	0	130,811	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	744,589	0	0	0	744,589	194.02
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers					0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,477,685,566	74,050,662	30,121,418	7,519,928	1,477,685,566	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0281		Period: From 09/01/2017 To 08/31/2018		Worksheet B Part I Date/Time Prepared: 1/30/2019 4:55 pm	
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	460,493,510					5.00
7.00	00700	OPERATION OF PLANT	37,505,540	121,182,732				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,849,027	0	5,974,321			8.00
9.00	00900	HOUSEKEEPING	10,544,501	1,784,762	0	35,854,701		9.00
10.00	01000	DIETARY	3,850,605	3,015,272	0	1,586,881	17,043,697	10.00
11.00	01100	CAFETERIA	2,980,488	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	6,235,180	276,922	0	145,739	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,312,520	1,186,207	0	624,279	0	14.00
15.00	01500	PHARMACY	10,196,093	623,544	0	328,159	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,290,776	380,022	0	199,999	0	16.00
17.00	01700	SOCIAL SERVICE	2,002,347	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	17,721,368	400,398	0	210,722	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,404,586	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(PHARMACY)	563,392	14,577	0	7,672	0	23.00
23.01	02301	PARAMED PRGM-(CHAPLAINCY)	40,723	29,889	0	15,730	0	23.01
23.02	02302	PARAMED PRGM-(NM SCHL)	274,511	27,807	0	14,634	0	23.02
23.03	02303	PARAMED PRGM-(RAD THER)	200,325	27,807	0	14,634	0	23.03
23.04	02304	PARAMED PRGM-(NUCLEAR MED)	176,658	27,807	0	14,634	0	23.04
23.05	02305	PARAMED PRGM-(SONOGRAPHY)	212,634	27,847	0	14,656	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	59,293,673	20,721,615	3,816,226	10,905,392	11,872,237	30.00
31.00	03100	INTENSIVE CARE UNIT	14,846,807	4,259,706	609,961	2,241,803	1,897,583	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	SPECIAL CARE NURSERY	7,339,894	1,647,199	450,799	866,890	1,402,430	35.00
40.00	04000	SUBPROVIDER - IPF	2,245,088	1,301,557	208,143	684,985	647,532	40.00
43.00	04300	NURSERY	1,969,736	0	495,775	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	26,945,344	9,616,605	0	5,061,038	0	50.00
51.00	05100	RECOVERY ROOM	3,449,182	698,430	0	367,570	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,940,858	2,158,741	0	1,136,105	0	52.00
53.00	05300	ANESTHESIOLOGY	1,983,858	78,316	0	41,216	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,425,515	6,298,115	0	3,314,579	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,915,113	1,468,927	0	773,069	0	55.00
56.00	05600	RADIOISOTOPE	4,700,371	880,948	0	463,626	0	56.00
57.00	05700	CT SCAN	3,331,967	515,666	0	271,385	0	57.00
58.00	05800	MRI	6,108,693	1,872,959	0	985,703	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,437,789	228,454	0	120,231	0	59.00
59.01	03650	VASCULAR LAB	595,399	146,260	0	76,974	0	59.01
59.02	03140	CARDIAC GRAPHICS	1,709,218	296,235	0	155,903	0	59.02
59.03	03560	PULMONARY FUNCTION	319,820	113,553	0	59,761	0	59.03
59.04	03290	EPS	1,198,395	315,508	0	166,046	0	59.04
59.05	03340	GI	3,844,358	1,860,301	0	979,041	0	59.05
60.00	06000	LABORATORY	33,122,729	2,331,215	0	1,226,875	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,486,881	1,000,667	0	526,632	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,169,293	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	5,248,236	212,367	0	111,765	0	65.00
66.00	06600	PHYSICAL THERAPY	1,736,764	48,059	0	25,293	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	895,480	265,856	0	139,915	0	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,310,188	925,537	0	487,092	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	37,227,550	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,218,810	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,578,105	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	228,436	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,159,315	465,606	0	245,040	0	90.00
90.01	09001	PSYCH CLINIC	1,674,148	28,256	0	14,870	0	90.01
90.02	09002	TRANSPLANT CLINIC	1,597,981	0	0	0	0	90.02
90.03	09003	OB CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	7,845,623	1,716,450	0	903,335	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	1,704,252	0	393,417	0	1,223,915	92.01
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRV PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	4,711,342	260,712	0	137,208	0	105.00
106.00	10600	HEART ACQUISITION	1,560,929	65,372	0	34,404	0	106.00
107.00	10700	LIVER ACQUISITION	2,428,475	54,878	0	28,881	0	107.00
108.00	10800	LUNG ACQUISITION	1,071,391	13,720	0	7,220	0	108.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
109.00	10900	PANCREAS ACQUISITION	431,221	13,720	0	7,220	0	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	458,369,501	69,704,371	5,974,321	35,744,806	17,043,697	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	48,134	0	0	0	0	190.00
191.00	19100	RESEARCH	962,094	208,814	0	109,895	0	191.00
191.01	19101	SPONSERED PROJECT	780,044	0	0	0	0	191.01
194.00	07950	REAL ESTATE	0	51,269,547	0	0	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	333,737	0	0	0	0	194.02
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	460,493,510	121,182,732	5,974,321	35,854,701	17,043,697	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0281		Period: From 09/01/2017 To 08/31/2018		Worksheet B Part I Date/Time Prepared: 1/30/2019 4:55 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	9,630,142					11.00
13.00	01300	NURSING ADMINISTRATION	221,492	20,790,407				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	180,643	0	28,849,398			14.00
15.00	01500	PHARMACY	596,770	0	23,498,702	57,991,386		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	68,651	0	65,124	0	8,115,436	16.00
17.00	01700	SOCIAL SERVICE	82,760	0	56,921	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	799,179	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	13,483	0	56,031	0	0	22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)	0	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)	0	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,263,344	11,874,529	217,843	873,328	591,319	30.00
31.00	03100	INTENSIVE CARE UNIT	589,335	2,708,654	113,697	393,344	188,845	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	SPECIAL CARE NURSERY	308,614	305,693	30,072	12,130	150,062	35.00
40.00	04000	SUBPROVIDER - I PF	87,863	95,892	529	0	30,480	40.00
43.00	04300	NURSERY	0	0	0	0	33,104	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	732,145	2,204,098	2,226,550	708,712	1,402,723	50.00
51.00	05100	RECOVERY ROOM	153,149	71,996	4,932	53,717	67,993	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	360,929	653,814	64,234	289,376	192,027	52.00
53.00	05300	ANESTHESIOLOGY	71,431	5,174	81,556	396,810	146,875	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	499,358	364,755	319,512	337,895	478,970	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	168,118	105,054	12,510	12,130	290,037	55.00
56.00	05600	RADIOISOTOPE	61,155	47,898	202,759	10,397	92,527	56.00
57.00	05700	CT SCAN	133,654	117,144	31,251	48,518	457,525	57.00
58.00	05800	MRI	203,277	280,582	42,462	275,514	365,571	58.00
59.00	05900	CARDIAC CATHETERIZATION	42,026	70,496	342,968	71,045	106,329	59.00
59.01	03650	VASCULAR LAB	26,399	0	192	0	41,919	59.01
59.02	03140	CARDIAC GRAPHICS	100,902	0	10,345	1,668,680	228,668	59.02
59.03	03560	PULMONARY FUNCTION	13,007	16,505	9,022	36,389	21,002	59.03
59.04	03290	EPS	28,150	81,038	291,027	31,190	53,782	59.04
59.05	03340	GI	114,472	246,546	109,944	69,312	194,313	59.05
60.00	06000	LABORATORY	575,285	0	539,352	60,648	1,059,028	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	164,417	232,134	100,502	56,250	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	76,339	0	57,739	123,028	38,633	63.00
65.00	06500	RESPIRATORY THERAPY	186,100	2,729	66,111	46,785	101,033	65.00
66.00	06600	PHYSICAL THERAPY	62,719	0	11,981	0	18,975	66.00
67.00	06700	OCCUPATIONAL THERAPY	36,542	0	385	0	9,208	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	68,132	53,775	9,094	0	79,635	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	304,762	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	342,645	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	504,708	73.00
76.97	07697	CARDIAC REHABILITATION	8,311	17,695	24	45,053	5,350	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	170,590	157,165	24,491	322,300	34,120	90.00
90.01	09001	PSYCH CLINIC	50,565	146,429	529	0	8,799	90.01
90.02	09002	TRANSPLANT CLINIC	16,340	53,357	2,358	3,466	7,227	90.02
90.03	09003	OB CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	306,359	382,023	43,713	329,231	340,682	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	76,864	378,030	1,275	12,130	23,385	92.01
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	28,680	62,817	914	6,931	24,729	105.00
106.00	10600	HEART ACQUISITION	9,497	0	0	0	4,711	106.00
107.00	10700	LIVER ACQUISITION	16,060	46,993	2,574	3,466	11,934	107.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
108.00	10800	LUNG ACQUISITION	19,399	75,109	0	0	2,816	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	698	0	1,831	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,628,088	20,790,407	28,781,555	6,342,027	8,114,532	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	588	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	26,993	0	904	191.00
191.01	19101	SPONSERED PROJECT	0	0	40,850	0	0	191.01
194.00	07950	REAL ESTATE	1,466	0	0	154,219	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	51,495,140	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	9,630,142	20,790,407	28,849,398	57,991,386	8,115,436	202.00

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Cost Center Description	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM-(PHARMACY)	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			17.00	20.00		
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
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
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	6,609,388					17.00
20.00 02000 NURSING SCHOOL		0				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV		0	58,669,142			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV		0		11,069,944		22.00
23.00 02300 PARAMED PRGM-(PHARMACY)		0			1,842,604	23.00
23.01 02301 PARAMED PRGM-(CHAPLAINCY)		0				23.01
23.02 02302 PARAMED PRGM-(NM SCHL)		0				23.02
23.03 02303 PARAMED PRGM-(RAD THER)		0				23.03
23.04 02304 PARAMED PRGM-(NUCLEAR MED)		0				23.04
23.05 02305 PARAMED PRGM-(SONOGRAPHY)		0				23.05
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	4,221,888	0	15,236,681	2,874,922		30.00
31.00 03100 INTENSIVE CARE UNIT	674,800	0	6,463,046	1,219,475		31.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
35.00 02060 SPECIAL CARE NURSERY	498,718	0	356,491	67,264		35.00
40.00 04000 SUBPROVIDER - I PF	230,269	0	1,789,056	337,567		40.00
43.00 04300 NURSERY	548,476	0	0	0		43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	14,675,538	2,769,043		50.00
51.00 05100 RECOVERY ROOM	0	0	679,973	128,300		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	2,422,817	457,147		52.00
53.00 05300 ANESTHESIOLOGY	0	0	99,025	18,685		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	4,449,533	839,557		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	1,419,361	267,811		55.00
56.00 05600 RADIOISOTOPE	0	0	191,449	36,123		56.00
57.00 05700 CT SCAN	0	0	0	0		57.00
58.00 05800 MRI	0	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	382,898	72,247		59.00
59.01 03650 VASCULAR LAB	0	0	0	0		59.01
59.02 03140 CARDIAC GRAPHICS	0	0	587,550	110,861		59.02
59.03 03560 PULMONARY FUNCTION	0	0	217,855	41,106		59.03
59.04 03290 EPS	0	0	0	0		59.04
59.05 03340 GI	0	0	369,694	69,755		59.05
60.00 06000 LABORATORY	0	0	3,624,323	683,853		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	277,271	52,317		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0	191,449	36,123		65.00
66.00 06600 PHYSICAL THERAPY	0	0	13,203	2,491		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	19,805	3,737		67.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	158,440	29,895		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	6,602	1,246	1,842,604	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0		76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	2,165,351	408,568		90.00
90.01 09001 PSYCH CLINIC	0	0	330,084	62,282		90.01
90.02 09002 TRANSPLANT CLINIC	0	0	330,084	62,282		90.02
90.03 09003 OB CLINIC	0	0	0	0		90.03
91.00 09100 EMERGENCY	0	0	2,020,114	381,164		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01 09201 OBSERVATION BEDS-DISTINCT	435,237	0	0	0		92.01
OTHER REIMBURSABLE COST CENTERS						
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0		105.00

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Cost Center Description			SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM-(PHARMACY)		
					SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
					17.00	20.00			21.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
116.00	11600	HOSPICE	0	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,609,388	0	58,477,693	11,033,821	1,842,604		118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	191,449	36,123	0	0	191.00
191.01	19101	SPONSERED PROJECT	0	0	0	0	0	0	191.01
194.00	07950	REAL ESTATE	0	0	0	0	0	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments	0	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,609,388	0	58,669,142	11,069,944	1,842,604		202.00

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Cost Center Description		PARAMED ED PRGM-(CHAPLAINCY)	PARAMED ED PRGM-(NM SCHL)	PARAMED ED PRGM-(RAD THER)	PARAMED ED PRGM-(NUCLEAR MED)	PARAMED ED PRGM-(SONOGRAPHY)	
		23.01	23.02	23.03	23.04	23.05	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600						16.00
17.00	01700						17.00
20.00	02000						20.00
21.00	02100						21.00
22.00	02200						22.00
23.00	02300						23.00
23.01	02301	177,197					23.01
23.02	02302		929,404				23.02
23.03	02303			689,703			23.03
23.04	02304				613,235		23.04
23.05	02305					729,536	23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	123,431	0	0	0	0	30.00
31.00	03100	19,728	0	0	0	0	31.00
34.00	03400	0	0	0	0	0	34.00
35.00	02060	14,581	0	0	0	0	35.00
40.00	04000	6,732	0	0	0	0	40.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	929,404	0	0	729,536	54.00
55.00	05500	0	0	689,703	0	0	55.00
56.00	05600	0	0	0	613,235	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
59.01	03650	0	0	0	0	0	59.01
59.02	03140	0	0	0	0	0	59.02
59.03	03560	0	0	0	0	0	59.03
59.04	03290	0	0	0	0	0	59.04
59.05	03340	0	0	0	0	0	59.05
60.00	06000	0	0	0	0	0	60.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	0	0	0	0	65.00
66.00	06600	0	0	0	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	0	0	0	0	90.03
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	12,725	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	0	0	0	0	105.00
106.00	10600	0	0	0	0	0	106.00
107.00	10700	0	0	0	0	0	107.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			PARAMED ED	PARAMED ED	PARAMED ED	PARAMED ED	PARAMED ED	
			PRGM-(CHAPLAIN CY)	PRGM-(NM SCHL)	PRGM-(RAD THER)	PRGM-(NUCLEAR MED)	PRGM-(SONOGRAPHY)	
			23.01	23.02	23.03	23.04	23.05	
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	177,197	929,404	689,703	613,235	729,536	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SPONSERED PROJECT	0	0	0	0	0	191.01
194.00	07950	REAL ESTATE	0	0	0	0	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	177,197	929,404	689,703	613,235	729,536	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
20.00	02000				20.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301				23.01
23.02	02302				23.02
23.03	02303				23.03
23.04	02304				23.04
23.05	02305				23.05
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	277,173,585	-18,111,603	259,061,982	30.00
31.00	03100	69,350,933	-7,682,521	61,668,412	31.00
34.00	03400	0	0	0	34.00
35.00	02060	29,826,597	-423,755	29,402,842	35.00
40.00	04000	12,674,624	-2,126,623	10,548,001	40.00
43.00	04300	7,441,694	0	7,441,694	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	126,458,535	-17,444,581	109,013,954	50.00
51.00	05100	13,370,582	-808,273	12,562,309	51.00
52.00	05200	36,623,658	-2,879,964	33,743,694	52.00
53.00	05300	7,349,057	-117,710	7,231,347	53.00
54.00	05400	65,170,950	-5,289,090	59,881,860	54.00
55.00	05500	21,087,756	-1,687,172	19,400,584	55.00
56.00	05600	17,787,309	-227,572	17,559,737	56.00
57.00	05700	12,340,936	0	12,340,936	57.00
58.00	05800	23,763,635	0	23,763,635	58.00
59.00	05900	6,082,279	-455,145	5,627,134	59.00
59.01	03650	2,215,516	0	2,215,516	59.01
59.02	03140	8,681,733	-698,411	7,983,322	59.02
59.03	03560	1,561,559	-258,961	1,302,598	59.03
59.04	03290	4,838,830	0	4,838,830	59.04
59.05	03340	16,434,738	-439,449	15,995,289	59.05
60.00	06000	117,122,176	-4,308,176	112,814,000	60.00
62.00	06200	16,907,581	-329,588	16,577,993	62.00
63.00	06300	7,304,860	0	7,304,860	63.00
65.00	06500	17,911,840	-227,572	17,684,268	65.00
66.00	06600	5,794,313	-15,694	5,778,619	66.00
67.00	06700	3,368,800	-23,542	3,345,258	67.00
70.00	07000	9,087,627	0	9,087,627	70.00
71.00	07100	120,777,625	-188,335	120,589,290	71.00
72.00	07200	91,519,374	0	91,519,374	72.00
73.00	07300	120,541,293	-7,848	120,533,445	73.00
76.97	07697	814,524	0	814,524	76.97
76.98	07698	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	20,663,298	-2,573,919	18,089,379	90.00
90.01	09001	6,051,090	-392,366	5,658,724	90.01
90.02	09002	5,638,291	-392,366	5,245,925	90.02
90.03	09003	0	0	0	90.03
91.00	09100	31,772,767	-2,401,278	29,371,489	91.00
92.00	09200	0	0	0	92.00
92.01	09201	8,063,523	0	8,063,523	92.01
OTHER REIMBURSABLE COST CENTERS					
100.00	10000	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	15,744,630	0	15,744,630	105.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet B
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
106.00	10600	HEART ACQUISITION	5,157,442	0	5,157,442	106.00
107.00	10700	LIVER ACQUISITION	8,011,339	0	8,011,339	107.00
108.00	10800	LUNG ACQUISITION	3,579,996	0	3,579,996	108.00
109.00	10900	PANCREAS ACQUISITION	1,416,770	0	1,416,770	109.00
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,377,483,665	-69,511,514	1,307,972,151	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	156,113	0	156,113	190.00
191.00	19100	RESEARCH	3,682,763	-227,572	3,455,191	191.00
191.01	19101	SPONSERED PROJECT	2,561,220	0	2,561,220	191.01
194.00	07950	REAL ESTATE	41,097,528	0	41,097,528	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	130,811	0	130,811	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	52,573,466	0	52,573,466	194.02
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,477,685,566	-69,739,086	1,407,946,480	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet B
Part II
Date/Time Prepared:
1/30/2019 4:55 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	845,023	343,728	1,188,751	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	34,505,403	7,070,881	2,876,206	44,452,490	5.00
7.00 00700	OPERATION OF PLANT	27,804	26,423,303	10,748,151	37,199,258	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	584,865	237,904	822,769	9.00
10.00 01000	DIETARY	0	988,101	401,928	1,390,029	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	90,747	36,913	127,660	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	388,719	158,118	546,837	14.00
15.00 01500	PHARMACY	0	204,335	83,117	287,452	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	124,533	50,656	175,189	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	131,210	53,372	184,582	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(PHARMACY)	0	4,777	1,943	6,720	23.00
23.01 02301	PARAMED ED PRGM-(CHAPLAINCY)	0	9,795	3,984	13,779	23.01
23.02 02302	PARAMED ED PRGM-(NM SCHL)	0	9,112	3,707	12,819	23.02
23.03 02303	PARAMED ED PRGM-(RAD THER)	0	9,112	3,707	12,819	23.03
23.04 02304	PARAMED ED PRGM-(NUCLEAR MED)	0	9,112	3,707	12,819	23.04
23.05 02305	PARAMED ED PRGM-(SONOGRAPHY)	0	9,126	3,712	12,838	23.05
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	6,790,451	2,762,136	9,552,587	30.00
31.00 03100	INTENSIVE CARE UNIT	0	1,395,901	567,807	1,963,708	31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00 02060	SPECIAL CARE NURSERY	0	539,786	219,567	759,353	35.00
40.00 04000	SUBPROVIDER - I/PF	0	426,519	173,494	600,013	40.00
43.00 04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	3,151,351	1,281,868	4,433,219	50.00
51.00 05100	RECOVERY ROOM	0	228,875	93,099	321,974	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	707,417	287,754	995,171	52.00
53.00 05300	ANESTHESIOLOGY	0	25,664	10,439	36,103	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	2,063,886	839,522	2,903,408	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	481,366	195,804	677,170	55.00
56.00 05600	RADIOISOTOPE	0	288,686	117,428	406,114	56.00
57.00 05700	CT SCAN	0	168,983	68,737	237,720	57.00
58.00 05800	MRI	0	613,767	249,660	863,427	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	74,864	30,452	105,316	59.00
59.01 03650	VASCULAR LAB	0	47,929	19,496	67,425	59.01
59.02 03140	CARDIAC GRAPHICS	0	97,076	39,487	136,563	59.02
59.03 03560	PULMONARY FUNCTION	0	37,211	15,136	52,347	59.03
59.04 03290	EPS	0	103,392	42,056	145,448	59.04
59.05 03340	GI	0	609,619	247,973	857,592	59.05
60.00 06000	LABORATORY	0	763,937	310,745	1,074,682	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	327,918	133,386	461,304	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	69,592	28,308	97,900	65.00
66.00 06600	PHYSICAL THERAPY	0	15,749	6,406	22,155	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	87,121	35,438	122,559	67.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	303,297	123,372	426,669	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	152,579	62,064	214,643	90.00
90.01 09001	PSYCH CLINIC	0	9,259	3,766	13,025	90.01
90.02 09002	TRANSPLANT CLINIC	0	0	0	0	90.02
90.03 09003	OB CLINIC	0	0	0	0	90.03
91.00 09100	EMERGENCY	0	562,479	228,798	791,277	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS-DISTINCT	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

