

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: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet S Parts I-III Date/Time Prepared: 9/25/2018 8:35 am
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 9/25/2018 Time: 8:35 am
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

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

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by GENESIS MEDICAL CENTER - DAVENPORT (16-0033) for the cost reporting period beginning 07/01/2017 and ending 06/30/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

VICE PRESIDENT, FINANCE/CFO
 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	473,131	198,774	0	0	1.00
2.00 Subprovider - IPF	0	27,746	0		0	2.00
3.00 Subprovider - IRF	0	12,079	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	512,956	198,774	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 16-0033		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part I Date/Time Prepared: 9/25/2018 8:33 am			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00 Street: 1227 EAST RUSHOLME		PO Box:									
2.00 City: DAVENPORT		State: IA		Zip Code: 52803-		County: SCOTT					
		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		GENESIS MEDICAL CENTER - DAVENPORT		160033	19340	1	07/01/1984	N	P	O	3.00
4.00 Subprovider - IPF		GMC PSYCH		16S033	19340	4	07/01/1984	N	P	N	4.00
5.00 Subprovider - IRF		GMC REHABILITATION		16T033	19340	5	07/01/1984	N	P	N	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)							07/01/2017	06/30/2018		20.00	
21.00 Type of Control (see instructions)							2			21.00	
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		22.03	
23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.								3	N		23.00
		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.		1,645	749	376	358	11,984	15		24.00		
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.		256	17	15	7	530			25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 9/25/2018 8:33 am			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.		1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.		1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.		0				35.00
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.		0				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.						37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)		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) or (ii)? 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) or (ii)? 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	N		40.00	
		V	XVIII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)		N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.		N	N		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		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.		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 Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)		Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.00	1	60.01	
		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		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	

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	Y/N	IME	Direct GME	IME	Direct GME			
	1.00	2.00	3.00	4.00	5.00			
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.						61.10	0.00 0.00
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.						61.20	0.00 0.00
							1.00	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>								
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						62.00	0.00
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)						62.01	0.00
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>								
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)						63.00	Y
			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)						64.00	0.00 0.00 0.000000
		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		

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
					1.00	2.00	3.00	
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)	GENESIS FAMILY MEDICINE RESIDENCY	1350	6.71	9.47	0.414710		65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
			1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000		66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
					1.00	2.00	3.00	
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)	GENESIS FAMILY MEDICINE RESIDENCY	1350	3.18	15.40	0.171152		67.00
					1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	N	0	71.00
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	N	0	76.00

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				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00	
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00	
			V	XIX		
			1.00	2.00		
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.06	
Rural Providers						
105.00	Does this hospital qualify as a CAH?		N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.		N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00	
			Physical	Occupational	Speech	Respiratory
			1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	N	N
				1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N		110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 9/25/2018 8:33 am		
		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			
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	372,549	0			118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		H55790		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part I Date/Time Prepared: 9/25/2018 8:33 am			
1.00	2.00	3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: GENESIS HEALTH SYSTEM	Contractor's Name: WPS		Contractor's Number: 05001		141.00	
142.00	Street: 1227 EAST RUSHOLME STREET	PO Box:				142.00	
143.00	City: DAVENPORT	State: IA	Zip Code: 52803-2459			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.					N	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						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		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC		N	N	N		
						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
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.00	169.00
		Beginning	Ending				
		1.00	2.00				
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			10/01/2016	09/30/2017	170.00	
						1.00	
						2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 16-0033		Period: From 07/01/2017 To 06/30/2018		Worksheet S-2 Part II Date/Time Prepared: 9/25/2018 8:33 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	11/01/2018		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.	N				8.00	
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y				9.00	
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N				10.00	
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N				11.00	
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y		12.00	
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N		13.00	
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N		14.00	
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y		15.00	
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N		16.00	
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	09/06/2018	Y	09/06/2018	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: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet S-2 Part II Date/Time Prepared: 9/25/2018 8:33 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		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			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			Y	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			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			Y	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MARTY		ORWI TZ	41.00
42.00	Enter the employer/company name of the cost report preparer.	GENESIS HEALTH SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	563-421-4175		ORWI TZM@GENESISHEALTH.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-2
Part II
Date/Time Prepared:
9/25/2018 8:33 am