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Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	85,435	34,752	120,187	2,935	105.00
106.00 10600 HEART ACQUISITION	0	21,422	8,714	30,136	972	106.00
107.00 10700 LIVER ACQUISITION	0	17,983	7,315	25,298	1,643	107.00
108.00 10800 LUNG ACQUISITION	0	4,496	1,829	6,325	1,985	108.00
109.00 10900 PANCREAS ACQUISITION	0	4,496	1,829	6,325	0	109.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	34,533,207	57,181,257	23,259,490	114,973,954	1,188,541	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	60	190.00
191.00 19100 RESEARCH	0	68,428	27,834	96,262	0	191.00
191.01 19101 SPONSERED PROJECT	0	0	0	0	0	191.01
194.00 07950 REAL ESTATE	4,067,849	16,800,977	6,834,094	27,702,920	150	194.00
194.01 07951 MARKETING, OTHER NON-REIMB	0	0	0	0	0	194.01
194.02 07952 OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0	194.02
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)	38,601,056	74,050,662	30,121,418	142,773,136	1,188,751	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet B Part II Date/Time Prepared: 1/30/2019 4:55 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	44,591,836				5.00
7.00	00700	OPERATION OF PLANT	3,631,841	40,836,192			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	179,050	0	179,050		8.00
9.00	00900	HOUSEKEEPING	1,021,075	601,430	0	2,484,180	9.00
10.00	01000	DIETARY	372,873	1,016,087	0	109,946	2,908,910
11.00	01100	CAFETERIA	288,615	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	603,782	93,317	0	10,097	0
14.00	01400	CENTRAL SERVICES & SUPPLY	804,941	399,728	0	43,253	0
15.00	01500	PHARMACY	987,337	210,122	0	22,736	0
16.00	01600	MEDICAL RECORDS & LIBRARY	221,827	128,060	0	13,857	0
17.00	01700	SOCIAL SERVICE	193,897	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,716,045	134,926	0	14,600	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	329,682	0	0	0	0
23.00	02300	PARAMED ED PRGM-(PHARMACY)	54,556	4,912	0	532	0
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)	3,943	10,072	0	1,090	0
23.02	02302	PARAMED ED PRGM-(NM SCHL)	26,582	9,370	0	1,014	0
23.03	02303	PARAMED ED PRGM-(RAD THER)	19,398	9,370	0	1,014	0
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)	17,107	9,370	0	1,014	0
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)	20,590	9,384	0	1,015	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,741,734	6,982,775	114,373	755,577	2,026,278
31.00	03100	INTENSIVE CARE UNIT	1,437,687	1,435,437	18,280	155,322	323,867
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02060	SPECIAL CARE NURSERY	710,757	555,074	13,510	60,062	239,358
40.00	04000	SUBPROVIDER - IPF	217,403	438,599	6,238	47,459	110,517
43.00	04300	NURSERY	190,739	0	14,858	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,609,247	3,240,606	0	350,652	0
51.00	05100	RECOVERY ROOM	334,001	235,357	0	25,467	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	865,786	727,453	0	78,715	0
53.00	05300	ANESTHESIOLOGY	192,106	26,391	0	2,856	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,396,892	2,122,341	0	229,649	0
55.00	05500	RADIOLOGY-THERAPEUTIC	475,954	495,000	0	53,562	0
56.00	05600	RADIOISOTOPE	455,159	296,862	0	32,122	0
57.00	05700	CT SCAN	322,650	173,769	0	18,803	0
58.00	05800	MRI	591,534	631,150	0	68,294	0
59.00	05900	CARDIAC CATHETERIZATION	139,228	76,985	0	8,330	0
59.01	03650	VASCULAR LAB	57,655	49,287	0	5,333	0
59.02	03140	CARDIAC GRAPHICS	165,512	99,825	0	10,802	0
59.03	03560	PULMONARY FUNCTION	30,970	38,265	0	4,141	0
59.04	03290	EPS	116,046	106,320	0	11,504	0
59.05	03340	GI	372,268	626,885	0	67,833	0
60.00	06000	LABORATORY	3,207,433	785,574	0	85,004	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	434,486	337,205	0	36,488	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	210,063	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	508,212	71,563	0	7,744	0
66.00	06600	PHYSICAL THERAPY	168,179	16,195	0	1,752	0
67.00	06700	OCCUPATIONAL THERAPY	86,714	89,588	0	9,694	0
70.00	07000	ELECTROENCEPHALOGRAPHY	223,707	311,888	0	33,748	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,604,922	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,732,563	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	3,542,033	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	22,121	0	0	0	0
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	499,601	156,900	0	16,977	0
90.01	09001	PSYCH CLINIC	162,116	9,522	0	1,030	0
90.02	09002	TRANSPLANT CLINIC	154,740	0	0	0	0
90.03	09003	OB CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	759,729	578,410	0	62,587	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
92.01	09201	OBSERVATION BEDS-DISTINCT	165,031	0	11,791	0	208,890
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRV PRGM	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	456,222	87,855	0	9,506	0
106.00	10600	HEART ACQUISITION	151,152	22,029	0	2,384	0
107.00	10700	LIVER ACQUISITION	235,161	18,493	0	2,001	0
108.00	10800	LUNG ACQUISITION	103,748	4,623	0	500	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0281

Period:
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To 08/31/2018

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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
109.00	10900	PANCREAS ACQUISITION	41,757	4,623	0	500	0	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	44,386,159	23,488,997	179,050	2,476,566	2,908,910	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,661	0	0	0	0	190.00
191.00	19100	RESEARCH	93,164	70,366	0	7,614	0	191.00
191.01	19101	SPONSERED PROJECT	75,535	0	0	0	0	191.01
194.00	07950	REAL ESTATE	0	17,276,829	0	0	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	32,317	0	0	0	0	194.02
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	44,591,836	40,836,192	179,050	2,484,180	2,908,910	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0281		Period: From 09/01/2017 To 08/31/2018		Worksheet B Part II Date/Time Prepared: 1/30/2019 4:55 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	288,615					11.00
13.00	01300	NURSING ADMINISTRATION	6,635	864,155				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,412	0	1,818,655			14.00
15.00	01500	PHARMACY	17,878	0	1,481,348	3,067,936		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,057	0	4,105	0	552,120	16.00
17.00	01700	SOCIAL SERVICE	2,479	0	3,588	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	23,941	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	404	0	3,532	0	0	22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)	0	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)	0	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	67,923	493,567	13,733	46,202	40,428	30.00
31.00	03100	INTENSIVE CARE UNIT	17,655	112,585	7,167	20,809	12,911	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	SPECIAL CARE NURSERY	9,245	12,706	1,896	642	10,260	35.00
40.00	04000	SUBPROVIDER - I PF	2,632	3,986	33	0	2,084	40.00
43.00	04300	NURSERY	0	0	0	0	2,263	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,933	91,613	140,361	37,493	93,173	50.00
51.00	05100	RECOVERY ROOM	4,588	2,993	311	2,842	4,649	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,813	27,176	4,049	15,309	13,129	52.00
53.00	05300	ANESTHESIOLOGY	2,140	215	5,141	20,993	10,042	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,960	15,161	20,142	17,876	32,747	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,036	4,367	789	642	19,830	55.00
56.00	05600	RADIOISOTOPE	1,832	1,991	12,782	550	6,326	56.00
57.00	05700	CT SCAN	4,004	4,869	1,970	2,567	31,281	57.00
58.00	05800	MRI	6,090	11,662	2,677	14,576	24,994	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,259	2,930	21,621	3,758	7,270	59.00
59.01	03650	VASCULAR LAB	791	0	12	0	2,866	59.01
59.02	03140	CARDIAC GRAPHICS	3,023	0	652	88,279	15,634	59.02
59.03	03560	PULMONARY FUNCTION	390	686	569	1,925	1,436	59.03
59.04	03290	EPS	843	3,368	18,346	1,650	3,677	59.04
59.05	03340	GI	3,429	10,248	6,931	3,667	13,285	59.05
60.00	06000	LABORATORY	17,234	0	34,001	3,208	72,405	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	6,834	14,634	5,317	3,846	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,287	0	3,640	6,509	2,641	63.00
65.00	06500	RESPIRATORY THERAPY	5,575	113	4,168	2,475	6,908	65.00
66.00	06600	PHYSICAL THERAPY	1,879	0	755	0	1,297	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,095	0	24	0	630	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,041	2,235	573	0	5,445	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	20,836	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	23,426	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	34,506	73.00
76.97	07697	CARDIAC REHABILITATION	249	735	2	2,383	366	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,110	6,533	1,544	17,051	2,333	90.00
90.01	09001	PSYCH CLINIC	1,515	6,086	33	0	602	90.01
90.02	09002	TRANSPLANT CLINIC	489	2,218	149	183	494	90.02
90.03	09003	OB CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	9,178	15,879	2,756	17,417	23,292	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	2,303	15,713	80	642	1,599	92.01
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	859	2,611	58	367	1,691	105.00
106.00	10600	HEART ACQUISITION	285	0	0	0	322	106.00
107.00	10700	LIVER ACQUISITION	481	1,953	162	183	816	107.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0281

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From 09/01/2017
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
108.00	10800	LUNG ACQUISITION	581	3,122	0	0	193	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	44	0	125	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	288,553	864,155	1,814,378	335,515	552,058	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	18	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	1,702	0	62	191.00
191.01	19101	SPONSERED PROJECT	0	0	2,575	0	0	191.01
194.00	07950	REAL ESTATE	44	0	0	8,159	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	2,724,262	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	288,615	864,155	1,818,655	3,067,936	552,120	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet B Part II Date/Time Prepared: 1/30/2019 4:55 pm
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Cost Center Description	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM-(PHARMACY)	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			17.00	20.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
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
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	208,432				17.00
20.00 02000	NURSING SCHOOL	0	0			20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0		2,155,868		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0			334,998	22.00
23.00 02300	PARAMED PRGM-(PHARMACY)	0				23.00
23.01 02301	PARAMED PRGM-(CHAPLAINCY)	0				23.01
23.02 02302	PARAMED PRGM-(NM SCHL)	0				23.02
23.03 02303	PARAMED PRGM-(RAD THER)	0				23.03
23.04 02304	PARAMED PRGM-(NUCLEAR MED)	0				23.04
23.05 02305	PARAMED PRGM-(SONOGRAPHY)	0				23.05
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	133,140				30.00
31.00 03100	INTENSIVE CARE UNIT	21,280				31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0				34.00
35.00 02060	SPECIAL CARE NURSERY	15,727				35.00
40.00 04000	SUBPROVIDER - I PF	7,262				40.00
43.00 04300	NURSERY	17,297				43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0				50.00
51.00 05100	RECOVERY ROOM	0				51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0				52.00
53.00 05300	ANESTHESIOLOGY	0				53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0				54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0				55.00
56.00 05600	RADIOISOTOPE	0				56.00
57.00 05700	CT SCAN	0				57.00
58.00 05800	MRI	0				58.00
59.00 05900	CARDIAC CATHETERIZATION	0				59.00
59.01 03650	VASCULAR LAB	0				59.01
59.02 03140	CARDIAC GRAPHICS	0				59.02
59.03 03560	PULMONARY FUNCTION	0				59.03
59.04 03290	EPS	0				59.04
59.05 03340	GI	0				59.05
60.00 06000	LABORATORY	0				60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0				62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0				63.00
65.00 06500	RESPIRATORY THERAPY	0				65.00
66.00 06600	PHYSICAL THERAPY	0				66.00
67.00 06700	OCCUPATIONAL THERAPY	0				67.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0				70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0				71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0				72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0				73.00
76.97 07697	CARDIAC REHABILITATION	0				76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0				76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0				90.00
90.01 09001	PSYCH CLINIC	0				90.01
90.02 09002	TRANSPLANT CLINIC	0				90.02
90.03 09003	OB CLINIC	0				90.03
91.00 09100	EMERGENCY	0				91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 09201	OBSERVATION BEDS-DISTINCT	13,726				92.01
OTHER REIMBURSABLE COST CENTERS						
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0				100.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	0				105.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM-(PHARMACY)	
					SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
					17.00	20.00		
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	208,432	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SPONSERED PROJECT	0	0	0	0	0	191.01
194.00	07950	REAL ESTATE	0	0	0	0	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments	0	0	2,155,868	334,998	66,720	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	208,432	0	2,155,868	334,998	66,720	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0281

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Cost Center Description			PARAMED ED PRGM-(CHAPLAINCY)	PARAMED ED PRGM-(NM SCHL)	PARAMED ED PRGM-(RAD THER)	PARAMED ED PRGM-(NUCLEAR MED)	PARAMED ED PRGM-(SONOGRAPHY)	
			23.01	23.02	23.03	23.04	23.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)						23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)	28,884					23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)		49,785				23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)			42,601			23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)				40,310		23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)					43,827	23.05
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
35.00	02060	SPECIAL CARE NURSERY						35.00
40.00	04000	SUBPROVIDER - I PF						40.00
43.00	04300	NURSERY						43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM						50.00
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
57.00	05700	CT SCAN						57.00
58.00	05800	MRI						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
59.01	03650	VASCULAR LAB						59.01
59.02	03140	CARDIAC GRAPHICS						59.02
59.03	03560	PULMONARY FUNCTION						59.03
59.04	03290	EPS						59.04
59.05	03340	GI						59.05
60.00	06000	LABORATORY						60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL						62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
76.97	07697	CARDIAC REHABILITATION						76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY						76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC						90.00
90.01	09001	PSYCH CLINIC						90.01
90.02	09002	TRANSPLANT CLINIC						90.02
90.03	09003	OB CLINIC						90.03
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT						92.01
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM						100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet B Part II Date/Time Prepared: 1/30/2019 4:55 pm
Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
	24.00	25.00	26.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
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
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
20.00 02000	NURSING SCHOOL				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00 02300	PARAMED ED PRGM-(PHARMACY)				23.00
23.01 02301	PARAMED ED PRGM-(CHAPLAINCY)				23.01
23.02 02302	PARAMED ED PRGM-(NM SCHL)				23.02
23.03 02303	PARAMED ED PRGM-(RAD THER)				23.03
23.04 02304	PARAMED ED PRGM-(NUCLEAR MED)				23.04
23.05 02305	PARAMED ED PRGM-(SONOGRAPHY)				23.05
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	26,199,959	0	26,199,959	30.00
31.00 03100	INTENSIVE CARE UNIT	5,587,010	0	5,587,010	31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
35.00 02060	SPECIAL CARE NURSERY	2,420,168	0	2,420,168	35.00
40.00 04000	SUBPROVIDER - I PF	1,445,216	0	1,445,216	40.00
43.00 04300	NURSERY	225,157	0	225,157	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	11,093,212	0	11,093,212	50.00
51.00 05100	RECOVERY ROOM	947,853	0	947,853	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,774,532	0	2,774,532	52.00
53.00 05300	ANESTHESIOLOGY	303,296	0	303,296	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	6,804,272	0	6,804,272	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	1,749,552	0	1,749,552	55.00
56.00 05600	RADIOISOTOPE	1,219,995	0	1,219,995	56.00
57.00 05700	CT SCAN	811,309	0	811,309	57.00
58.00 05800	MRI	2,235,204	0	2,235,204	58.00
59.00 05900	CARDIAC CATHETERIZATION	370,997	0	370,997	59.00
59.01 03650	VASCULAR LAB	186,070	0	186,070	59.01
59.02 03140	CARDIAC GRAPHICS	530,615	0	530,615	59.02
59.03 03560	PULMONARY FUNCTION	132,060	0	132,060	59.03
59.04 03290	EPS	410,082	0	410,082	59.04
59.05 03340	GI	1,973,851	0	1,973,851	59.05
60.00 06000	LABORATORY	5,338,406	0	5,338,406	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,300,114	0	1,300,114	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	232,951	0	232,951	63.00
65.00 06500	RESPIRATORY THERAPY	723,700	0	723,700	65.00
66.00 06600	PHYSICAL THERAPY	218,630	0	218,630	66.00
67.00 06700	OCCUPATIONAL THERAPY	314,043	0	314,043	67.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,013,277	0	1,013,277	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,625,758	0	3,625,758	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	2,755,989	0	2,755,989	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	3,576,539	0	3,576,539	73.00
76.97 07697	CARDIAC REHABILITATION	26,706	0	26,706	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	938,147	0	938,147	90.00
90.01 09001	PSYCH CLINIC	199,103	0	199,103	90.01
90.02 09002	TRANSPLANT CLINIC	159,945	0	159,945	90.02
90.03 09003	OB CLINIC	0	0	0	90.03
91.00 09100	EMERGENCY	2,291,872	0	2,291,872	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
92.01 09201	OBSERVATION BEDS-DISTINCT	427,640	0	427,640	92.01
OTHER REIMBURSABLE COST CENTERS					
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS					
105.00 10500	KIDNEY ACQUISITION	682,291	0	682,291	105.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet B Part II Date/Time Prepared: 1/30/2019 4:55 pm
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
106.00	10600	HEART ACQUISITION	207,280	0	207,280	106.00
107.00	10700	LIVER ACQUISITION	286,191	0	286,191	107.00
108.00	10800	LUNG ACQUISITION	121,077	0	121,077	108.00
109.00	10900	PANCREAS ACQUISITION	53,374	0	53,374	109.00
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	91,913,443	0	91,913,443	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,739	0	4,739	190.00
191.00	19100	RESEARCH	269,170	0	269,170	191.00
191.01	19101	SPONSERED PROJECT	78,110	0	78,110	191.01
194.00	07950	REAL ESTATE	44,988,102	0	44,988,102	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	2,756,579	0	2,756,579	194.02
200.00		Cross Foot Adjustments	2,762,993	0	2,762,993	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	142,773,136	0	142,773,136	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet B-1

Date/Time Prepared:
1/30/2019 4:55 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	5,534,194					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		5,534,194				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	63,153	63,153	451,983,457			4.00
5.00 00500 ADMINISTRATIVE & GENERAL	528,444	528,444	52,983,297	-460,493,510	1,027,388,949	5.00
7.00 00700 OPERATION OF PLANT	1,974,752	1,974,752	1,936,676	0	83,677,192	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	0	0	4,125,294	8.00
9.00 00900 HOUSEKEEPING	43,710	43,710	14,793,281	0	23,525,438	9.00
10.00 01000 DIETARY	73,846	73,846	7,595,181	0	8,590,939	10.00
11.00 01100 CAFETERIA	0	0	0	0	6,649,654	11.00
13.00 01300 NURSING ADMINISTRATION	6,782	6,782	8,617,360	0	13,911,074	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	29,051	29,051	7,028,100	0	18,545,749	14.00
15.00 01500 PHARMACY	15,271	15,271	23,217,925	0	22,748,118	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	9,307	9,307	2,670,930	0	5,110,864	16.00
17.00 01700 SOCIAL SERVICE	0	0	3,219,866	0	4,467,360	17.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	9,806	9,806	31,092,811	0	39,537,475	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	524,550	0	7,595,844	22.00
23.00 02300 PARAMED ED PRGM-(PHARMACY)	357	357	0	0	1,256,963	23.00
23.01 02301 PARAMED ED PRGM-(CHAPLAINCY)	732	732	0	0	90,855	23.01
23.02 02302 PARAMED ED PRGM-(NM SCHL)	681	681	0	0	612,452	23.02
23.03 02303 PARAMED ED PRGM-(RAD THER)	681	681	0	0	446,937	23.03
23.04 02304 PARAMED ED PRGM-(NUCLEAR MED)	681	681	0	0	394,136	23.04
23.05 02305 PARAMED ED PRGM-(SONOGRAPHY)	682	682	0	0	474,399	23.05
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	507,486	507,486	88,062,763	0	132,287,157	30.00
31.00 03100 INTENSIVE CARE UNIT	104,323	104,323	22,928,641	0	33,124,149	31.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00 02060 SPECIAL CARE NURSERY	40,341	40,341	12,006,941	0	16,375,760	35.00
40.00 04000 SUBPROVIDER - I/PF	31,876	31,876	3,418,414	0	5,008,931	40.00
43.00 04300 NURSERY	0	0	0	0	4,394,603	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	235,517	235,517	28,484,792	0	60,116,739	50.00
51.00 05100 RECOVERY ROOM	17,105	17,105	5,958,414	0	7,695,340	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	52,869	52,869	14,042,307	0	19,947,610	52.00
53.00 05300 ANESTHESIOLOGY	1,918	1,918	2,779,075	0	4,426,111	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	154,245	154,245	19,427,989	0	32,184,221	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	35,975	35,975	6,540,810	0	10,965,923	55.00
56.00 05600 RADIOISOTOPE	21,575	21,575	2,379,275	0	10,486,821	56.00
57.00 05700 CT SCAN	12,629	12,629	5,199,937	0	7,433,826	57.00
58.00 05800 MRI	45,870	45,870	7,908,684	0	13,628,874	58.00
59.00 05900 CARDIAC CATHETERIZATION	5,595	5,595	1,635,059	0	3,207,796	59.00
59.01 03650 VASCULAR LAB	3,582	3,582	1,027,077	0	1,328,373	59.01
59.02 03140 CARDIAC GRAPHICS	7,255	7,255	3,925,683	0	3,813,371	59.02
59.03 03560 PULMONARY FUNCTION	2,781	2,781	506,057	0	713,539	59.03
59.04 03290 EPS	7,727	7,727	1,095,195	0	2,673,694	59.04
59.05 03340 GI	45,560	45,560	4,453,630	0	8,577,002	59.05
60.00 06000 LABORATORY	57,093	57,093	22,382,006	0	73,898,868	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	24,507	24,507	0	0	10,010,510	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	2,970,052	0	4,839,828	63.00
65.00 06500 RESPIRATORY THERAPY	5,201	5,201	7,240,407	0	11,709,142	65.00
66.00 06600 PHYSICAL THERAPY	1,177	1,177	2,440,131	0	3,874,828	66.00
67.00 06700 OCCUPATIONAL THERAPY	6,511	6,511	1,421,691	0	1,997,872	67.00
70.00 07000 ELECTROENCEPHALOGRAPHY	22,667	22,667	2,650,746	0	5,154,174	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	83,056,978	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	62,957,919	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	81,608,028	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	323,354	0	509,655	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	11,403	11,403	6,636,951	0	11,510,752	90.00
90.01 09001 PSYCH CLINIC	692	692	1,967,275	0	3,735,128	90.01
90.02 09002 TRANSPLANT CLINIC	0	0	635,709	0	3,565,196	90.02
90.03 09003 OB CLINIC	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	42,037	42,037	11,919,177	0	17,504,073	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01 09201 OBSERVATION BEDS-DISTINCT	0	0	2,990,467	0	3,802,293	92.01
OTHER REIMBURSABLE COST CENTERS						
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet B-1

Date/Time Prepared:
1/30/2019 4:55 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)						
	1.00	2.00	4.00					
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	6,385	6,385	1,115,812	0	10,511,297	105.00
106.00	10600	HEART ACQUISITION	1,601	1,601	369,485	0	3,482,529	106.00
107.00	10700	LIVER ACQUISITION	1,344	1,344	624,826	0	5,418,078	107.00
108.00	10800	LUNG ACQUISITION	336	336	754,742	0	2,390,341	108.00
109.00	10900	PANCREAS ACQUISITION	336	336	0	0	962,080	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,273,455	4,273,455	451,903,551	-460,493,510	1,022,650,152	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	22,867	0	107,391	190.00
191.00	19100	RESEARCH	5,114	5,114	0	0	2,146,491	191.00
191.01	19101	SPONSERED PROJECT	0	0	0	0	1,740,326	191.01
194.00	07950	REAL ESTATE	1,255,625	1,255,625	57,039	10,327,704	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	-130,811	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	744,589	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	74,050,662	30,121,418	7,519,928		460,493,510	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.380569	5.442783	0.016638		0.448217	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			1,188,751		44,591,836	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.002630		0.043403	205.00
206.00		NAHE adjost 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: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet B-1

Date/Time Prepared:
1/30/2019 4:55 pm

Cost Center Description		OPERATION OF PLANT (SQARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	2,967,845				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	289,440			8.00
9.00	00900	HOUSEKEEPING	43,710	0	1,668,510		9.00
10.00	01000	DIETARY	73,846	0	73,846	265,421	10.00
11.00	01100	CAFETERIA	0	0	0	0	374,675,022
13.00	01300	NURSING ADMINISTRATION	6,782	0	6,782	0	8,617,360
14.00	01400	CENTRAL SERVICES & SUPPLY	29,051	0	29,051	0	7,028,100
15.00	01500	PHARMACY	15,271	0	15,271	0	23,217,925
16.00	01600	MEDICAL RECORDS & LIBRARY	9,307	0	9,307	0	2,670,930
17.00	01700	SOCIAL SERVICE	0	0	0	0	3,219,866
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	9,806	0	9,806	0	31,092,811
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	524,550
23.00	02300	PARAMED ED PRGM-(PHARMACY)	357	0	357	0	0
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)	732	0	732	0	0
23.02	02302	PARAMED ED PRGM-(NM SCHL)	681	0	681	0	0
23.03	02303	PARAMED ED PRGM-(RAD THER)	681	0	681	0	0
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)	681	0	681	0	0
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)	682	0	682	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	507,486	184,886	507,486	184,886	88,062,763
31.00	03100	INTENSIVE CARE UNIT	104,323	29,551	104,323	29,551	22,928,641
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
35.00	02060	SPECIAL CARE NURSERY	40,341	21,840	40,341	21,840	12,006,941
40.00	04000	SUBPROVIDER - I PF	31,876	10,084	31,876	10,084	3,418,414
43.00	04300	NURSERY	0	24,019	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	235,517	0	235,517	0	28,484,792
51.00	05100	RECOVERY ROOM	17,105	0	17,105	0	5,958,414
52.00	05200	DELIVERY ROOM & LABOR ROOM	52,869	0	52,869	0	14,042,307
53.00	05300	ANESTHESIOLOGY	1,918	0	1,918	0	2,779,075
54.00	05400	RADIOLOGY-DIAGNOSTIC	154,245	0	154,245	0	19,427,989
55.00	05500	RADIOLOGY-THERAPEUTIC	35,975	0	35,975	0	6,540,810
56.00	05600	RADIOISOTOPE	21,575	0	21,575	0	2,379,275
57.00	05700	CT SCAN	12,629	0	12,629	0	5,199,937
58.00	05800	MRI	45,870	0	45,870	0	7,908,684
59.00	05900	CARDIAC CATHETERIZATION	5,595	0	5,595	0	1,635,059
59.01	03650	VASCULAR LAB	3,582	0	3,582	0	1,027,077
59.02	03140	CARDIAC GRAPHICS	7,255	0	7,255	0	3,925,683
59.03	03560	PULMONARY FUNCTION	2,781	0	2,781	0	506,057
59.04	03290	EPS	7,727	0	7,727	0	1,095,195
59.05	03340	GI	45,560	0	45,560	0	4,453,630
60.00	06000	LABORATORY	57,093	0	57,093	0	22,382,006
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	24,507	0	24,507	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	2,970,052
65.00	06500	RESPIRATORY THERAPY	5,201	0	5,201	0	7,240,407
66.00	06600	PHYSICAL THERAPY	1,177	0	1,177	0	2,440,131
67.00	06700	OCCUPATIONAL THERAPY	6,511	0	6,511	0	1,421,691
70.00	07000	ELECTROENCEPHALOGRAPHY	22,667	0	22,667	0	2,650,746
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	323,354
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	11,403	0	11,403	0	6,636,951
90.01	09001	PSYCH CLINIC	692	0	692	0	1,967,275
90.02	09002	TRANSPLANT CLINIC	0	0	0	0	635,709
90.03	09003	OB CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	42,037	0	42,037	0	11,919,177
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
92.01	09201	OBSERVATION BEDS-DISTINCT	0	19,060	0	19,060	2,990,467
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	6,385	0	6,385	0	1,115,812
106.00	10600	HEART ACQUISITION	1,601	0	1,601	0	369,485
107.00	10700	LIVER ACQUISITION	1,344	0	1,344	0	624,826

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet B-1

Date/Time Prepared:
1/30/2019 4:55 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (GROSS SALARIES)		
		7.00	8.00	9.00	10.00	11.00		
108.00	10800	LUNG ACQUISITION	336	0	336	0	754,742	108.00
109.00	10900	PANCREAS ACQUISITION	336	0	336	0	0	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,707,106	289,440	1,663,396	265,421	374,595,116	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	22,867	190.00
191.00	19100	RESEARCH	5,114	0	5,114	0	0	191.00
191.01	19101	SPONSERED PROJECT	0	0	0	0	0	191.01
194.00	07950	REAL ESTATE	1,255,625	0	0	0	57,039	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	121,182,732	5,974,321	35,854,701	17,043,697	9,630,142	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	40.831894	20.640965	21.489054	64.213823	0.025703	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	40,836,192	179,050	2,484,180	2,908,910	288,615	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	13.759543	0.618608	1.488861	10.959608	0.000770	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: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet B-1

Date/Time Prepared:
1/30/2019 4:55 pm

Cost Center Description			NURSING ADMINISTRATIVE (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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
13.00	01300	NURSING ADMINISTRATION	4,821,888					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,199,170				14.00
15.00	01500	PHARMACY	0	976,760	33,467			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,707	0	6,685,419,091		16.00
17.00	01700	SOCIAL SERVICE	0	2,366	0	0	289,440	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,329	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(PHARMACY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(CHAPLAINCY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-(NM SCHL)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM-(RAD THER)	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-(NUCLEAR MED)	0	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM-(SONOGRAPHY)	0	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,754,042	9,055	504	487,083,304	184,886	30.00
31.00	03100	INTENSIVE CARE UNIT	628,214	4,726	227	155,555,839	29,551	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02060	SPECIAL CARE NURSERY	70,899	1,250	7	123,609,879	21,840	35.00
40.00	04000	SUBPROVIDER - I PF	22,240	22	0	25,106,685	10,084	40.00
43.00	04300	NURSERY	0	0	0	27,268,602	24,019	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	511,193	92,550	409	1,156,001,661	0	50.00
51.00	05100	RECOVERY ROOM	16,698	205	31	56,007,381	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	151,638	2,670	167	158,177,494	0	52.00
53.00	05300	ANESTHESIOLOGY	1,200	3,390	229	120,984,457	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	84,597	13,281	195	394,538,842	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	24,365	520	7	238,910,557	0	55.00
56.00	05600	RADIOISOTOPE	11,109	8,428	6	76,216,697	0	56.00
57.00	05700	CT SCAN	27,169	1,299	28	376,874,283	0	57.00
58.00	05800	MRI	65,075	1,765	159	301,128,958	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,350	14,256	41	87,585,866	0	59.00
59.01	03650	VASCULAR LAB	0	8	0	34,529,791	0	59.01
59.02	03140	CARDIAC GRAPHICS	0	430	963	188,358,843	0	59.02
59.03	03560	PULMONARY FUNCTION	3,828	375	21	17,299,562	0	59.03
59.04	03290	EPS	18,795	12,097	18	44,301,076	0	59.04
59.05	03340	GI	57,181	4,570	40	160,059,843	0	59.05
60.00	06000	LABORATORY	0	22,419	35	872,346,362	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	38,133	9,649	58	46,334,623	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,400	71	31,823,101	0	63.00
65.00	06500	RESPIRATORY THERAPY	633	2,748	27	83,223,183	0	65.00
66.00	06600	PHYSICAL THERAPY	0	498	0	15,630,046	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	16	0	7,584,881	0	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12,472	378	0	65,597,409	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	251,039,378	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	282,244,745	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	415,739,720	0	73.00
76.97	07697	CARDIAC REHABILITATION	4,104	1	26	4,406,792	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	36,451	1,018	186	28,105,389	0	90.00
90.01	09001	PSYCH CLINIC	33,961	22	0	7,248,063	0	90.01
90.02	09002	TRANSPLANT CLINIC	12,375	98	2	5,952,743	0	90.02
90.03	09003	OB CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	88,602	1,817	190	280,627,351	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	87,676	53	7	19,262,552	19,060	92.01
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	14,569	38	4	20,370,000	0	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet B-1

Date/Time Prepared:
1/30/2019 4:55 pm

Cost Center Description			NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
106.00	10600	HEART ACQUISITION	0	0	0	3,880,800	0	106.00
107.00	10700	LIVER ACQUISITION	10,899	107	2	9,830,000	0	107.00
108.00	10800	LUNG ACQUISITION	17,420	0	0	2,320,000	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	29	0	1,508,000	0	109.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,821,888	1,196,350	3,660	6,684,674,758	289,440	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	1,122	0	744,333	0	191.00
191.01	19101	SPONSERED PROJECT	0	1,698	0	0	0	191.01
194.00	07950	REAL ESTATE	0	0	89	0	0	194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	0	194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	29,718	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	20,790,407	28,849,398	57,991,386	8,115,436	6,609,388	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.311674	24.057805	1,732.793080	0.001214	22.835088	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	864,155	1,818,655	3,067,936	552,120	208,432	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.179215	1.516595	91.670481	0.000083	0.720122	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: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet B-1

Date/Time Prepared:
1/30/2019 4:55 pm

Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM- (PHARMACY) (ASSIGNED TIME)	PARAMED PRGM- (CHAPLAINCY) (PATIENT DAYS)	
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		20.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
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
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
20.00 02000	NURSING SCHOOL	0				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		8,887			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			8,887		22.00
23.00 02300	PARAMED PRGM- (PHARMACY)				100	23.00
23.01 02301	PARAMED PRGM- (CHAPLAINCY)					23.01
23.02 02302	PARAMED PRGM- (NM SCHL)				265,421	23.02
23.03 02303	PARAMED PRGM- (RAD THER)					23.03
23.04 02304	PARAMED PRGM- (NUCLEAR MED)					23.04
23.05 02305	PARAMED PRGM- (SONOGRAPHY)					23.05
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	2,308	2,308	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	979	979	0	31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00 02060	SPECIAL CARE NURSERY	0	54	54	0	35.00
40.00 04000	SUBPROVIDER - IPF	0	271	271	0	40.00
43.00 04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	2,223	2,223	0	50.00
51.00 05100	RECOVERY ROOM	0	103	103	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	367	367	0	52.00
53.00 05300	ANESTHESIOLOGY	0	15	15	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	674	674	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	215	215	0	55.00
56.00 05600	RADIOISOTOPE	0	29	29	0	56.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	58	58	0	59.00
59.01 03650	VASCULAR LAB	0	0	0	0	59.01
59.02 03140	CARDIAC GRAPHICS	0	89	89	0	59.02
59.03 03560	PULMONARY FUNCTION	0	33	33	0	59.03
59.04 03290	EPS	0	0	0	0	59.04
59.05 03340	GI	0	56	56	0	59.05
60.00 06000	LABORATORY	0	549	549	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	42	42	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	29	29	0	65.00
66.00 06600	PHYSICAL THERAPY	0	2	2	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	3	3	0	67.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	24	24	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	1	1	100	73.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	328	328	0	90.00
90.01 09001	PSYCH CLINIC	0	50	50	0	90.01
90.02 09002	TRANSPLANT CLINIC	0	50	50	0	90.02
90.03 09003	OB CLINIC	0	0	0	0	90.03
91.00 09100	EMERGENCY	0	306	306	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0				92.00
92.01 09201	OBSERVATION BEDS-DISTINCT	0	0	0		19,060
OTHER REIMBURSABLE COST CENTERS						
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet B-1

Date/Time Prepared:
1/30/2019 4:55 pm

Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM- (PHARMACY) (ASSIGNED TIME)	PARAMED ED PRGM- (CHAPLAINCY) (PATIENT DAYS)			
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)					
		20.00	21.00				22.00	23.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00	
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00	
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00	
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00	
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00	
116.00	11600	HOSPICE	0	0	0	0	116.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	8,858	8,858	100	265,421	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00	
191.00	19100	RESEARCH	0	29	29	0	191.00	
191.01	19101	SPONSERED PROJECT	0	0	0	0	191.01	
194.00	07950	REAL ESTATE	0	0	0	0	194.00	
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0	194.01	
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0	194.02	
200.00		Cross Foot Adjustments					200.00	
201.00		Negative Cost Centers					201.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	0	58,669,142	11,069,944	1,842,604	177,197	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	6,601.681332	1,245.633397	18,426.040000	0.667607	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	2,155,868	334,998	66,720	28,884	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	242.586700	37.695285	667.200000	0.108823	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0			0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000			0.000000	0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PARAMED ED PRGM-(NM SCHL) (ASSIGNED TIME) 23.02	PARAMED ED PRGM-(RAD THER) (ASSIGNED TIME) 23.03	PARAMED ED PRGM-(NUCLEAR MED) (ASSIGNED TIME) 23.04	PARAMED ED PRGM-(SONOGRAPHY) (ASSIGNED TIME) 23.05	
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.00	00500					5.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300					13.00
14.00	01400					14.00
15.00	01500					15.00
16.00	01600					16.00
17.00	01700					17.00
20.00	02000					20.00
21.00	02100					21.00
22.00	02200					22.00
23.00	02300					23.00
23.01	02301					23.01
23.02	02302	100				23.02
23.03	02303		100			23.03
23.04	02304			100		23.04
23.05	02305				100	23.05
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	0	0	0	0	30.00
31.00	03100	0	0	0	0	31.00
34.00	03400	0	0	0	0	34.00
35.00	02060	0	0	0	0	35.00
40.00	04000	0	0	0	0	40.00
43.00	04300	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	0	0	0	0	50.00
51.00	05100	0	0	0	0	51.00
52.00	05200	0	0	0	0	52.00
53.00	05300	0	0	0	0	53.00
54.00	05400	100	0	0	100	54.00
55.00	05500	0	100	0	0	55.00
56.00	05600	0	0	100	0	56.00
57.00	05700	0	0	0	0	57.00
58.00	05800	0	0	0	0	58.00
59.00	05900	0	0	0	0	59.00
59.01	03650	0	0	0	0	59.01
59.02	03140	0	0	0	0	59.02
59.03	03560	0	0	0	0	59.03
59.04	03290	0	0	0	0	59.04
59.05	03340	0	0	0	0	59.05
60.00	06000	0	0	0	0	60.00
62.00	06200	0	0	0	0	62.00
63.00	06300	0	0	0	0	63.00
65.00	06500	0	0	0	0	65.00
66.00	06600	0	0	0	0	66.00
67.00	06700	0	0	0	0	67.00
70.00	07000	0	0	0	0	70.00
71.00	07100	0	0	0	0	71.00
72.00	07200	0	0	0	0	72.00
73.00	07300	0	0	0	0	73.00
76.97	07697	0	0	0	0	76.97
76.98	07698	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	0	0	0	0	90.00
90.01	09001	0	0	0	0	90.01
90.02	09002	0	0	0	0	90.02
90.03	09003	0	0	0	0	90.03
91.00	09100	0	0	0	0	91.00
92.00	09200	0	0	0	0	92.00
92.01	09201	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
100.00	10000	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	0	0	0	0	105.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet B-1

Date/Time Prepared:
1/30/2019 4:55 pm

Cost Center Description			PARAMED ED PRGM-(NM SCHL) (ASSIGNED TIME) 23.02	PARAMED ED PRGM-(RAD THER) (ASSIGNED TIME) 23.03	PARAMED ED PRGM-(NUCLEAR MED) (ASSIGNED TIME) 23.04	PARAMED ED PRGM-(SONOGRAPHY) (ASSIGNED TIME) 23.05		
106.00	10600	HEART ACQUISITION	0	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0		109.00
116.00	11600	HOSPICE	0	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	100	100	100		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00	19100	RESEARCH	0	0	0	0		191.00
191.01	19101	SPONSERED PROJECT	0	0	0	0		191.01
194.00	07950	REAL ESTATE	0	0	0	0		194.00
194.01	07951	MARKETING, OTHER NON-REIMB	0	0	0	0		194.01
194.02	07952	OTHER COMPANY WIDE ACTIVITY	0	0	0	0		194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	929,404	689,703	613,235	729,536		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9,294.040000	6,897.030000	6,132.350000	7,295.360000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	49,785	42,601	40,310	43,827		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	497.850000	426.010000	403.100000	438.270000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet C Part I Date/Time Prepared: 1/30/2019 4:55 pm
			Title XVIII	Hospital	PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		259,061,982	0	259,061,982
31.00	03100 INTENSIVE CARE UNIT		61,668,412	306,723	61,975,135
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0
35.00	02060 SPECIAL CARE NURSERY		29,402,842	0	29,402,842
40.00	04000 SUBPROVIDER - IPF		10,548,001	0	10,548,001
43.00	04300 NURSERY		7,441,694	0	7,441,694
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		109,013,954	134,053	109,148,007
51.00	05100 RECOVERY ROOM		12,562,309	26,292	12,588,601
52.00	05200 DELIVERY ROOM & LABOR ROOM		33,743,694	7,518	33,751,212
53.00	05300 ANESTHESIOLOGY		7,231,347	62,964	7,294,311
54.00	05400 RADIOLOGY-DIAGNOSTIC		59,881,860	190,074	60,071,934
55.00	05500 RADIOLOGY-THERAPEUTIC		19,400,584	13,522	19,414,106
56.00	05600 RADIOISOTOPE		17,559,737	0	17,559,737
57.00	05700 CT SCAN		12,340,936	36,495	12,377,431
58.00	05800 MRI		23,763,635	3,615	23,767,250
59.00	05900 CARDIAC CATHETERIZATION		5,627,134	18,103	5,645,237
59.01	03650 VASCULAR LAB		2,215,516	0	2,215,516
59.02	03140 CARDIAC GRAPHICS		7,983,322	19,156	8,002,478
59.03	03560 PULMONARY FUNCTION		1,302,598	782	1,303,380
59.04	03290 EPS		4,838,830	34,188	4,873,018
59.05	03340 GI		15,995,289	44,292	16,039,581
60.00	06000 LABORATORY		112,814,000	0	112,814,000
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		16,577,993	0	16,577,993
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		7,304,860	0	7,304,860
65.00	06500 RESPIRATORY THERAPY	0	17,684,268	1,531	17,685,799
66.00	06600 PHYSICAL THERAPY	0	5,778,619	2,438	5,781,057
67.00	06700 OCCUPATIONAL THERAPY	0	3,345,258	0	3,345,258
70.00	07000 ELECTROENCEPHALOGRAPHY		9,087,627	31,537	9,119,164
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		120,589,290	0	120,589,290
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		91,519,374	0	91,519,374
73.00	07300 DRUGS CHARGED TO PATIENTS		120,533,445	0	120,533,445
76.97	07697 CARDIAC REHABILITATION		814,524	4,327	818,851
76.98	07698 HYPERBARIC OXYGEN THERAPY		0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC		18,089,379	44,521	18,133,900
90.01	09001 PSYCH CLINIC		5,658,724	0	5,658,724
90.02	09002 TRANSPLANT CLINIC		5,245,925	0	5,245,925
90.03	09003 OB CLINIC		0	0	0
91.00	09100 EMERGENCY		29,371,489	86,304	29,457,793
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		20,806,719	0	20,806,719
92.01	09201 OBSERVATION BEDS-DISTINCT		8,063,523	0	8,063,523
OTHER REIMBURSABLE COST CENTERS					
100.00	10000 I&R SERVICES-NOT APPRVD PRGM		0	0	0
SPECIAL PURPOSE COST CENTERS					
105.00	10500 KIDNEY ACQUISITION		15,744,630		15,744,630
106.00	10600 HEART ACQUISITION		5,157,442		5,157,442
107.00	10700 LIVER ACQUISITION		8,011,339		8,011,339
108.00	10800 LUNG ACQUISITION		3,579,996		3,579,996
109.00	10900 PANCREAS ACQUISITION		1,416,770		1,416,770
116.00	11600 HOSPICE		0	0	0
200.00	Subtotal (see instructions)	0	1,328,778,870	1,068,435	1,329,847,305
201.00	Less Observation Beds		20,806,719		20,806,719
202.00	Total (see instructions)	0	1,307,972,151	1,068,435	1,309,040,586

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet C
Part I
Date/Time Prepared:
1/30/2019 4:55 pm

		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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	487,083,304		487,083,304		30.00
31.00	03100	INTENSIVE CARE UNIT	155,555,839		155,555,839		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
35.00	02060	SPECIAL CARE NURSERY	123,609,879		123,609,879		35.00
40.00	04000	SUBPROVIDER - I PF	25,106,685		25,106,685		40.00
43.00	04300	NURSERY	27,268,602		27,268,602		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	651,464,746	504,536,915	1,156,001,661	0.094303	50.00
51.00	05100	RECOVERY ROOM	24,611,662	31,395,719	56,007,381	0.224297	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	151,171,417	7,006,077	158,177,494	0.213328	52.00
53.00	05300	ANESTHESIOLOGY	63,719,118	57,265,339	120,984,457	0.059771	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	119,930,642	274,608,200	394,538,842	0.151777	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,073,287	226,837,270	238,910,557	0.081204	55.00
56.00	05600	RADIOISOTOPE	9,396,020	66,820,677	76,216,697	0.230392	56.00
57.00	05700	CT SCAN	105,257,208	271,617,075	376,874,283	0.032745	57.00
58.00	05800	MRI	49,304,937	251,824,021	301,128,958	0.078915	58.00
59.00	05900	CARDIAC CATHETERIZATION	41,780,636	45,805,230	87,585,866	0.064247	59.00
59.01	03650	VASCULAR LAB	12,853,409	21,676,382	34,529,791	0.064162	59.01
59.02	03140	CARDIAC GRAPHICS	67,249,909	121,108,934	188,358,843	0.042384	59.02
59.03	03560	PULMONARY FUNCTION	3,114,563	14,184,999	17,299,562	0.075297	59.03
59.04	03290	EPS	10,988,568	33,312,508	44,301,076	0.109226	59.04
59.05	03340	GI	15,467,611	144,592,232	160,059,843	0.099933	59.05
60.00	06000	LABORATORY	299,056,311	573,290,051	872,346,362	0.129322	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	39,847,352	6,487,271	46,334,623	0.357788	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	16,289,223	15,533,878	31,823,101	0.229546	63.00
65.00	06500	RESPIRATORY THERAPY	81,766,400	1,456,783	83,223,183	0.212492	65.00
66.00	06600	PHYSICAL THERAPY	13,964,311	1,665,735	15,630,046	0.369712	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,137,573	447,308	7,584,881	0.441043	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	38,151,530	27,445,879	65,597,409	0.138536	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	149,473,220	101,566,158	251,039,378	0.480360	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	182,149,503	100,095,242	282,244,745	0.324255	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	256,860,373	158,879,347	415,739,720	0.289925	73.00
76.97	07697	CARDIAC REHABILITATION	3,168	4,403,624	4,406,792	0.184834	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	194,780	27,910,609	28,105,389	0.643627	90.00
90.01	09001	PSYCH CLINIC	234,779	7,013,284	7,248,063	0.780722	90.01
90.02	09002	TRANSPLANT CLINIC	100,865	5,851,878	5,952,743	0.881262	90.02
90.03	09003	OB CLINIC	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	72,591,365	208,035,986	280,627,351	0.104664	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	26,146,199	22,592,494	48,738,693	0.426904	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	9,713,536	9,549,016	19,262,552	0.418611	92.01
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	22,310,000	0	22,310,000		105.00
106.00	10600	HEART ACQUISITION	6,338,640	0	6,338,640		106.00
107.00	10700	LIVER ACQUISITION	11,341,000	0	11,341,000		107.00
108.00	10800	LUNG ACQUISITION	6,124,800	0	6,124,800		108.00
109.00	10900	PANCREAS ACQUISITION	1,460,800	0	1,460,800		109.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	3,398,263,770	3,344,816,121	6,743,079,891		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	3,398,263,770	3,344,816,121	6,743,079,891		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet C Part I Date/Time Prepared: 1/30/2019 4:55 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
INPATIENT ROUTINE SERVICE COST CENTERS			11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
35.00	02060	SPECIAL CARE NURSERY			35.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.094419		50.00
51.00	05100	RECOVERY ROOM	0.224767		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.213376		52.00
53.00	05300	ANESTHESIOLOGY	0.060291		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.152259		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.081261		55.00
56.00	05600	RADIOISOTOPE	0.230392		56.00
57.00	05700	CT SCAN	0.032842		57.00
58.00	05800	MRI	0.078927		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.064454		59.00
59.01	03650	VASCULAR LAB	0.064162		59.01
59.02	03140	CARDIAC GRAPHICS	0.042485		59.02
59.03	03560	PULMONARY FUNCTION	0.075342		59.03
59.04	03290	EPS	0.109998		59.04
59.05	03340	GI	0.100210		59.05
60.00	06000	LABORATORY	0.129322		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.357788		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.229546		63.00
65.00	06500	RESPIRATORY THERAPY	0.212510		65.00
66.00	06600	PHYSICAL THERAPY	0.369868		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.441043		67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.139017		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.480360		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.324255		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.289925		73.00
76.97	07697	CARDIAC REHABILITATION	0.185816		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.645211		90.00
90.01	09001	PSYCH CLINIC	0.780722		90.01
90.02	09002	TRANSPLANT CLINIC	0.881262		90.02
90.03	09003	OB CLINIC	0.000000		90.03
91.00	09100	EMERGENCY	0.104971		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.426904		92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.418611		92.01
OTHER REIMBURSABLE COST CENTERS					
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet C
Part I
Date/Time Prepared:
1/30/2019 4:55 pm

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	259,061,982	259,061,982	0	259,061,982	30.00
31.00	03100 INTENSIVE CARE UNIT	61,668,412	61,668,412	306,723	61,975,135	31.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	02060 SPECIAL CARE NURSERY	29,402,842	29,402,842	0	29,402,842	35.00
40.00	04000 SUBPROVIDER - IPF	10,548,001	10,548,001	0	10,548,001	40.00
43.00	04300 NURSERY	7,441,694	7,441,694	0	7,441,694	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	109,013,954	109,013,954	134,053	109,148,007	50.00
51.00	05100 RECOVERY ROOM	12,562,309	12,562,309	26,292	12,588,601	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	33,743,694	33,743,694	7,518	33,751,212	52.00
53.00	05300 ANESTHESIOLOGY	7,231,347	7,231,347	62,964	7,294,311	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	59,881,860	59,881,860	190,074	60,071,934	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	19,400,584	19,400,584	13,522	19,414,106	55.00
56.00	05600 RADIOISOTOPE	17,559,737	17,559,737	0	17,559,737	56.00
57.00	05700 CT SCAN	12,340,936	12,340,936	36,495	12,377,431	57.00
58.00	05800 MRI	23,763,635	23,763,635	3,615	23,767,250	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,627,134	5,627,134	18,103	5,645,237	59.00
59.01	03650 VASCULAR LAB	2,215,516	2,215,516	0	2,215,516	59.01
59.02	03140 CARDIAC GRAPHICS	7,983,322	7,983,322	19,156	8,002,478	59.02
59.03	03560 PULMONARY FUNCTION	1,302,598	1,302,598	782	1,303,380	59.03
59.04	03290 EPS	4,838,830	4,838,830	34,188	4,873,018	59.04
59.05	03340 GI	15,995,289	15,995,289	44,292	16,039,581	59.05
60.00	06000 LABORATORY	112,814,000	112,814,000	0	112,814,000	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	16,577,993	16,577,993	0	16,577,993	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	7,304,860	7,304,860	0	7,304,860	63.00
65.00	06500 RESPIRATORY THERAPY	17,684,268	17,684,268	1,531	17,685,799	65.00
66.00	06600 PHYSICAL THERAPY	5,778,619	5,778,619	2,438	5,781,057	66.00
67.00	06700 OCCUPATIONAL THERAPY	3,345,258	3,345,258	0	3,345,258	67.00
70.00	07000 ELECTROENCEPHALOGRAPHY	9,087,627	9,087,627	31,537	9,119,164	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	120,589,290	120,589,290	0	120,589,290	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	91,519,374	91,519,374	0	91,519,374	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	120,533,445	120,533,445	0	120,533,445	73.00
76.97	07697 CARDIAC REHABILITATION	814,524	814,524	4,327	818,851	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	18,089,379	18,089,379	44,521	18,133,900	90.00
90.01	09001 PSYCH CLINIC	5,658,724	5,658,724	0	5,658,724	90.01
90.02	09002 TRANSPLANT CLINIC	5,245,925	5,245,925	0	5,245,925	90.02
90.03	09003 OB CLINIC	0	0	0	0	90.03
91.00	09100 EMERGENCY	29,371,489	29,371,489	86,304	29,457,793	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	20,806,719	20,806,719	0	20,806,719	92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	8,063,523	8,063,523	0	8,063,523	92.01
OTHER REIMBURSABLE COST CENTERS						
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	15,744,630	15,744,630	0	15,744,630	105.00
106.00	10600 HEART ACQUISITION	5,157,442	5,157,442	0	5,157,442	106.00
107.00	10700 LIVER ACQUISITION	8,011,339	8,011,339	0	8,011,339	107.00
108.00	10800 LUNG ACQUISITION	3,579,996	3,579,996	0	3,579,996	108.00
109.00	10900 PANCREAS ACQUISITION	1,416,770	1,416,770	0	1,416,770	109.00
116.00	11600 HOSPICE	0	0	0	0	116.00
200.00	Subtotal (see instructions)	1,328,778,870	1,328,778,870	1,068,435	1,329,847,305	200.00
201.00	Less Observation Beds	20,806,719	20,806,719	0	20,806,719	201.00
202.00	Total (see instructions)	1,307,972,151	1,307,972,151	1,068,435	1,309,040,586	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet C
Part I
Date/Time Prepared:
1/30/2019 4:55 pm

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	487,083,304		487,083,304		30.00
31.00	03100	INTENSIVE CARE UNIT	155,555,839		155,555,839		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
35.00	02060	SPECIAL CARE NURSERY	123,609,879		123,609,879		35.00
40.00	04000	SUBPROVIDER - I PF	25,106,685		25,106,685		40.00
43.00	04300	NURSERY	27,268,602		27,268,602		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	651,464,746	504,536,915	1,156,001,661	0.094303	50.00
51.00	05100	RECOVERY ROOM	24,611,662	31,395,719	56,007,381	0.224297	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	151,171,417	7,006,077	158,177,494	0.213328	52.00
53.00	05300	ANESTHESIOLOGY	63,719,118	57,265,339	120,984,457	0.059771	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	119,930,642	274,608,200	394,538,842	0.151777	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,073,287	226,837,270	238,910,557	0.081204	55.00
56.00	05600	RADIOISOTOPE	9,396,020	66,820,677	76,216,697	0.230392	56.00
57.00	05700	CT SCAN	105,257,208	271,617,075	376,874,283	0.032745	57.00
58.00	05800	MRI	49,304,937	251,824,021	301,128,958	0.078915	58.00
59.00	05900	CARDIAC CATHETERIZATION	41,780,636	45,805,230	87,585,866	0.064247	59.00
59.01	03650	VASCULAR LAB	12,853,409	21,676,382	34,529,791	0.064162	59.01
59.02	03140	CARDIAC GRAPHICS	67,249,909	121,108,934	188,358,843	0.042384	59.02
59.03	03560	PULMONARY FUNCTION	3,114,563	14,184,999	17,299,562	0.075297	59.03
59.04	03290	EPS	10,988,568	33,312,508	44,301,076	0.109226	59.04
59.05	03340	GI	15,467,611	144,592,232	160,059,843	0.099933	59.05
60.00	06000	LABORATORY	299,056,311	573,290,051	872,346,362	0.129322	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	39,847,352	6,487,271	46,334,623	0.357788	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	16,289,223	15,533,878	31,823,101	0.229546	63.00
65.00	06500	RESPIRATORY THERAPY	81,766,400	1,456,783	83,223,183	0.212492	65.00
66.00	06600	PHYSICAL THERAPY	13,964,311	1,665,735	15,630,046	0.369712	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,137,573	447,308	7,584,881	0.441043	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	38,151,530	27,445,879	65,597,409	0.138536	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	149,473,220	101,566,158	251,039,378	0.480360	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	182,149,503	100,095,242	282,244,745	0.324255	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	256,860,373	158,879,347	415,739,720	0.289925	73.00
76.97	07697	CARDIAC REHABILITATION	3,168	4,403,624	4,406,792	0.184834	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	194,780	27,910,609	28,105,389	0.643627	90.00
90.01	09001	PSYCH CLINIC	234,779	7,013,284	7,248,063	0.780722	90.01
90.02	09002	TRANSPLANT CLINIC	100,865	5,851,878	5,952,743	0.881262	90.02
90.03	09003	OB CLINIC	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	72,591,365	208,035,986	280,627,351	0.104664	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	26,146,199	22,592,494	48,738,693	0.426904	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	9,713,536	9,549,016	19,262,552	0.418611	92.01
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	22,310,000	0	22,310,000		105.00
106.00	10600	HEART ACQUISITION	6,338,640	0	6,338,640		106.00
107.00	10700	LIVER ACQUISITION	11,341,000	0	11,341,000		107.00
108.00	10800	LUNG ACQUISITION	6,124,800	0	6,124,800		108.00
109.00	10900	PANCREAS ACQUISITION	1,460,800	0	1,460,800		109.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	3,398,263,770	3,344,816,121	6,743,079,891		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	3,398,263,770	3,344,816,121	6,743,079,891		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet C Part I Date/Time Prepared: 1/30/2019 4:55 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital
					Cost
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
35.00	02060	SPECIAL CARE NURSERY			35.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
59.01	03650	VASCULAR LAB	0.000000		59.01
59.02	03140	CARDIAC GRAPHICS	0.000000		59.02
59.03	03560	PULMONARY FUNCTION	0.000000		59.03
59.04	03290	EPS	0.000000		59.04
59.05	03340	GI	0.000000		59.05
60.00	06000	LABORATORY	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	PSYCH CLINIC	0.000000		90.01
90.02	09002	TRANSPLANT CLINIC	0.000000		90.02
90.03	09003	OB CLINIC	0.000000		90.03
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS					
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part I Date/Time Prepared: 1/30/2019 4:55 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	26,199,959	0	26,199,959	207,095	126.51	30.00
31.00	INTENSIVE CARE UNIT	5,587,010		5,587,010	29,551	189.06	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
35.00	SPECIAL CARE NURSERY	2,420,168		2,420,168	21,840	110.81	35.00
40.00	SUBPROVIDER - IPF	1,445,216	0	1,445,216	10,084	143.32	40.00
43.00	NURSERY	225,157		225,157	24,019	9.37	43.00
200.00	Total (lines 30 through 199)	35,877,510		35,877,510	292,589		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	48,028	6,076,022				
31.00	INTENSIVE CARE UNIT	19,002	3,592,518				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
35.00	SPECIAL CARE NURSERY	0	0				
40.00	SUBPROVIDER - IPF	2,543	364,463				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	69,573	10,033,003				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet D
Part II
Date/Time Prepared:
1/30/2019 4:55 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	11,093,212	1,156,001,661	0.009596	206,841,775	1,984,854	50.00
51.00	05100 RECOVERY ROOM	947,853	56,007,381	0.016924	8,544,980	144,615	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,774,532	158,177,494	0.017541	316,631	5,554	52.00
53.00	05300 ANESTHESIOLOGY	303,296	120,984,457	0.002507	20,483,962	51,353	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,804,272	394,538,842	0.017246	40,688,208	701,709	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,749,552	238,910,557	0.007323	4,796,198	35,123	55.00
56.00	05600 RADIOISOTOPE	1,219,995	76,216,697	0.016007	3,914,205	62,655	56.00
57.00	05700 CT SCAN	811,309	376,874,283	0.002153	38,212,712	82,272	57.00
58.00	05800 MRI	2,235,204	301,128,958	0.007423	16,235,924	120,519	58.00
59.00	05900 CARDIAC CATHETERIZATION	370,997	87,585,866	0.004236	18,793,248	79,608	59.00
59.01	03650 VASCULAR LAB	186,070	34,529,791	0.005389	5,303,540	28,581	59.01
59.02	03140 CARDIAC GRAPHICS	530,615	188,358,843	0.002817	26,836,041	75,597	59.02
59.03	03560 PULMONARY FUNCTION	132,060	17,299,562	0.007634	2,335,994	17,833	59.03
59.04	03290 EPS	410,082	44,301,076	0.009257	5,472,834	50,662	59.04
59.05	03340 GI	1,973,851	160,059,843	0.012332	5,819,158	71,762	59.05
60.00	06000 LABORATORY	5,338,406	872,346,362	0.006120	99,669,929	609,980	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	1,300,114	46,334,623	0.028059	13,651,255	383,041	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	232,951	31,823,101	0.007320	4,415,649	32,323	63.00
65.00	06500 RESPIRATORY THERAPY	723,700	83,223,183	0.008696	25,867,189	224,941	65.00
66.00	06600 PHYSICAL THERAPY	218,630	15,630,046	0.013988	5,790,430	80,997	66.00
67.00	06700 OCCUPATIONAL THERAPY	314,043	7,584,881	0.041404	2,979,027	123,344	67.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,013,277	65,597,409	0.015447	10,813,476	167,036	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3,625,758	251,039,378	0.014443	45,566,927	658,123	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2,755,989	282,244,745	0.009765	80,804,963	789,060	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,576,539	415,739,720	0.008603	72,686,119	625,319	73.00
76.97	07697 CARDIAC REHABILITATION	26,706	4,406,792	0.006060	1,056	6	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	938,147	28,105,389	0.033380	106,700	3,562	90.00
90.01	09001 PSYCH CLINIC	199,103	7,248,063	0.027470	11,854	326	90.01
90.02	09002 TRANSPLANT CLINIC	159,945	5,952,743	0.026869	69,043	1,855	90.02
90.03	09003 OB CLINIC	0	0	0.000000	0	0	90.03
91.00	09100 EMERGENCY	2,291,872	280,627,351	0.008167	27,846,880	227,425	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2,104,267	48,738,693	0.043174	10,450,856	451,205	92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	427,640	19,262,552	0.022201	3,483,619	77,340	92.01
200.00	Total (lines 50 through 199)	56,789,987	5,876,880,342		808,810,382	7,968,580	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part III Date/Time Prepared: 1/30/2019 4:55 pm
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
INPATIENT ROUTINE SERVICE COST CENTERS			1A	1.00	2A	2.00	3.00		
30.00	03000	ADULTS & PEDIATRICS	0	0	0	123,431	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	19,728	0	31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
35.00	02060	SPECIAL CARE NURSERY	0	0	0	14,581	0	35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	6,732	0	40.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	164,472	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		
INPATIENT ROUTINE SERVICE COST CENTERS			4.00	5.00	6.00	7.00	8.00		
30.00	03000	ADULTS & PEDIATRICS	0	123,431	207,095	0.60	48,028	30.00	
31.00	03100	INTENSIVE CARE UNIT		19,728	29,551	0.67	19,002	31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00	
35.00	02060	SPECIAL CARE NURSERY		14,581	21,840	0.67	0	35.00	
40.00	04000	SUBPROVIDER - IPF	0	6,732	10,084	0.67	2,543	40.00	
43.00	04300	NURSERY		0	24,019	0.00	0	43.00	
200.00		Total (lines 30 through 199)		164,472	292,589		69,573	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
INPATIENT ROUTINE SERVICE COST CENTERS			9.00						
30.00	03000	ADULTS & PEDIATRICS	28,817						30.00
31.00	03100	INTENSIVE CARE UNIT	12,731						31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
35.00	02060	SPECIAL CARE NURSERY	0						35.00
40.00	04000	SUBPROVIDER - IPF	1,704						40.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	43,252						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part IV Date/Time Prepared: 1/30/2019 4:55 pm
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Cost Center Description	Title XVIII						Hospital	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	PPS		
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00	
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	1,658,940	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	689,703	55.00	
56.00 05600 RADIOISOTOPE	0	0	0	0	0	613,235	56.00	
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00	
58.00 05800 MRI	0	0	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00	
59.01 03650 VASCULAR LAB	0	0	0	0	0	0	59.01	
59.02 03140 CARDIAC GRAPHICS	0	0	0	0	0	0	59.02	
59.03 03560 PULMONARY FUNCTION	0	0	0	0	0	0	59.03	
59.04 03290 EPS	0	0	0	0	0	0	59.04	
59.05 03340 GI	0	0	0	0	0	0	59.05	
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	1,842,604	73.00	
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98	
OUTPATIENT SERVICE COST CENTERS								
90.00 09000 CLINIC	0	0	0	0	0	0	90.00	
90.01 09001 PSYCH CLINIC	0	0	0	0	0	0	90.01	
90.02 09002 TRANSPLANT CLINIC	0	0	0	0	0	0	90.02	
90.03 09003 OB CLINIC	0	0	0	0	0	0	90.03	
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	9,904	92.00	
92.01 09201 OBSERVATION BEDS-DISTINCT	0	0	0	0	0	12,725	92.01	
200.00 Total (lines 50 through 199)	0	0	0	0	0	4,827,111	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part IV Date/Time Prepared: 1/30/2019 4:55 pm
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Cost Center Description		Title XVIII				Hospital		PPS	
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)			
		4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	1,156,001,661	0.000000	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	56,007,381	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	158,177,494	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	120,984,457	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,658,940	1,658,940	394,538,842	0.004205	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	689,703	689,703	238,910,557	0.002887	55.00	
56.00	05600	RADIOISOTOPE	0	613,235	613,235	76,216,697	0.008046	56.00	
57.00	05700	CT SCAN	0	0	0	376,874,283	0.000000	57.00	
58.00	05800	MRI	0	0	0	301,128,958	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	87,585,866	0.000000	59.00	
59.01	03650	VASCULAR LAB	0	0	0	34,529,791	0.000000	59.01	
59.02	03140	CARDIAC GRAPHICS	0	0	0	188,358,843	0.000000	59.02	
59.03	03560	PULMONARY FUNCTION	0	0	0	17,299,562	0.000000	59.03	
59.04	03290	EPS	0	0	0	44,301,076	0.000000	59.04	
59.05	03340	GI	0	0	0	160,059,843	0.000000	59.05	
60.00	06000	LABORATORY	0	0	0	872,346,362	0.000000	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	46,334,623	0.000000	62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	31,823,101	0.000000	63.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	83,223,183	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	15,630,046	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	7,584,881	0.000000	67.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	65,597,409	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	251,039,378	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	282,244,745	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,842,604	1,842,604	415,739,720	0.004432	73.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	4,406,792	0.000000	76.97	
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0.000000	76.98	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	28,105,389	0.000000	90.00	
90.01	09001	PSYCH CLINIC	0	0	0	7,248,063	0.000000	90.01	
90.02	09002	TRANSPLANT CLINIC	0	0	0	5,952,743	0.000000	90.02	
90.03	09003	OB CLINIC	0	0	0	0	0.000000	90.03	
91.00	09100	EMERGENCY	0	0	0	280,627,351	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	9,904	9,904	48,738,693	0.000203	92.00	
92.01	09201	OBSERVATION BEDS-DISTINCT	0	12,725	12,725	19,262,552	0.000661	92.01	
200.00		Total (lines 50 through 199)	0	4,827,111	4,827,111	5,876,880,342		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part IV Date/Time Prepared: 1/30/2019 4:55 pm
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Cost Center Description		Title XVIII				Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	206,841,775	0	104,632,899	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	8,544,980	0	7,699,852	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	316,631	0	12,769	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	20,483,962	0	12,547,021	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.004205	40,688,208	171,094	56,667,498	238,287	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.002887	4,796,198	13,847	70,093,196	202,359	55.00	
56.00	05600 RADIOISOTOPE	0.008046	3,914,205	31,494	24,307,635	195,579	56.00	
57.00	05700 CT SCAN	0.000000	38,212,712	0	86,087,930	0	57.00	
58.00	05800 MRI	0.000000	16,235,924	0	64,691,298	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	18,793,248	0	17,885,218	0	59.00	
59.01	03650 VASCULAR LAB	0.000000	5,303,540	0	8,478,268	0	59.01	
59.02	03140 CARDIAC GRAPHICS	0.000000	26,836,041	0	37,546,892	0	59.02	
59.03	03560 PULMONARY FUNCTION	0.000000	2,335,994	0	4,844,655	0	59.03	
59.04	03290 EPS	0.000000	5,472,834	0	13,442,017	0	59.04	
59.05	03340 GI	0.000000	5,819,158	0	33,591,989	0	59.05	
60.00	06000 LABORATORY	0.000000	99,669,929	0	51,771,232	0	60.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	13,651,255	0	2,233,202	0	62.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	4,415,649	0	3,006,679	0	63.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	25,867,189	0	432,610	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	5,790,430	0	349,897	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	2,979,027	0	157,738	0	67.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	10,813,476	0	6,539,207	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	45,566,927	0	27,573,691	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	80,804,963	0	33,800,577	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.004432	72,686,119	322,145	46,703,089	206,988	73.00	
76.97	07697 CARDIAC REHABILITATION	0.000000	1,056	0	1,933,428	0	76.97	
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.000000	106,700	0	9,796,564	0	90.00	
90.01	09001 PSYCH CLINIC	0.000000	11,854	0	1,832,420	0	90.01	
90.02	09002 TRANSPLANT CLINIC	0.000000	69,043	0	2,449,719	0	90.02	
90.03	09003 OB CLINIC	0.000000	0	0	0	0	90.03	
91.00	09100 EMERGENCY	0.000000	27,846,880	0	34,694,280	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000203	10,450,856	2,122	9,280,827	1,884	92.00	
92.01	09201 OBSERVATION BEDS-DISTINCT	0.000661	3,483,619	2,303	3,093,609	2,045	92.01	
200.00	Total (lines 50 through 199)		808,810,382	543,005	778,177,906	847,142	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part V Date/Time Prepared: 1/30/2019 4:55 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.094303	104,632,899	4,739	0	9,867,196	50.00
51.00 05100 RECOVERY ROOM	0.224297	7,699,852	0	0	1,727,054	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.213328	12,769	0	0	2,724	52.00
53.00 05300 ANESTHESIOLOGY	0.059771	12,547,021	0	0	749,948	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.151777	56,667,498	0	0	8,600,823	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.081204	70,093,196	0	0	5,691,848	55.00
56.00 05600 RADIOISOTOPE	0.230392	24,307,635	0	0	5,600,285	56.00
57.00 05700 CT SCAN	0.032745	86,087,930	0	0	2,818,949	57.00
58.00 05800 MRI	0.078915	64,691,298	0	0	5,105,114	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.064247	17,885,218	0	0	1,149,072	59.00
59.01 03650 VASCULAR LAB	0.064162	8,478,268	0	0	543,983	59.01
59.02 03140 CARDIAC GRAPHICS	0.042384	37,546,892	0	0	1,591,387	59.02
59.03 03560 PULMONARY FUNCTION	0.075297	4,844,655	0	0	364,788	59.03
59.04 03290 EPS	0.109226	13,442,017	0	0	1,468,218	59.04
59.05 03340 GI	0.099933	33,591,989	0	0	3,356,948	59.05
60.00 06000 LABORATORY	0.129322	51,771,232	25,609	0	6,695,159	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.357788	2,233,202	0	0	799,013	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.229546	3,006,679	0	0	690,171	63.00
65.00 06500 RESPIRATORY THERAPY	0.212492	432,610	0	0	91,926	65.00
66.00 06600 PHYSICAL THERAPY	0.369712	349,897	0	0	129,361	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.441043	157,738	0	0	69,569	67.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.138536	6,539,207	0	0	905,916	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.480360	27,573,691	0	0	13,245,298	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.324255	33,800,577	0	0	10,960,006	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.289925	46,703,089	230,328	0	13,540,393	73.00
76.97 07697 CARDIAC REHABILITATION	0.184834	1,933,428	0	0	357,363	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.643627	9,796,564	0	0	6,305,333	90.00
90.01 09001 PSYCH CLINIC	0.780722	1,832,420	0	0	1,430,611	90.01
90.02 09002 TRANSPLANT CLINIC	0.881262	2,449,719	0	0	2,158,844	90.02
90.03 09003 OB CLINIC	0.000000	0	0	0	0	90.03
91.00 09100 EMERGENCY	0.104664	34,694,280	0	0	3,631,242	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.426904	9,280,827	0	0	3,962,022	92.00
92.01 09201 OBSERVATION BEDS-DISTINCT	0.418611	3,093,609	0	0	1,295,019	92.01
200.00		Subtotal (see instructions)	778,177,906	260,676	114,905,583	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00		Net Charges (line 200 - line 201)	778,177,906	260,676	114,905,583	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part V Date/Time Prepared: 1/30/2019 4:55 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	447	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
59.01 03650 VASCULAR LAB	0	0		59.01
59.02 03140 CARDIAC GRAPHICS	0	0		59.02
59.03 03560 PULMONARY FUNCTION	0	0		59.03
59.04 03290 EPS	0	0		59.04
59.05 03340 GI	0	0		59.05
60.00 06000 LABORATORY	3,312	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	66,778	0		73.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 PSYCH CLINIC	0	0		90.01
90.02 09002 TRANSPLANT CLINIC	0	0		90.02
90.03 09003 OB CLINIC	0	0		90.03
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
92.01 09201 OBSERVATION BEDS-DISTINCT	0	0		92.01
200.00 Subtotal (see instructions)	70,537	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (Line 200 - Line 201)	70,537	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part II Date/Time Prepared: 1/30/2019 4:55 pm
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	11,093,212	1,156,001,661	0.009596	926	9	50.00
51.00	05100 RECOVERY ROOM	947,853	56,007,381	0.016924	402,756	6,816	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,774,532	158,177,494	0.017541	0	0	52.00
53.00	05300 ANESTHESIOLOGY	303,296	120,984,457	0.002507	71,700	180	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,804,272	394,538,842	0.017246	54,814	945	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,749,552	238,910,557	0.007323	0	0	55.00
56.00	05600 RADIOISOTOPE	1,219,995	76,216,697	0.016007	0	0	56.00
57.00	05700 CT SCAN	811,309	376,874,283	0.002153	120,346	259	57.00
58.00	05800 MRI	2,235,204	301,128,958	0.007423	102,726	763	58.00
59.00	05900 CARDIAC CATHETERIZATION	370,997	87,585,866	0.004236	0	0	59.00
59.01	03650 VASCULAR LAB	186,070	34,529,791	0.005389	0	0	59.01
59.02	03140 CARDIAC GRAPHICS	530,615	188,358,843	0.002817	0	0	59.02
59.03	03560 PULMONARY FUNCTION	132,060	17,299,562	0.007634	0	0	59.03
59.04	03290 EPS	410,082	44,301,076	0.009257	0	0	59.04
59.05	03340 GI	1,973,851	160,059,843	0.012332	0	0	59.05
60.00	06000 LABORATORY	5,338,406	872,346,362	0.006120	390,763	2,391	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	1,300,114	46,334,623	0.028059	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	232,951	31,823,101	0.007320	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	723,700	83,223,183	0.008696	5,468	48	65.00
66.00	06600 PHYSICAL THERAPY	218,630	15,630,046	0.013988	15,119	211	66.00
67.00	06700 OCCUPATIONAL THERAPY	314,043	7,584,881	0.041404	419,690	17,377	67.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,013,277	65,597,409	0.015447	21,420	331	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3,625,758	251,039,378	0.014443	71,634	1,035	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2,755,989	282,244,745	0.009765	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,576,539	415,739,720	0.008603	281,687	2,423	73.00
76.97	07697 CARDIAC REHABILITATION	26,706	4,406,792	0.006060	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	938,147	28,105,389	0.033380	575	19	90.00
90.01	09001 PSYCH CLINIC	199,103	7,248,063	0.027470	0	0	90.01
90.02	09002 TRANSPLANT CLINIC	159,945	5,952,743	0.026869	0	0	90.02
90.03	09003 OB CLINIC	0	0	0.000000	0	0	90.03
91.00	09100 EMERGENCY	2,291,872	280,627,351	0.008167	327,517	2,675	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	48,738,693	0.000000	8,145	0	92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	427,640	19,262,552	0.022201	0	0	92.01
200.00	Total (lines 50 through 199)	54,685,720	5,876,880,342		2,295,286	35,482	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part IV Date/Time Prepared: 1/30/2019 4:55 pm
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	1,658,940	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	689,703	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	613,235	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	03650 VASCULAR LAB	0	0	0	0	0	59.01
59.02	03140 CARDIAC GRAPHICS	0	0	0	0	0	59.02
59.03	03560 PULMONARY FUNCTION	0	0	0	0	0	59.03
59.04	03290 EPS	0	0	0	0	0	59.04
59.05	03340 GI	0	0	0	0	0	59.05
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	1,842,604	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 PSYCH CLINIC	0	0	0	0	0	90.01
90.02	09002 TRANSPLANT CLINIC	0	0	0	0	0	90.02
90.03	09003 OB CLINIC	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	0	0	0	0	12,725	92.01
200.00	Total (lines 50 through 199)	0	0	0	0	4,817,207	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part IV Date/Time Prepared: 1/30/2019 4:55 pm
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Title XVIII		Subprovider - IPF	PPS
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	1,156,001,661	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	56,007,381	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	158,177,494	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	120,984,457	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	1,658,940	1,658,940	394,538,842	0.004205	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	689,703	689,703	238,910,557	0.002887	55.00
56.00 05600 RADIOISOTOPE	0	613,235	613,235	76,216,697	0.008046	56.00
57.00 05700 CT SCAN	0	0	0	376,874,283	0.000000	57.00
58.00 05800 MRI	0	0	0	301,128,958	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	87,585,866	0.000000	59.00
59.01 03650 VASCULAR LAB	0	0	0	34,529,791	0.000000	59.01
59.02 03140 CARDIAC GRAPHICS	0	0	0	188,358,843	0.000000	59.02
59.03 03560 PULMONARY FUNCTION	0	0	0	17,299,562	0.000000	59.03
59.04 03290 EPS	0	0	0	44,301,076	0.000000	59.04
59.05 03340 GI	0	0	0	160,059,843	0.000000	59.05
60.00 06000 LABORATORY	0	0	0	872,346,362	0.000000	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	46,334,623	0.000000	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	31,823,101	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	83,223,183	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	15,630,046	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	7,584,881	0.000000	67.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	65,597,409	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	251,039,378	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	282,244,745	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,842,604	1,842,604	415,739,720	0.004432	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	4,406,792	0.000000	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	28,105,389	0.000000	90.00
90.01 09001 PSYCH CLINIC	0	0	0	7,248,063	0.000000	90.01
90.02 09002 TRANSPLANT CLINIC	0	0	0	5,952,743	0.000000	90.02
90.03 09003 OB CLINIC	0	0	0	0	0.000000	90.03
91.00 09100 EMERGENCY	0	0	0	280,627,351	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	48,738,693	0.000000	92.00
92.01 09201 OBSERVATION BEDS-DISTINCT	0	12,725	12,725	19,262,552	0.000661	92.01
200.00 Total (lines 50 through 199)	0	4,817,207	4,817,207	5,876,880,342		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part IV Date/Time Prepared: 1/30/2019 4:55 pm
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Title XVIII		Subprovider - IPF	PPS
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	926	0	162,260	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	402,756	0	402,756	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	71,700	0	71,700	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.004205	54,814	230	139,638	587	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.002887	0	0	2,338	7	55.00
56.00	05600 RADIOISOTOPE	0.008046	0	0	1,901	15	56.00
57.00	05700 CT SCAN	0.000000	120,346	0	120,346	0	57.00
58.00	05800 MRI	0.000000	102,726	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	11,004	0	59.00
59.01	03650 VASCULAR LAB	0.000000	0	0	0	0	59.01
59.02	03140 CARDIAC GRAPHICS	0.000000	0	0	0	0	59.02
59.03	03560 PULMONARY FUNCTION	0.000000	0	0	1,897	0	59.03
59.04	03290 EPS	0.000000	0	0	0	0	59.04
59.05	03340 GI	0.000000	0	0	0	0	59.05
60.00	06000 LABORATORY	0.000000	390,763	0	434,768	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	5,468	0	5,468	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	15,119	0	15,119	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	419,690	0	4,196	0	67.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	21,420	0	58,016	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	71,634	0	71,634	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.004432	281,687	1,248	286,587	1,270	73.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	575	0	0	0	90.00
90.01	09001 PSYCH CLINIC	0.000000	0	0	575	0	90.01
90.02	09002 TRANSPLANT CLINIC	0.000000	0	0	0	0	90.02
90.03	09003 OB CLINIC	0.000000	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.000000	327,517	0	327,517	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	8,145	0	0	0	92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	0.000661	0	0	8,145	5	92.01
200.00	Total (lines 50 through 199)		2,295,286	1,478	2,125,865	1,884	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part V Date/Time Prepared: 1/30/2019 4:55 pm
Title XVIII			Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.094303	162,260	0	0	15,302	50.00
51.00	05100	RECOVERY ROOM	0.224297	402,756	0	0	90,337	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.213328	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.059771	71,700	0	0	4,286	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.151777	139,638	0	0	21,194	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.081204	2,338	0	0	190	55.00
56.00	05600	RADIOISOTOPE	0.230392	1,901	0	0	438	56.00
57.00	05700	CT SCAN	0.032745	120,346	0	0	3,941	57.00
58.00	05800	MRI	0.078915	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.064247	11,004	0	0	707	59.00
59.01	03650	VASCULAR LAB	0.064162	0	0	0	0	59.01
59.02	03140	CARDIAC GRAPHICS	0.042384	0	0	0	0	59.02
59.03	03560	PULMONARY FUNCTION	0.075297	1,897	0	0	143	59.03
59.04	03290	EPS	0.109226	0	0	0	0	59.04
59.05	03340	GI	0.099933	0	0	0	0	59.05
60.00	06000	LABORATORY	0.129322	434,768	0	0	56,225	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.357788	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.229546	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.212492	5,468	0	0	1,162	65.00
66.00	06600	PHYSICAL THERAPY	0.369712	15,119	0	0	5,590	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.441043	4,196	0	0	1,851	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.138536	58,016	0	0	8,037	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.480360	71,634	0	0	34,410	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.324255	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.289925	286,587	0	0	83,089	73.00
76.97	07697	CARDIAC REHABILITATION	0.184834	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.643627	0	0	0	0	90.00
90.01	09001	PSYCH CLINIC	0.780722	575	0	0	449	90.01
90.02	09002	TRANSPLANT CLINIC	0.881262	0	0	0	0	90.02
90.03	09003	OB CLINIC	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.104664	327,517	0	0	34,279	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.426904	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0.418611	8,145	0	0	3,410	92.01
200.00		Subtotal (see instructions)		2,125,865	0	0	365,040	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		2,125,865	0	0	365,040	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part V Date/Time Prepared: 1/30/2019 4:55 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
59.01 03650 VASCULAR LAB	0	0	59.01
59.02 03140 CARDIAC GRAPHICS	0	0	59.02
59.03 03560 PULMONARY FUNCTION	0	0	59.03
59.04 03290 EPS	0	0	59.04
59.05 03340 GI	0	0	59.05
60.00 06000 LABORATORY	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 PSYCH CLINIC	0	0	90.01
90.02 09002 TRANSPLANT CLINIC	0	0	90.02
90.03 09003 OB CLINIC	0	0	90.03
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
92.01 09201 OBSERVATION BEDS-DISTINCT	0	0	92.01
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 - line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part III Date/Time Prepared: 1/30/2019 4:55 pm
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	123,431	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	19,728	0	31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
35.00	02060	SPECIAL CARE NURSERY	0	0	0	14,581	0	35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	6,732	0	40.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	164,472	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	123,431	207,095	0.60	10,190	30.00	
31.00	03100	INTENSIVE CARE UNIT		19,728	29,551	0.67	3,407	31.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0.00	0	34.00	
35.00	02060	SPECIAL CARE NURSERY		14,581	21,840	0.67	2,075	35.00	
40.00	04000	SUBPROVIDER - IPF	0	6,732	10,084	0.67	578	40.00	
43.00	04300	NURSERY		0	24,019	0.00	5,572	43.00	
200.00		Total (lines 30 through 199)		164,472	292,589		21,822	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	6,114						30.00
31.00	03100	INTENSIVE CARE UNIT	2,283						31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0						34.00
35.00	02060	SPECIAL CARE NURSERY	1,390						35.00
40.00	04000	SUBPROVIDER - IPF	387						40.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	10,174						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part IV Date/Time Prepared: 1/30/2019 4:55 pm
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Cost Center Description	Title XIX				Hospital		Allied Health Cost
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	1,658,940	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	689,703	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	613,235	56.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
59.01 03650 VASCULAR LAB	0	0	0	0	0	0	59.01
59.02 03140 CARDIAC GRAPHICS	0	0	0	0	0	0	59.02
59.03 03560 PULMONARY FUNCTION	0	0	0	0	0	0	59.03
59.04 03290 EPS	0	0	0	0	0	0	59.04
59.05 03340 GI	0	0	0	0	0	0	59.05
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	1,842,604	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 PSYCH CLINIC	0	0	0	0	0	0	90.01
90.02 09002 TRANSPLANT CLINIC	0	0	0	0	0	0	90.02
90.03 09003 OB CLINIC	0	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS-DISTINCT	0	0	0	0	0	12,725	92.01
200.00 Total (lines 50 through 199)	0	0	0	0	0	4,817,207	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part IV Date/Time Prepared: 1/30/2019 4:55 pm
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Cost Center Description	Title XIX			Hospital		Ratio of Cost to Charges (col. 5 ÷ col. 7)		
	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Cost			
	4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	1,156,001,661	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	56,007,381	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	158,177,494	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	120,984,457	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,658,940	1,658,940	394,538,842	0.004205	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	689,703	689,703	238,910,557	0.002887	55.00
56.00	05600	RADIOISOTOPE	0	613,235	613,235	76,216,697	0.008046	56.00
57.00	05700	CT SCAN	0	0	0	376,874,283	0.000000	57.00
58.00	05800	MRI	0	0	0	301,128,958	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	87,585,866	0.000000	59.00
59.01	03650	VASCULAR LAB	0	0	0	34,529,791	0.000000	59.01
59.02	03140	CARDIAC GRAPHICS	0	0	0	188,358,843	0.000000	59.02
59.03	03560	PULMONARY FUNCTION	0	0	0	17,299,562	0.000000	59.03
59.04	03290	EPS	0	0	0	44,301,076	0.000000	59.04
59.05	03340	GI	0	0	0	160,059,843	0.000000	59.05
60.00	06000	LABORATORY	0	0	0	872,346,362	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	46,334,623	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	31,823,101	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	83,223,183	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	15,630,046	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	7,584,881	0.000000	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	65,597,409	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	251,039,378	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	282,244,745	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,842,604	1,842,604	415,739,720	0.004432	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	4,406,792	0.000000	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	28,105,389	0.000000	90.00
90.01	09001	PSYCH CLINIC	0	0	0	7,248,063	0.000000	90.01
90.02	09002	TRANSPLANT CLINIC	0	0	0	5,952,743	0.000000	90.02
90.03	09003	OB CLINIC	0	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	0	0	0	280,627,351	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	48,738,693	0.000000	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	12,725	12,725	19,262,552	0.000661	92.01
200.00		Total (lines 50 through 199)	0	4,817,207	4,817,207	5,876,880,342		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part IV Date/Time Prepared: 1/30/2019 4:55 pm
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Cost Center Description		Title XIX			Hospital		Cost
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.004205	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.002887	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.008046	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
59.01	03650 VASCULAR LAB	0.000000	0	0	0	0	59.01
59.02	03140 CARDIAC GRAPHICS	0.000000	0	0	0	0	59.02
59.03	03560 PULMONARY FUNCTION	0.000000	0	0	0	0	59.03
59.04	03290 EPS	0.000000	0	0	0	0	59.04
59.05	03340 GI	0.000000	0	0	0	0	59.05
60.00	06000 LABORATORY	0.000000	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.004432	0	0	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 PSYCH CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 TRANSPLANT CLINIC	0.000000	0	0	0	0	90.02
90.03	09003 OB CLINIC	0.000000	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	0.000661	0	0	0	0	92.01
200.00	Total (lines 50 through 199)		0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part IV Date/Time Prepared: 1/30/2019 4:55 pm
Title XIX		Subprovider - IPF	Cost

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	1,658,940	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	689,703	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	613,235	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	03650 VASCULAR LAB	0	0	0	0	0	59.01
59.02	03140 CARDIAC GRAPHICS	0	0	0	0	0	59.02
59.03	03560 PULMONARY FUNCTION	0	0	0	0	0	59.03
59.04	03290 EPS	0	0	0	0	0	59.04
59.05	03340 GI	0	0	0	0	0	59.05
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	1,842,604	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 PSYCH CLINIC	0	0	0	0	0	90.01
90.02	09002 TRANSPLANT CLINIC	0	0	0	0	0	90.02
90.03	09003 OB CLINIC	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	0	0	0	0	12,725	92.01
200.00	Total (lines 50 through 199)	0	0	0	0	4,817,207	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part IV Date/Time Prepared: 1/30/2019 4:55 pm
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	1,156,001,661	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	56,007,381	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	158,177,494	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	120,984,457	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,658,940	1,658,940	394,538,842	0.004205	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	689,703	689,703	238,910,557	0.002887	55.00
56.00	05600	RADIOISOTOPE	0	613,235	613,235	76,216,697	0.008046	56.00
57.00	05700	CT SCAN	0	0	0	376,874,283	0.000000	57.00
58.00	05800	MRI	0	0	0	301,128,958	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	87,585,866	0.000000	59.00
59.01	03650	VASCULAR LAB	0	0	0	34,529,791	0.000000	59.01
59.02	03140	CARDIAC GRAPHICS	0	0	0	188,358,843	0.000000	59.02
59.03	03560	PULMONARY FUNCTION	0	0	0	17,299,562	0.000000	59.03
59.04	03290	EPS	0	0	0	44,301,076	0.000000	59.04
59.05	03340	GI	0	0	0	160,059,843	0.000000	59.05
60.00	06000	LABORATORY	0	0	0	872,346,362	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	46,334,623	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	31,823,101	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	83,223,183	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	15,630,046	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	7,584,881	0.000000	67.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	65,597,409	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	251,039,378	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	282,244,745	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,842,604	1,842,604	415,739,720	0.004432	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	4,406,792	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	28,105,389	0.000000	90.00
90.01	09001	PSYCH CLINIC	0	0	0	7,248,063	0.000000	90.01
90.02	09002	TRANSPLANT CLINIC	0	0	0	5,952,743	0.000000	90.02
90.03	09003	OB CLINIC	0	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	0	0	0	280,627,351	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	48,738,693	0.000000	92.00
92.01	09201	OBSERVATION BEDS-DISTINCT	0	12,725	12,725	19,262,552	0.000661	92.01
200.00		Total (lines 50 through 199)	0	4,817,207	4,817,207	5,876,880,342		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2017 To 08/31/2018	Worksheet D Part IV Date/Time Prepared: 1/30/2019 4:55 pm
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Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.004205	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.002887	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.008046	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
59.01	03650 VASCULAR LAB	0.000000	0	0	0	0	59.01
59.02	03140 CARDIAC GRAPHICS	0.000000	0	0	0	0	59.02
59.03	03560 PULMONARY FUNCTION	0.000000	0	0	0	0	59.03
59.04	03290 EPS	0.000000	0	0	0	0	59.04
59.05	03340 GI	0.000000	0	0	0	0	59.05
60.00	06000 LABORATORY	0.000000	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.004432	0	0	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 PSYCH CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 TRANSPLANT CLINIC	0.000000	0	0	0	0	90.02
90.03	09003 OB CLINIC	0.000000	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	0.000661	0	0	0	0	92.01
200.00	Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet D-1 Date/Time Prepared: 1/30/2019 4:55 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		207,095	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		207,095	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)		190,462	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)		48,028	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)		259,061,982	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)		259,061,982	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)		259,061,982	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)		1,250.93	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		60,079,666	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)		60,079,666	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0281		Period: From 09/01/2017 To 08/31/2018		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 1/30/2019 4:55 pm	
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	61,975,135	29,551	2,097.23	19,002	39,851,564		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 SPECIAL CARE NURSERY	29,402,842	21,840	1,346.28	0	0		47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					144,217,708		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					244,148,938		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)					9,710,088		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					8,511,585		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					18,221,673		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					225,927,265		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)					16,633		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,250.93		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					20,806,719		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0281		Period: From 09/01/2017 To 08/31/2018		Worksheet D-1 Date/Time Prepared: 1/30/2019 4:55 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	26,199,959	259,061,982	0.101134	20,806,719	2,104,267	90.00
91.00	Nursing School cost	0	259,061,982	0.000000	20,806,719	0	91.00
92.00	Allied health cost	123,431	259,061,982	0.000476	20,806,719	9,904	92.00
93.00	All other Medical Education	0	259,061,982	0.000000	20,806,719	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2017 To 08/31/2018	Worksheet D-1 Date/Time Prepared: 1/30/2019 4:55 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			10,084 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			10,084 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)			10,084 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)			2,543 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			10,548,001 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			10,548,001 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			10,548,001 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)			1,046.01 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,660,003 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)			2,660,003 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0281		Period: From 09/01/2017 To 08/31/2018		Worksheet D-1	
		Component CCN: 14-S281				Date/Time Prepared: 1/30/2019 4:55 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
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 SPECIAL CARE NURSERY	0	0	0.00	0	0		47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					515,015		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,175,018		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)					366,167		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					36,960		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					403,127		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,771,891		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: 14-0281 Component CCN: 14-S281		Period: From 09/01/2017 To 08/31/2018		Worksheet D-1 Date/Time Prepared: 1/30/2019 4:55 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,445,216	10,548,001	0.137013	0	0	90.00
91.00	Nursing School cost	0	10,548,001	0.000000	0	0	91.00
92.00	Allied health cost	6,732	10,548,001	0.000638	0	0	92.00
93.00	All other Medical Education	0	10,548,001	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet D-1 Date/Time Prepared: 1/30/2019 4:55 pm
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		207,095	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		207,095	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)		190,462	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)		10,190	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)		24,019	15.00
16.00	Nursery days (title V or XIX only)		5,572	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)		259,061,982	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)		259,061,982	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)		259,061,982	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)		1,250.93	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		12,746,977	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)		12,746,977	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet D-1 Date/Time Prepared: 1/30/2019 4:55 pm		
Cost Center Description			Title XIX		Hospital	Cost	
	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)	7,441,694	24,019	309.83	5,572	1,726,373	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	61,668,412	29,551	2,086.85	3,407	7,109,898	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	SPECIAL CARE NURSERY	29,402,842	21,840	1,346.28	2,075	2,793,531	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)					24,376,779	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)					16,633	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,250.93	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					20,806,719	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0281		Period: From 09/01/2017 To 08/31/2018		Worksheet D-1 Date/Time Prepared: 1/30/2019 4:55 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	26,199,959	259,061,982	0.101134	20,806,719	2,104,267	90.00
91.00	Nursing School cost	0	259,061,982	0.000000	20,806,719	0	91.00
92.00	Allied health cost	123,431	259,061,982	0.000476	20,806,719	9,904	92.00
93.00	All other Medical Education	0	259,061,982	0.000000	20,806,719	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2017 To 08/31/2018	Worksheet D-1 Date/Time Prepared: 1/30/2019 4:55 pm
		Title XIX	Subprovider - IPF	Cost
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)			10,084 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			10,084 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)			10,084 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)			578 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)			24,019 15.00
16.00	Nursery days (title V or XIX only)			5,572 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			10,548,001 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			10,548,001 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			10,548,001 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)			1,046.01 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			604,594 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)			604,594 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet D-1	
				Component CCN: 14-S281		Date/Time Prepared: 1/30/2019 4:55 pm	
				Title XIX	Subprovider - IPF	Cost	
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
47.00 SPECIAL CARE NURSERY	0	0	0.00	0	0	0	47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					604,594	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: 14-0281 Component CCN: 14-S281		Period: From 09/01/2017 To 08/31/2018		Worksheet D-1 Date/Time Prepared: 1/30/2019 4:55 pm	
		Title XIX		Subprovider - IPF		Cost	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,445,216	10,548,001	0.137013	0	0	90.00
91.00	Nursing School cost	0	10,548,001	0.000000	0	0	91.00
92.00	Allied health cost	6,732	10,548,001	0.000638	0	0	92.00
93.00	All other Medical Education	0	10,548,001	0.000000	0	0	93.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet D-2

Date/Time Prepared:
1/30/2019 4:55 pm

Cost Center Description	Percent of Assigned Time	Expense Allocation	Total Inpatient Day All Patients	Average Cost Per Day	Health Care Program Inpatient Days Title V																																																																																																																	
	1.00	2.00	3.00	4.00	5.00																																																																																																																	
PART I - NOT IN APPROVED TEACHING PROGRAM																																																																																																																						
Hospital Inpatient Routine Services:																																																																																																																						
1.00 Total cost of services rendered	100.00	0				1.00																																																																																																																
2.00 ADULTS & PEDIATRICS	95.01	0	207,095	0.00	0	2.00																																																																																																																
3.00 INTENSIVE CARE UNIT	0.00	0	29,551	0.00	0	3.00																																																																																																																
4.00 CORONARY CARE UNIT						4.00																																																																																																																
5.00 BURN INTENSIVE CARE UNIT						5.00																																																																																																																
6.00 SURGICAL INTENSIVE CARE UNIT	0.00	0	0	0.00	0	6.00																																																																																																																
7.00 SPECIAL CARE NURSERY	0.00	0	21,840	0.00	0	7.00																																																																																																																
8.00 NURSERY	0.00	0	24,019	0.00	0	8.00																																																																																																																
9.00 Subtotal (sum of lines 2 through 8)	95.01	0				9.00																																																																																																																
10.00 SUBPROVIDER - IPF	0.00	0	10,084	0.00	0	10.00																																																																																																																
11.00 SUBPROVIDER - IRF						11.00																																																																																																																
12.00 SUBPROVIDER						12.00																																																																																																																
13.00 SKILLED NURSING FACILITY						13.00																																																																																																																
14.00 NURSING FACILITY						14.00																																																																																																																
15.00 OTHER LONG TERM CARE						15.00																																																																																																																
16.00 HOME HEALTH AGENCY						16.00																																																																																																																
17.00 CMHC						17.00																																																																																																																
18.00 AMBULATORY SURGICAL CENTER (D.P.)						18.00																																																																																																																
19.00 HOSPICE	0.00	0				19.00																																																																																																																
20.00 Subtotal (sum of lines 9 through 19)	95.01	0				20.00																																																																																																																
<table border="1"> <thead> <tr> <th>Cost Center Description</th> <th></th> <th></th> <th>Total Charges (from Worksheet C. Part I, column 8, lines 88 through 93)</th> <th>Ratio of Cost to Charges (col. 2 ÷ col. 3)</th> <th>Titles V and XIX Outpatient and Title XVIII Part B Charges Title V</th> <th></th> </tr> <tr> <th></th> <th>1.00</th> <th>2.00</th> <th>3.00</th> <th>4.00</th> <th>5.00</th> <th></th> </tr> </thead> <tbody> <tr> <td colspan="7">Hospital Outpatient Services:</td> </tr> <tr> <td>21.00 RURAL HEALTH CLINIC</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>21.00</td> </tr> <tr> <td>22.00 FEDERALLY QUALIFIED HEALTH CENTER CLINIC</td> <td>4.99</td> <td>0</td> <td>28,105,389</td> <td>0.000000</td> <td>0</td> <td>22.00</td> </tr> <tr> <td>23.00 PSYCH CLINIC</td> <td>0.00</td> <td>0</td> <td>7,248,063</td> <td>0.000000</td> <td>0</td> <td>23.00</td> </tr> <tr> <td>23.01 TRANSPLANT CLINIC</td> <td>0.00</td> <td>0</td> <td>5,952,743</td> <td>0.000000</td> <td>0</td> <td>23.01</td> </tr> <tr> <td>23.02 OB CLINIC</td> <td>0.00</td> <td>0</td> <td>0</td> <td>0.000000</td> <td>0</td> <td>23.02</td> </tr> <tr> <td>23.03 EMERGENCY</td> <td>0.00</td> <td>0</td> <td>280,627,351</td> <td>0.000000</td> <td>0</td> <td>23.03</td> </tr> <tr> <td>24.00 OBSERVATION BEDS (NON-DISTINCT PART)</td> <td>0.00</td> <td>0</td> <td>48,738,693</td> <td>0.000000</td> <td>0</td> <td>24.00</td> </tr> <tr> <td>25.00 OBSERVATION BEDS-DISTINCT</td> <td>0.00</td> <td>0</td> <td>19,262,552</td> <td>0.000000</td> <td>0</td> <td>25.00</td> </tr> <tr> <td>26.00 OTHER OUTPATIENT SERVICE COST CENTER</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>26.00</td> </tr> <tr> <td>27.00 Subtotal (sum of lines 21 through 26)</td> <td>4.99</td> <td>0</td> <td></td> <td></td> <td></td> <td>27.00</td> </tr> <tr> <td>28.00 Total (sum of lines 20 and 27)</td> <td>100.00</td> <td>0</td> <td></td> <td></td> <td></td> <td>28.00</td> </tr> </tbody> </table>							Cost Center Description			Total Charges (from Worksheet C. Part I, column 8, lines 88 through 93)	Ratio of Cost to Charges (col. 2 ÷ col. 3)	Titles V and XIX Outpatient and Title XVIII Part B Charges Title V			1.00	2.00	3.00	4.00	5.00		Hospital Outpatient Services:							21.00 RURAL HEALTH CLINIC						21.00	22.00 FEDERALLY QUALIFIED HEALTH CENTER CLINIC	4.99	0	28,105,389	0.000000	0	22.00	23.00 PSYCH CLINIC	0.00	0	7,248,063	0.000000	0	23.00	23.01 TRANSPLANT CLINIC	0.00	0	5,952,743	0.000000	0	23.01	23.02 OB CLINIC	0.00	0	0	0.000000	0	23.02	23.03 EMERGENCY	0.00	0	280,627,351	0.000000	0	23.03	24.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.00	0	48,738,693	0.000000	0	24.00	25.00 OBSERVATION BEDS-DISTINCT	0.00	0	19,262,552	0.000000	0	25.00	26.00 OTHER OUTPATIENT SERVICE COST CENTER						26.00	27.00 Subtotal (sum of lines 21 through 26)	4.99	0				27.00	28.00 Total (sum of lines 20 and 27)	100.00	0				28.00														
Cost Center Description			Total Charges (from Worksheet C. Part I, column 8, lines 88 through 93)	Ratio of Cost to Charges (col. 2 ÷ col. 3)	Titles V and XIX Outpatient and Title XVIII Part B Charges Title V																																																																																																																	
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Cost Center Description	Expenses Allocated To cost centers on Worksheet B, Part I columns 21 and 22	Swing bed Amount	Net cost (column 1 plus column 2)	Total Inpatient Days - All Patients	Average Cost Per Day (col. 3 ÷ col. 4)																																																																																																																	
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APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet D-2
Date/Time Prepared:
1/30/2019 4:55 pm

Cost Center Description		Expenses Allocated To cost centers on Worksheet B, Part I columns 21 and 22	Swing bed Amount	Net cost (column 1 plus column 2)	Total Inpatient Days - All Patients	Average Cost Per Day (col. 3 ÷ col. 4)	
41.00	SKILLED NURSING FACILITY	1.00	2.00	3.00	4.00	5.00	
42.00	Total (sum of lines 37 through 41)	0		0			41.00 42.00
Cost Center Description		Not In Approved Teaching Program			In Approved Teaching Program		
		(from Part I:)		Amount	(from Part II, col. 7, -)		
		1.00		2.00	3.00		
PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)							
Hospital							
43.00	Inpatient	col. 9, line 9.00		0		line 37.00	43.00
44.00	Outpatient	col. 9, line 27.00		0			44.00
45.00	Total Hospital (sum of lines 43 and 44)			0			45.00
46.00	SUBPROVIDER - IPF	col. 9, line 10.00		0		col. 9, line 38.00	46.00
47.00	SUBPROVIDER - IRF						47.00
48.00	SUBPROVIDER						48.00
49.00	SKILLED NURSING FACILITY						49.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS	Provider CCN: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet D-2 Date/Time Prepared: 1/30/2019 4:55 pm
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Cost Center Description	Health Care Program Inpatient Days		Title V (col. 4 x col. 5)	Title XVIII (col. 4 x col. 6)	Title XIX (col. 4 x col. 7)	
	Title XVIII, Part B Only Less Part A Coverage but no Part B Coverage	Title XIX				
	6.00	7.00				
PART I - NOT IN APPROVED TEACHING PROGRAM						
1.00	Total cost of services rendered					1.00
Hospital Inpatient Routine Services:						
2.00	ADULTS & PEDIATRICS	51,212	10,190	0	0	0
3.00	INTENSIVE CARE UNIT	30,582	3,407	0	0	0
4.00	CORONARY CARE UNIT					
5.00	BURN INTENSIVE CARE UNIT					
6.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
7.00	SPECIAL CARE NURSERY	0	2,075	0	0	0
8.00	NURSERY		5,572	0	0	0
9.00	Subtotal (sum of lines 2 through 8)			0	0	0
10.00	SUBPROVIDER - IPF	4,994	578	0	0	0
11.00	SUBPROVIDER - IRF					
12.00	SUBPROVIDER					
13.00	SKILLED NURSING FACILITY					
14.00	NURSING FACILITY					
15.00	OTHER LONG TERM CARE					
16.00	HOME HEALTH AGENCY					
17.00	CMHC					
18.00	AMBULATORY SURGICAL CENTER (D.P.)					
19.00	HOSPICE					
20.00	Subtotal (sum of lines 9 through 19)					
Cost Center Description		Titles V and XIX Outpatient and Title XVIII Part B Charges		Titles V and XIX Outpatient and Title XVIII Part B Cost		
		Title XVIII Part B	Title XIX	Title V	Title XVIII Part B	Title XIX
		6.00	7.00	8.00	9.00	10.00
Hospital Outpatient Services:						
21.00	RURAL HEALTH CLINIC					
22.00	FEDERALLY QUALIFIED HEALTH CENTER					
23.00	CLINIC	11,228,112	0	0	0	0
23.01	PSYCH CLINIC	4,166,452	0	0	0	0
23.02	TRANSPLANT CLINIC	5,433,443	0	0	0	0
23.03	OB CLINIC	1,012	0	0	0	0
24.00	EMERGENCY	120,922,062	0	0	0	0
25.00	OBSERVATION BEDS (NON-DISTINCT PART	38,603,931	0	0	0	0
25.01	OBSERVATION BEDS-DISTINCT	8,260,329	0	0	0	0
26.00	OTHER OUTPATIENT SERVICE COST CENTER					
27.00	Subtotal (sum of lines 21 through 26)			0	0	0
28.00	Total (sum of lines 20 and 27)					
Cost Center Description		Title XVIII Part B Inpatient Days	Expenses Applicable to Title XVIII (col. 5 x col. 6)	PSA Adj. Interns & Residents		
		6.00	7.00	11.00		
PART II - IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)						
Hospital Inpatient Routine Services:						
29.00	ADULTS & PEDIATRICS	0	0	0		
30.00	Swing Bed - SNF	0	0			
31.00	Swing Bed - NF					
32.00	INTENSIVE CARE UNIT	0	0	0		
33.00	CORONARY CARE UNIT					
34.00	BURN INTENSIVE CARE UNIT					
35.00	SURGICAL INTENSIVE CARE UNIT	0	0	0		
36.00	SPECIAL CARE NURSERY	0	0	0		
37.00	Subtotal (sum of lines 29, and 32 through 36)	0	0	0		
38.00	SUBPROVIDER - IPF	0	0	0		
39.00	SUBPROVIDER - IRF					
40.00	SUBPROVIDER					
41.00	SKILLED NURSING FACILITY					
42.00	Total (sum of lines 37 through 41)		0	0		

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet D-2

Date/Time Prepared:
1/30/2019 4:55 pm

Cost Center Description	In Approved Teaching Program	Total Title XVIII Costs			
	Amount	(to Wkst. E, Part B -)	(col. 2 + col. 4)		
	4.00	5.00	6.00		
PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)					
Hospital					
43.00	Inpatient	0		0	43.00
44.00	Outpatient				44.00
45.00	Total Hospital (sum of lines 43 and 44)	0	line 22	0	45.00
46.00	SUBPROVIDER - IPF	0	line 22	0	46.00
47.00	SUBPROVIDER - IRF				47.00
48.00	SUBPROVIDER				48.00
49.00	SKILLED NURSING FACILITY				49.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet D-3 Date/Time Prepared: 1/30/2019 4:55 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		112,025,659		30.00
31.00	03100 INTENSIVE CARE UNIT		73,748,400		31.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	02060 SPECIAL CARE NURSERY		0		35.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.094419	206,841,775	19,529,794	50.00
51.00	05100 RECOVERY ROOM	0.224767	8,544,980	1,920,630	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.213376	316,631	67,561	52.00
53.00	05300 ANESTHESIOLOGY	0.060291	20,483,962	1,234,999	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.152259	40,688,208	6,195,146	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.081261	4,796,198	389,744	55.00
56.00	05600 RADIOISOTOPE	0.230392	3,914,205	901,802	56.00
57.00	05700 CT SCAN	0.032842	38,212,712	1,254,982	57.00
58.00	05800 MRI	0.078927	16,235,924	1,281,453	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.064454	18,793,248	1,211,300	59.00
59.01	03650 VASCULAR LAB	0.064162	5,303,540	340,286	59.01
59.02	03140 CARDIAC GRAPHICS	0.042485	26,836,041	1,140,129	59.02
59.03	03560 PULMONARY FUNCTION	0.075342	2,335,994	175,998	59.03
59.04	03290 EPS	0.109998	5,472,834	602,001	59.04
59.05	03340 GI	0.100210	5,819,158	583,138	59.05
60.00	06000 LABORATORY	0.129322	99,669,929	12,889,515	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.357788	13,651,255	4,884,255	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.229546	4,415,649	1,013,595	63.00
65.00	06500 RESPIRATORY THERAPY	0.212510	25,867,189	5,497,036	65.00
66.00	06600 PHYSICAL THERAPY	0.369868	5,790,430	2,141,695	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.441043	2,979,027	1,313,879	67.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.139017	10,813,476	1,503,257	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.480360	45,566,927	21,888,529	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.324255	80,804,963	26,201,413	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.289925	72,686,119	21,073,523	73.00
76.97	07697 CARDIAC REHABILITATION	0.185816	1,056	196	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.645211	106,700	68,844	90.00
90.01	09001 PSYCH CLINIC	0.780722	11,854	9,255	90.01
90.02	09002 TRANSPLANT CLINIC	0.881262	69,043	60,845	90.02
90.03	09003 OB CLINIC	0.000000	0	0	90.03
91.00	09100 EMERGENCY	0.104971	27,846,880	2,923,115	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.426904	10,450,856	4,461,512	92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	0.418611	3,483,619	1,458,281	92.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		808,810,382	144,217,708	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)		808,810,382		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2017 To 08/31/2018	Worksheet D-3 Date/Time Prepared: 1/30/2019 4:55 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	02060 SPECIAL CARE NURSERY		0		35.00
40.00	04000 SUBPROVIDER - IPF		5,847,094		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.094419	926	87	50.00
51.00	05100 RECOVERY ROOM	0.224767	402,756	90,526	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.213376	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.060291	71,700	4,323	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.152259	54,814	8,346	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.081261	0	0	55.00
56.00	05600 RADIOISOTOPE	0.230392	0	0	56.00
57.00	05700 CT SCAN	0.032842	120,346	3,952	57.00
58.00	05800 MRI	0.078927	102,726	8,108	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.064454	0	0	59.00
59.01	03650 VASCULAR LAB	0.064162	0	0	59.01
59.02	03140 CARDIAC GRAPHICS	0.042485	0	0	59.02
59.03	03560 PULMONARY FUNCTION	0.075342	0	0	59.03
59.04	03290 EPS	0.109998	0	0	59.04
59.05	03340 GI	0.100210	0	0	59.05
60.00	06000 LABORATORY	0.129322	390,763	50,534	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.357788	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.229546	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.212510	5,468	1,162	65.00
66.00	06600 PHYSICAL THERAPY	0.369868	15,119	5,592	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.441043	419,690	185,101	67.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.139017	21,420	2,978	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.480360	71,634	34,410	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.324255	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.289925	281,687	81,668	73.00
76.97	07697 CARDIAC REHABILITATION	0.185816	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.645211	575	371	90.00
90.01	09001 PSYCH CLINIC	0.780722	0	0	90.01
90.02	09002 TRANSPLANT CLINIC	0.881262	0	0	90.02
90.03	09003 OB CLINIC	0.000000	0	0	90.03
91.00	09100 EMERGENCY	0.104971	327,517	34,380	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.426904	8,145	3,477	92.00
92.01	09201 OBSERVATION BEDS-DISTINCT	0.418611	0	0	92.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		2,295,286	515,015	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		2,295,286		202.00

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

Provider CCN: 14-0281

Period: From 09/01/2017 To 08/31/2018

Worksheet D-4

Component CCN:

Date/Time Prepared: 1/30/2019 4:55 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
Kidney Hospital PPS							
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	247,976	1,250.93	108	135,100	1.00
2.00	INTENSIVE CARE UNIT	43.00	25,219	2,097.23	5	10,486	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	SPECIAL CARE NURSERY	47.00	0	1,346.28	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		273,195		113	145,586	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.094303	4,788,580	451,577	8.00
9.00	RECOVERY ROOM		51.00	0.224297	257,282	57,708	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.213328	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.059771	339,269	20,278	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.151777	208,919	31,709	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.081204	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.230392	904,190	208,318	14.00
15.00	CT SCAN		57.00	0.032745	1,032,352	33,804	15.00
16.00	MRI		58.00	0.078915	8,027	633	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.064247	126,271	8,113	17.00
17.01	VASCULAR LAB		59.01	0.064162	761	49	17.01
17.02	CARDIAC GRAPHICS		59.02	0.042384	26,557	1,126	17.02
17.03	PULMONARY FUNCTION		59.03	0.075297	1,725	130	17.03
17.04	EPS		59.04	0.109226	0	0	17.04
17.05	GI		59.05	0.099933	0	0	17.05
18.00	LABORATORY		60.00	0.129322	1,444,136	186,759	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0.357788	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.229546	1,646	378	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.212492	14,379	3,055	23.00
24.00	PHYSICAL THERAPY		66.00	0.369712	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.441043	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.000000	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.138536	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.480360	877,314	421,427	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.324255	4,950	1,605	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.289925	237,241	68,782	31.00
32.00	RENAL DIALYSIS		74.00	0.000000	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
34.97	CARDIAC REHABILITATION		76.97	0.184834	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.000000	0	0	34.98
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.643627	0	0	37.00
37.01	PSYCH CLINIC		90.01	0.780722	0	0	37.01
37.02	TRANSPLANT CLINIC		90.02	0.881262	291,826	257,175	37.02
37.03	OB CLINIC		90.03	0.000000	0	0	37.03
38.00	EMERGENCY		91.00	0.104664	7,484	783	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.426904	0	0	39.00
39.01	OBSERVATION BEDS-DISTINCT		92.01	0.418611	257	108	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				10,573,166	1,753,517	41.00

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

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

Provider CCN: 14-0281

Period: From 09/01/2017 To 08/31/2018

Worksheet D-4

Component CCN:

Date/Time Prepared: 1/30/2019 4:55 pm

		Kidney		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	108	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	5	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	SPECIAL CARE NURSERY	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			113	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
51.01	PSYCH CLINIC	23.01	0	0.000000	0	51.01	
51.02	TRANSPLANT CLINIC	23.02	291,826	0.000000	0	51.02	
51.03	OB CLINIC	23.03	0	0.000000	0	51.03	
52.00	EMERGENCY	24.00	7,484	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00	
53.01	OBSERVATION BEDS-DISTINCT	25.01	257	0.000000	0	53.01	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		299,567		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	1,899,103		10,846,361		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	15,744,630		14,752,451		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	17,643,733		25,598,812		61.00	
62.00	Total Usable Organs (see instructions)		262			62.00	
63.00	Medicare Usable Organs (see instructions)		137			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.522901			64.00	
65.00	Medicare Cost/Charges (see instructions)	9,225,926		13,385,644		65.00	
66.00	Revenue for Organs Sold	238,301		0		66.00	
67.00	Subtotal (line 65 minus line 66)	8,987,625		13,385,644		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	8,987,625	0	13,385,644	0	69.00	
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		122	19		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	121		73.00	
74.00	Total (sum of lines 70 through 73)		122	140		74.00	
75.00	Organs Transplanted		98	121	0	75.00	
76.00	Organs Sold to Other Hospitals		5	0	0	76.00	
77.00	Organs Sold to OPOs		19	19	0	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs Used for Research		0	0	0	82.00	
83.00	Unusable/Disarded Organs		0	0	0	83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		122	140		84.00	

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 (2) Organs procured outside your center by a procurement team from your center are included in the count.

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

Provider CCN: 14-0281

Period: From 09/01/2017 To 08/31/2018

Worksheet D-4

Component CCN:

Date/Time Prepared: 1/30/2019 4:55 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	42,455	1,250.93	18	22,517	1.00
2.00	INTENSIVE CARE UNIT	43.00	56,231	2,097.23	11	23,070	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	SPECIAL CARE NURSERY	47.00	0	1,346.28	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		98,686		29	45,587	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.094303	1,145,899	108,062	8.00
9.00	RECOVERY ROOM		51.00	0.224297	4,785	1,073	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.213328	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.059771	93,064	5,563	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.151777	19,568	2,970	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.081204	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.230392	1,866	430	14.00
15.00	CT SCAN		57.00	0.032745	25,800	845	15.00
16.00	MRI		58.00	0.078915	466,526	36,816	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.064247	6,886	442	17.00
17.01	VASCULAR LAB		59.01	0.064162	4,876	313	17.01
17.02	CARDIAC GRAPHICS		59.02	0.042384	11,625	493	17.02
17.03	PULMONARY FUNCTION		59.03	0.075297	4,385	330	17.03
17.04	EPS		59.04	0.109226	0	0	17.04
17.05	GI		59.05	0.099933	0	0	17.05
18.00	LABORATORY		60.00	0.129322	617,910	79,909	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0.357788	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.229546	5,096	1,170	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.212492	9,006	1,914	23.00
24.00	PHYSICAL THERAPY		66.00	0.369712	631	233	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.441043	466	206	25.00
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.000000	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.138536	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.480360	127,546	61,268	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.324255	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.289925	48,214	13,978	31.00
32.00	RENAL DIALYSIS		74.00	0.000000	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
34.97	CARDIAC REHABILITATION		76.97	0.184834	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.000000	0	0	34.98
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.643627	0	0	37.00
37.01	PSYCH CLINIC		90.01	0.780722	0	0	37.01
37.02	TRANSPLANT CLINIC		90.02	0.881262	31,238	27,529	37.02
37.03	OB CLINIC		90.03	0.000000	0	0	37.03
38.00	EMERGENCY		91.00	0.104664	312	33	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.426904	0	0	39.00
39.01	OBSERVATION BEDS-DISTINCT		92.01	0.418611	0	0	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				2,625,699	343,577	41.00

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

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

Provider CCN: 14-0281

Period: From 09/01/2017 To 08/31/2018

Worksheet D-4

Date/Time Prepared: 1/30/2019 4:55 pm

		Liver		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	18	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	11	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	SPECIAL CARE NURSERY	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			29	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
51.01	PSYCH CLINIC	23.01	0	0.000000	0	51.01	
51.02	TRANSPLANT CLINIC	23.02	31,238	0.000000	0	51.02	
51.03	OB CLINIC	23.03	0	0.000000	0	51.03	
52.00	EMERGENCY	24.00	312	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00	
53.01	OBSERVATION BEDS-DISTINCT	25.01	0	0.000000	0	53.01	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		31,550		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	389,164		2,724,385		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	8,011,339		5,627,768		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	8,400,503		8,352,153		61.00	
62.00	Total Usable Organs (see instructions)		119			62.00	
63.00	Medicare Usable Organs (see instructions)		32			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.268908			64.00	
65.00	Medicare Cost/Charges (see instructions)	2,258,962		2,245,961		65.00	
66.00	Revenue for Organs Sold	71,569		0		66.00	
67.00	Subtotal (line 65 minus line 66)	2,187,393		2,245,961		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,187,393	0	2,245,961	0	69.00	
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		18	91		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		1	9		73.00	
74.00	Total (sum of lines 70 through 73)		19	100		74.00	
75.00	Organs Transplanted		9	91	0	75.00	
76.00	Organs Sold to Other Hospitals		1	0	0	76.00	
77.00	Organs Sold to OPOs		9	9	0	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs Used for Research		0	0	0	82.00	
83.00	Unusable/Discarded Organs		0	0	0	83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		19	100		84.00	

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

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

Provider CCN: 14-0281

Period: From 09/01/2017 To 08/31/2018

Worksheet D-4

Component CCN:

Date/Time Prepared: 1/30/2019 4:55 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
Heart							
Hospital							
PPS							
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	1,810	1,250.93	1	1,251	1.00
2.00	INTENSIVE CARE UNIT	43.00	6,637	2,097.23	1	2,097	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	SPECIAL CARE NURSERY	47.00	0	1,346.28	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		8,447		2	3,348	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.094303	69,316	6,537	8.00
9.00	RECOVERY ROOM		51.00	0.224297	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.213328	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.059771	4,249	254	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.151777	3,761	571	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.081204	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.230392	0	0	14.00
15.00	CT SCAN		57.00	0.032745	5,226	171	15.00
16.00	MRI		58.00	0.078915	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.064247	0	0	17.00
17.01	VASCULAR LAB		59.01	0.064162	200	13	17.01
17.02	CARDIAC GRAPHICS		59.02	0.042384	6,905	293	17.02
17.03	PULMONARY FUNCTION		59.03	0.075297	8	1	17.03
17.04	EPS		59.04	0.109226	0	0	17.04
17.05	GI		59.05	0.099933	0	0	17.05
18.00	LABORATORY		60.00	0.129322	20,333	2,630	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0.357788	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.229546	433	99	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.212492	3,304	702	23.00
24.00	PHYSICAL THERAPY		66.00	0.369712	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.441043	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.000000	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.138536	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.480360	4,112	1,975	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.324255	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.289925	5,933	1,720	31.00
32.00	RENAL DIALYSIS		74.00	0.000000	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
34.97	CARDIAC REHABILITATION		76.97	0.184834	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.000000	0	0	34.98
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.643627	0	0	37.00
37.01	PSYCH CLINIC		90.01	0.780722	0	0	37.01
37.02	TRANSPLANT CLINIC		90.02	0.881262	0	0	37.02
37.03	OB CLINIC		90.03	0.000000	0	0	37.03
38.00	EMERGENCY		91.00	0.104664	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.426904	0	0	39.00
39.01	OBSERVATION BEDS-DISTINCT		92.01	0.418611	0	0	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				123,780	14,966	41.00

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

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

Provider CCN: 14-0281

Period: From 09/01/2017 To 08/31/2018

Worksheet D-4

Component CCN:

Date/Time Prepared: 1/30/2019 4:55 pm

		Heart		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	1	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	1	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	SPECIAL CARE NURSERY	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			2	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
51.01	PSYCH CLINIC	23.01	0	0.000000	0	51.01	
51.02	TRANSPLANT CLINIC	23.02	0	0.000000	0	51.02	
51.03	OB CLINIC	23.03	0	0.000000	0	51.03	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00	
53.01	OBSERVATION BEDS-DISTINCT	25.01	0	0.000000	0	53.01	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		0	0	0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	18,314		132,227		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	5,157,442		3,339,354		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	5,175,756		3,471,581		61.00	
62.00	Total Usable Organs (see instructions)		54			62.00	
63.00	Medicare Usable Organs (see instructions)		15			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.277778			64.00	
65.00	Medicare Cost/Charges (see instructions)	1,437,711		964,329		65.00	
66.00	Revenue for Organs Sold	11,919		0		66.00	
67.00	Subtotal (line 65 minus line 66)	1,425,792		964,329		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,425,792	0	964,329	0	69.00	
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	5		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	49		73.00	
74.00	Total (sum of lines 70 through 73)		0	54		74.00	
75.00	Organs Transplanted		0	48	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	5	0	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs Used for Research		0	1		82.00	
83.00	Unusable/Disarded Organs		0	0		83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	54		84.00	

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

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

Provider CCN: 14-0281

Period: From 09/01/2017 To 08/31/2018

Worksheet D-4

Component CCN:

Date/Time Prepared: 1/30/2019 4:55 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
Lung Hospital PPS							
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	2,896	1,250.93	1	1,251	1.00
2.00	INTENSIVE CARE UNIT	43.00	10,619	2,097.23	2	4,194	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	SPECIAL CARE NURSERY	47.00	0	1,346.28	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		13,515		3	5,445	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.094303	110,905	10,459	8.00
9.00	RECOVERY ROOM		51.00	0.224297	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.213328	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.059771	6,798	406	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.151777	6,018	913	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.081204	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.230392	0	0	14.00
15.00	CT SCAN		57.00	0.032745	8,362	274	15.00
16.00	MRI		58.00	0.078915	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.064247	0	0	17.00
17.01	VASCULAR LAB		59.01	0.064162	320	21	17.01
17.02	CARDIAC GRAPHICS		59.02	0.042384	11,049	468	17.02
17.03	PULMONARY FUNCTION		59.03	0.075297	13	1	17.03
17.04	EPS		59.04	0.109226	0	0	17.04
17.05	GI		59.05	0.099933	0	0	17.05
18.00	LABORATORY		60.00	0.129322	32,533	4,207	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0.357788	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.229546	693	159	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.212492	5,286	1,123	23.00
24.00	PHYSICAL THERAPY		66.00	0.369712	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.441043	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.000000	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.138536	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.480360	6,579	3,160	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.324255	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.289925	9,492	2,752	31.00
32.00	RENAL DIALYSIS		74.00	0.000000	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
34.97	CARDIAC REHABILITATION		76.97	0.184834	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.000000	0	0	34.98
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.643627	0	0	37.00
37.01	PSYCH CLINIC		90.01	0.780722	0	0	37.01
37.02	TRANSPLANT CLINIC		90.02	0.881262	0	0	37.02
37.03	OB CLINIC		90.03	0.000000	0	0	37.03
38.00	EMERGENCY		91.00	0.104664	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.426904	0	0	39.00
39.01	OBSERVATION BEDS-DISTINCT		92.01	0.418611	0	0	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				198,048	23,943	41.00

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

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

Provider CCN: 14-0281

Period: From 09/01/2017 To 08/31/2018

Worksheet D-4

Component CCN:

Date/Time Prepared: 1/30/2019 4:55 pm

		Lung		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	1	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	2	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	SPECIAL CARE NURSERY	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			3	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
51.01	PSYCH CLINIC	23.01	0	0.000000	0	51.01	
51.02	TRANSPLANT CLINIC	23.02	0	0.000000	0	51.02	
51.03	OB CLINIC	23.03	0	0.000000	0	51.03	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00	
53.01	OBSERVATION BEDS-DISTINCT	25.01	0	0.000000	0	53.01	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	29,388		211,563		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	3,579,996		1,745,349		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	3,609,384		1,956,912		61.00	
62.00	Total Usable Organs (see instructions)		32			62.00	
63.00	Medicare Usable Organs (see instructions)		16			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.500000			64.00	
65.00	Medicare Cost/Charges (see instructions)	1,804,692		978,456		65.00	
66.00	Revenue for Organs Sold	19,090		0		66.00	
67.00	Subtotal (line 65 minus line 66)	1,785,602		978,456		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,785,602	0	978,456	0	69.00	
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	8		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	24		73.00	
74.00	Total (sum of lines 70 through 73)		0	32		74.00	
75.00	Organs Transplanted		0	24	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	8	0	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs Used for Research		0	0	0	82.00	
83.00	Unusable/Discarded Organs		0	0	0	83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	32		84.00	

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

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

Provider CCN: 14-0281

Period: From 09/01/2017 To 08/31/2018

Worksheet D-4

Component CCN:

Date/Time Prepared: 1/30/2019 4:55 pm

Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	3,379	1,250.93	1	1,251	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,097.23	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	SPECIAL CARE NURSERY	47.00	0	1,346.28	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		3,379		1	1,251	7.00
Cost Center Description			Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
			0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.094303	27,726	2,615	8.00
9.00	RECOVERY ROOM		51.00	0.224297	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.213328	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.059771	1,699	102	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.151777	1,505	228	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.081204	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.230392	0	0	14.00
15.00	CT SCAN		57.00	0.032745	2,090	68	15.00
16.00	MRI		58.00	0.078915	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.064247	0	0	17.00
17.01	VASCULAR LAB		59.01	0.064162	80	5	17.01
17.02	CARDIAC GRAPHICS		59.02	0.042384	2,762	117	17.02
17.03	PULMONARY FUNCTION		59.03	0.075297	3	0	17.03
17.04	EPS		59.04	0.109226	0	0	17.04
17.05	GI		59.05	0.099933	0	0	17.05
18.00	LABORATORY		60.00	0.129322	13,997	1,810	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL		62.00	0.357788	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.229546	173	40	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.212492	1,322	281	23.00
24.00	PHYSICAL THERAPY		66.00	0.369712	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.441043	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.000000	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.138536	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0.480360	1,644	790	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.324255	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.289925	2,373	688	31.00
32.00	RENAL DIALYSIS		74.00	0.000000	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
34.97	CARDIAC REHABILITATION		76.97	0.184834	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY		76.98	0.000000	0	0	34.98
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.643627	0	0	37.00
37.01	PSYCH CLINIC		90.01	0.780722	0	0	37.01
37.02	TRANSPLANT CLINIC		90.02	0.881262	5,600	4,935	37.02
37.03	OB CLINIC		90.03	0.000000	0	0	37.03
38.00	EMERGENCY		91.00	0.104664	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.426904	0	0	39.00
39.01	OBSERVATION BEDS-DISTINCT		92.01	0.418611	0	0	39.01
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8 through 40)				60,974	11,679	41.00

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

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

Provider CCN: 14-0281

Period: From 09/01/2017 To 08/31/2018

Worksheet D-4

Component CCN:

Date/Time Prepared: 1/30/2019 4:55 pm

		Pancreas		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	1	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	SPECIAL CARE NURSERY	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			1	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
51.01	PSYCH CLINIC	23.01	0	0.000000	0	51.01	
51.02	TRANSPLANT CLINIC	23.02	5,600	0.000000	0	51.02	
51.03	OB CLINIC	23.03	0	0.000000	0	51.03	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00	
53.01	OBSERVATION BEDS-DISTINCT	25.01	0	0.000000	0	53.01	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		5,600	0	0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	12,930		64,353		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	1,416,770		1,684,347		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	1,429,700		1,748,700		61.00	
62.00	Total Usable Organs (see instructions)		18			62.00	
63.00	Medicare Usable Organs (see instructions)		10			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.555556			64.00	
65.00	Medicare Cost/Charges (see instructions)	794,278		971,501		65.00	
66.00	Revenue for Organs Sold	74,202		0		66.00	
67.00	Subtotal (line 65 minus line 66)	720,076		971,501		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	720,076	0	971,501	0	69.00	
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	2		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	16		73.00	
74.00	Total (sum of lines 70 through 73)		0	18		74.00	
75.00	Organs Transplanted		0	16	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	2	0	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs Used for Research		0	0	0	82.00	
83.00	Unusable/Discarded Organs		0	0	0	83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	18		84.00	

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet E Part A Date/Time Prepared: 1/30/2019 4:55 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		12,566,959	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		138,236,557	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)		14,974,908	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		29,673,834	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		857.71	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)		385.52	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)		1.11	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)		32.55	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)		419.18	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		558.74	10.00
11.00	FTE count for residents in dental and podiatric programs.		3.06	11.00
12.00	Current year allowable FTE (see instructions)		422.24	12.00
13.00	Total allowable FTE count for the prior year.		333.28	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.		333.28	14.00
15.00	Sum of lines 12 through 14 divided by 3.		362.93	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		362.93	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.423138	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.388253	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.388253	21.00
22.00	IME payment adjustment (see instructions)		28,927,130	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		5,692,035	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		139.56	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		28,927,130	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		5,692,035	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.88	30.00
31.00	Percentage of Medicaid patient days (see instructions)		18.69	31.00
32.00	Sum of lines 30 and 31		24.57	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.20	33.00
34.00	Disproportionate share adjustment (see instructions)		3,468,481	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet E Part A Date/Time Prepared: 1/30/2019 4:55 pm	
		Title XVIII	Hospital	PPS	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		7,892,127	8,479,578	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		648,670	7,782,625	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		8,431,295		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
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		206,605,330		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)			212,297,365	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			16,206,456	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).			7,248,009	52.00
53.00	Nursing and Allied Health Managed Care payment			112,605	53.00
54.00	Special add-on payments for new technologies			111,531	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)			15,106,488	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			41,548	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			543,005	58.00
59.00	Total (sum of amounts on lines 49 through 58)			251,667,007	59.00
60.00	Primary payer payments			89,235	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			251,577,772	61.00
62.00	Deductibles billed to program beneficiaries			9,988,752	62.00
63.00	Coinurance billed to program beneficiaries			1,570,281	63.00
64.00	Allowable bad debts (see instructions)			1,977,721	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			1,285,519	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,640,926	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			241,304,258	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	RECONCILIATION			0	70.00
70.01	OTHER ADJUSTMENTS			0	70.01
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			1,098,913	70.93
70.94	HRR adjustment amount (see instructions)			-51,491	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet E Part A Date/Time Prepared: 1/30/2019 4:55 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)		Amount	
		0		1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			2,296,628	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			240,055,052	71.00
71.01	Sequestration adjustment (see instructions)			4,801,101	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			232,686,923	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)			2,567,028	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			14,636,388	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	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	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/30/2019 4:55 pm

		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	12,566,959	0	12,566,959		12,566,959	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	138,236,557	0		150,803,516	150,803,516	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	14,974,908	0	0	14,974,908	14,974,908	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	29,673,834	0	0	29,673,834	29,673,834	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.388253	0.388253	0.388253	0.388253		5.00
6.00	IME payment adjustment (see instructions)	22.00	28,927,130	0	2,410,594	26,516,536	28,927,130	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	5,692,035	0	0	5,692,035	5,692,035	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	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	28,927,130	0	2,410,594	26,516,536	28,927,130	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	5,692,035	0	0	5,692,035	5,692,035	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0920	0.0920	0.0920	0.0920		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,468,481	0	289,040	3,179,441	3,468,481	11.00
11.01	Uncompensated care payments	36.00	8,431,295	0	827,144	7,730,908	8,558,052	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	206,605,330	0	16,093,737	190,511,593	206,605,330	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	212,297,365	0	16,093,737	196,203,628	212,297,365	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	16,206,456	0	0	16,206,456	16,206,456	16.00
17.00	Special add-on payments for new technologies	54.00	111,531	0	0	111,531	111,531	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: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/30/2019 4:55 pm

		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	16,093,737	212,521,615	228,615,352	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	12,275,855	0	0	12,275,855	12,275,855	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	1,309,706	0	0	1,309,706	1,309,706	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	0.1624	0.1624	0.1624	0.1624		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,993,599	0	0	1,993,599	1,993,599	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0511	0.0511	0.0511	0.0511		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	627,296	0	0	627,296	627,296	25.00
26.00	Total prospective capital payments (see instructions)	12.00	16,206,456	0	0	16,206,456	16,206,456	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: 14-0281		Period: From 09/01/2017 To 08/31/2018		Worksheet E Part A Exhibit 5 Date/Time Prepared: 1/30/2019 4:55 pm	
		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 (col s. 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	12,566,959	12,566,959		12,566,959	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	138,236,557		138,236,557	138,236,557	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	14,974,908	0	14,974,908	14,974,908	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	29,673,834	0	29,673,834	29,673,834	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.388253	0.388253	0.388253		5.00
6.00	IME payment adjustment (see instructions)	22.00	28,927,130	2,410,594	26,516,536	28,927,130	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	5,692,035	0	5,692,035	5,692,035	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	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	28,927,130	2,410,594	26,516,536	28,927,130	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	5,692,035	0	5,692,035	5,692,035	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0920	0.0920	0.0920		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,468,481	289,040	3,179,441	3,468,481	11.00
11.01	Uncompensated care payments	36.00	8,431,295	648,670	7,782,625	8,431,295	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	206,605,330	15,915,263	190,690,067	206,605,330	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	212,297,365	15,915,263	196,382,102	212,297,365	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	16,206,456	0	16,206,456	16,206,456	16.00
17.00	Special add-on payments for new technologies	54.00	111,531	0	111,531	111,531	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			15,915,263	212,700,089	228,615,352	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
1/30/2019 4:55 pm

		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	12,275,855	0	12,275,855	12,275,855	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	1,309,706	0	1,309,706	1,309,706	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	0.1624	0.1624	0.1624		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	1,993,599	0	1,993,599	1,993,599	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0511	0.0511	0.0511		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	627,296	0	627,296	627,296	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	16,206,456	0	16,206,456	16,206,456	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	1,098,913	0	1,098,913	1,098,913	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	-51,491	0	-51,491	-51,491	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		159,153	2,137,475	2,296,628	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet E Part B Date/Time Prepared: 1/30/2019 4:55 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		70,537	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		114,058,441	2.00
3.00	OPPS payments		99,841,677	3.00
4.00	Outlier payment (see instructions)		800,988	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.820	5.00
6.00	Line 2 times line 5		93,527,922	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		847,142	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		70,537	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		260,676	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)		260,676	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		260,676	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		190,139	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)		70,537	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)		101,489,807	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		7,768	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		18,101,210	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)		83,451,366	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		3,186,306	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)		86,637,672	30.00
31.00	Primary payer payments		12,837	31.00
32.00	Subtotal (line 30 minus line 31)		86,624,835	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)		3,024,034	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,965,622	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		2,604,986	36.00
37.00	Subtotal (see instructions)		88,590,457	37.00
38.00	MSP-LCC reconciliation amount from PS&R		519	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		88,589,938	40.00
40.01	Sequestration adjustment (see instructions)		1,771,799	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		86,255,299	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		562,840	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,725,687	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: 14-0281 Component CCN: 14-S281	Period: From 09/01/2017 To 08/31/2018	Worksheet E Part B Date/Time Prepared: 1/30/2019 4:55 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		363,156	2.00
3.00	OPPS payments		64	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		1,884	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		1,948	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)		13	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)		1,935	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)		1,935	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,935	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)		729	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		474	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		225	36.00
37.00	Subtotal (see instructions)		2,409	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		2,409	40.00
40.01	Sequestration adjustment (see instructions)		48	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		50	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		2,311	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: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet E-1
Part I
Date/Time Prepared:
1/30/2019 4:55 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		211,287,118		80,914,932	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		22,180,884		5,370,490	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	08/27/2018	781,079	08/27/2018	30,123	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)		-781,079		-30,123	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)		232,686,923		86,255,299	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		2,567,028		562,840	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		235,253,951		86,818,139	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: 14-0281
Component CCN: 14-S281

Period:
From 09/01/2017
To 08/31/2018

Worksheet E-1
Part I
Date/Time Prepared:
1/30/2019 4:55 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,248,395		50	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)		2,248,395		50	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		57,892		2,311	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,306,287		2,361	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: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet E-1 Part II Date/Time Prepared: 1/30/2019 4:55 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2017 To 08/31/2018	Worksheet E-3 Part II Date/Time Prepared: 1/30/2019 4:55 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			2,231,217 1.00
2.00	Net IPF PPS Outlier Payments			246,066 2.00
3.00	Net IPF PPS ECT Payments			56,739 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)			2.29 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			27.627397 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line } 8/\text{line } 9))) \text{ raised to the power of } .5150 - 1\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			2,534,022 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			2,534,022 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			2,534,022 18.00
19.00	Deductibles			106,288 19.00
20.00	Subtotal (line 18 minus line 19)			2,427,734 20.00
21.00	Coinsurance			133,453 21.00
22.00	Subtotal (line 20 minus line 21)			2,294,281 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			85,986 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			55,891 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			51,221 25.00
26.00	Subtotal (sum of lines 22 and 24)			2,350,172 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)			3,182 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)			2,353,354 31.00
31.01	Sequestration adjustment (see instructions)			47,067 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			2,248,395 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)			57,892 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			246,066 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: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet E-3 Part VII Date/Time Prepared: 1/30/2019 4:55 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		24,376,779		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		24,376,779	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		24,376,779	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		24,376,779	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		24,376,779	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0281 Component CCN: 14-S281	Period: From 09/01/2017 To 08/31/2018	Worksheet E-3 Part VII Date/Time Prepared: 1/30/2019 4:55 pm
		Title XIX	Subprovider - IPF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	604,594		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	604,594	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	604,594	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	604,594	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	604,594	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet E-4 Date/Time Prepared: 1/30/2019 4:55 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			318.27	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			1.11	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)			36.76	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)			356.14	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			561.51	6.00
7.00	Enter the lesser of line 5 or line 6			356.14	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.	141.58	371.30	512.88	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.	89.80	235.50	325.30	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		3.06		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	89.80	238.56		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	90.01	239.58		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	93.30	244.22		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	91.04	240.79		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	91.04	240.79		17.00
18.00	Per resident amount	104,799.08	100,023.82		18.00
19.00	Approved amount for resident costs	9,540,908	24,084,736	33,625,644	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)			2.61	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			205.37	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			2.38	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			101,646.00	23.00
24.00	Multiply line 22 time line 23			241,917	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			33,867,561	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	69,573	11,715		26.00
27.00	Total Inpatient Days (see instructions)	258,470	258,470		27.00
28.00	Ratio of inpatient days to total inpatient days	0.269172	0.045324		28.00
29.00	Program direct GME amount	9,116,199	1,535,013		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		216,897		30.00
31.00	Net Program direct GME amount			10,434,315	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet E-4 Date/Time Prepared: 1/30/2019 4:55 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		247,323,956	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		15,106,488	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		89,235	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		262,341,209	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		115,341,160	42.00
43.00	Primary payer payments (see instructions)		12,837	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		115,328,323	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		377,669,532	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.694632	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.305368	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		10,434,315	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		7,248,009	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		3,186,306	50.00

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

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet G

Date/Time Prepared:
1/30/2019 4:55 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	37	4,201,048	10,157,995	0	1.00
2.00	Temporary investments	149,315,193	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	423,485,643	0	0	0	4.00
5.00	Other receivable	13,555,310	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-84,068,110	0	0	0	6.00
7.00	Inventory	43,186,305	0	0	0	7.00
8.00	Prepaid expenses	4,770,044	0	0	0	8.00
9.00	Other current assets	55,857,333	0	0	0	9.00
10.00	Due from other funds	22,547,496	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	628,649,251	4,201,048	10,157,995	0	11.00
FIXED ASSETS						
12.00	Land	208,945,354	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	2,032,285,034	0	0	0	15.00
16.00	Accumulated depreciation	-1,100,655,694	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	383,882,138	0	0	0	19.00
20.00	Accumulated depreciation	-281,984,892	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	0	0	0	0	23.00
24.00	Accumulated depreciation	0	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)	1,242,471,940	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,748,001,853	222,211	1,000,000	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	4	0	0	0	33.00
34.00	Other assets	368,740,686	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	2,116,742,543	222,211	1,000,000	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	3,987,863,734	4,423,259	11,157,995	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	43,750,371	0	0	0	37.00
38.00	Salaries, wages, and fees payable	44,437,306	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	6,520,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	250,987,985	0	0	0	43.00
44.00	Other current liabilities	141,573,902	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	487,269,564	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	46,263,728	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	856,065,664	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	902,329,392	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	1,389,598,956	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	2,598,264,778				52.00
53.00	Specific purpose fund		4,423,259			53.00
54.00	Donor created - endowment fund balance - restricted			11,157,995		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)	2,598,264,778	4,423,259	11,157,995	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	3,987,863,734	4,423,259	11,157,995	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet G-1

Date/Time Prepared:
1/30/2019 4:55 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		2,457,183,519		4,201,048		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		186,125,663				2.00
3.00	Total (sum of line 1 and line 2)		2,643,309,182		4,201,048		3.00
4.00	NET ASSETS RELEASE PROPERTY & EQUIP	140,830		0		0	4.00
5.00	INVESTMENT INCOME - REALIZED GAINS	0		547,485		0	5.00
6.00	POST RETIRE BENE RELATED PENS COST	25,683,755		0		0	6.00
7.00	CHGE IN VALUE OF SPLIT INTER/AGGREE	61		340,416		0	7.00
8.00	GIFTS, GRANTS OTHER REVENUE	0		3,394,620		1,000,000	8.00
9.00	DISTRIBUTIONS TO/FRM AFFILIATES	4,660		19,544,089		0	9.00
10.00	Total additions (sum of line 4-9)		25,829,306		23,826,610		10.00
11.00	Subtotal (line 3 plus line 10)		2,669,138,488		28,027,658		11.00
12.00	INTERCOMPANY SETTLEMENT	70,873,710		0		0	12.00
13.00	CHANGE IN VALUE OF SPLIT INT AGREEM	0		0		0	13.00
14.00	NET TRANSFERS TO AFFILIATES	0		0		0	14.00
15.00	FOR OPERATING EXPENSES	0		23,463,569		0	15.00
16.00	FOR PROPERTY AND EQUI ADDITIONS	0		140,830		0	16.00
17.00	OTHER	0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		70,873,710		23,604,399		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		2,598,264,778		4,423,259		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	10,157,995		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)	10,157,995		0			3.00
4.00	NET ASSETS RELEASE PROPERTY & EQUIP		0				4.00
5.00	INVESTMENT INCOME - REALIZED GAINS		0				5.00
6.00	POST RETIRE BENE RELATED PENS COST		0				6.00
7.00	CHGE IN VALUE OF SPLIT INTER/AGGREE		0				7.00
8.00	GIFTS, GRANTS OTHER REVENUE		0				8.00
9.00	DISTRIBUTIONS TO/FRM AFFILIATES		0				9.00
10.00	Total additions (sum of line 4-9)	1,000,000		0			10.00
11.00	Subtotal (line 3 plus line 10)	11,157,995		0			11.00
12.00	INTERCOMPANY SETTLEMENT		0				12.00
13.00	CHANGE IN VALUE OF SPLIT INT AGREEM		0				13.00
14.00	NET TRANSFERS TO AFFILIATES		0				14.00
15.00	FOR OPERATING EXPENSES		0				15.00
16.00	FOR PROPERTY AND EQUI ADDITIONS		0				16.00
17.00	OTHER		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)	11,157,995		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet G-2
Parts I & II
Date/Time Prepared:
1/30/2019 4:55 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	613,992,542		613,992,542	1.00
2.00	SUBPROVIDER - IPF	23,460,814		23,460,814	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0	0	0	5.00
6.00	Swing bed - NF	0	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)	637,453,356		637,453,356	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	146,307,688		146,307,688	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	SPECIAL CARE NURSERY	0		0	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	146,307,688		146,307,688	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	783,761,044		783,761,044	17.00
18.00	Ancillary services	2,592,436,388	0	2,592,436,388	18.00
19.00	Outpatient services	0	3,371,317,884	3,371,317,884	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	3,376,197,432	3,371,317,884	6,747,515,316	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,907,882,728		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00	BAD DEBT	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)** NON OPERATING	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,907,882,728		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0281

Period:
From 09/01/2017
To 08/31/2018

Worksheet G-3

Date/Time Prepared:
1/30/2019 4:55 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	6,747,515,316	1.00
2.00	Less contractual allowances and discounts on patients' accounts	5,001,547,550	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,745,967,766	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,907,882,728	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-161,914,962	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	4,468,285	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	10,529,880	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	265,191	14.00
15.00	Revenue from rental of living quarters	2,082,274	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.)	215,715	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	319,279	21.00
22.00	Rental of hospital space	62,787,614	22.00
23.00	Governmental appropriations	100,033,662	23.00
24.00	OTHER REVENUE, SHARED, NET ASSETS,	13,530,749	24.00
24.11	SHARED, TELECOM, OTHER	153,807,976	24.11
25.00	Total other income (sum of lines 6-24)	348,040,625	25.00
26.00	Total (line 5 plus line 25)	186,125,663	26.00
27.00	OTHER EXPENSES	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	186,125,663	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0281	Period: From 09/01/2017 To 08/31/2018	Worksheet L Parts I-III Date/Time Prepared: 1/30/2019 4:55 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		12,275,855	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		1,309,706	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)		680.51	3.00
4.00	Number of interns & residents (see instructions)		362.93	4.00
5.00	Indirect medical education percentage (see instructions)		16.24	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		1,993,599	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.88	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		18.69	8.00
9.00	Sum of lines 7 and 8		24.57	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.11	10.00
11.00	Disproportionate share adjustment (see instructions)		627,296	11.00
12.00	Total prospective capital payments (see instructions)		16,206,456	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