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT DIRECTOR	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: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-3
Part I
Date/Time Prepared:
9/25/2018 8:33 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	193	70,445	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)		193	70,445	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	36	13,140	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
9.01 NICU	32.01	20	7,300	0.00	0	9.01
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		249	90,885	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	36	13,140		0	16.00
17.00 SUBPROVIDER - IRF	41.00	34	12,410		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		319				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-3
Part I
Date/Time Prepared:
9/25/2018 8:33 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	23,633	1,545	54,863			1.00
2.00 HMO and other (see instructions)	8,934	10,389				2.00
3.00 HMO IPF Subprovider	64	1,518				3.00
4.00 HMO IRF Subprovider	653	530				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	23,633	1,545	54,863			7.00
8.00 INTENSIVE CARE UNIT	2,763	77	4,896			8.00
9.00 CORONARY CARE UNIT						9.00
9.01 NICU	0	117	2,421			9.01
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		2,999	3,447			13.00
14.00 Total (see instructions)	26,396	4,738	65,627	18.33	1,309.06	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	711	302	3,641	0.25	44.19	16.00
17.00 SUBPROVIDER - IRF	3,116	295	5,791	0.00	33.64	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0	0	0	0.00	0.00	27.00
28.00 Observation Bed Days		121	4,767			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			558			30.00
31.00 Employee discount days - IRF			27			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-3
Part I
Date/Time Prepared:
9/25/2018 8:33 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	6,534	3,791	17,147	1.00
2.00 HMO and other (see instructions)				1,911	3,247		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
9.01 NICU							9.01
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	6,534	3,791		17,147	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	117	78		939	16.00
17.00 SUBPROVIDER - IRF	0.00	0	269	24		463	17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER							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: 16-0033		Period: From 07/01/2017 To 06/30/2018		Worksheet S-3 Part II Date/Time Prepared: 9/25/2018 8:33 am	
	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	92,598,624	0	92,598,624	2,872,190.00	32.24	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		1,179,859	0	1,179,859	39,520.00	29.85	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		4,853,140	-1,176,458	3,676,682	135,620.00	27.11	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		5,193,504	0	5,193,504	91,488.00	56.77	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		527,301	0	527,301	5,089.00	103.62	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		34,859,294	0	34,859,294	761,759.00	45.76	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		16,461,116	0	16,461,116			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		653,059	0	653,059			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		4,389,600	0	4,389,600			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	4,694,031	-1,164,748	3,529,283	74,736.00	47.22	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-3
Part II
Date/Time Prepared:
9/25/2018 8:33 am

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		2,118,280	0	2,118,280	10,588.00	200.06	28.00
29.00	Maintenance & Repairs	6.00	1,915,402	0	1,915,402	80,491.00	23.80	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	73,758	0	73,758	5,973.00	12.35	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		2,730,137	0	2,730,137	84,661.00	32.25	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		766,287	0	766,287	36,164.00	21.19	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,665,604	0	1,665,604	72,668.00	22.92	38.00
39.00	Central Services and Supply	14.00	590,304	0	590,304	38,510.00	15.33	39.00
40.00	Pharmacy	15.00	5,714,884	0	5,714,884	135,909.00	42.05	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet S-3
Part III
Date/Time Prepared:
9/25/2018 8:33 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	97,033,469	0	97,033,469	2,964,083.00	32.74	1.00
2.00	Excluded area salaries (see instructions)	4,853,140	-1,176,458	3,676,682	135,620.00	27.11	2.00
3.00	Subtotal salaries (line 1 minus line 2)	92,180,329	1,176,458	93,356,787	2,828,463.00	33.01	3.00
4.00	Subtotal other wages & related costs (see inst.)	40,580,099	0	40,580,099	858,336.00	47.28	4.00
5.00	Subtotal wage-related costs (see inst.)	20,850,716	0	20,850,716	0.00	22.33	5.00
6.00	Total (sum of lines 3 thru 5)	153,611,144	1,176,458	154,787,602	3,686,799.00	41.98	6.00
7.00	Total overhead cost (see instructions)	20,268,687	-1,164,748	19,103,939	539,700.00	35.40	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet S-3 Part IV Date/Time Prepared: 9/25/2018 8:33 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,544,988 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)			83,580 8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)			4,797,805 8.02
8.03	Health Insurance (Purchased)			54,273 8.03
9.00	Prescription Drug Plan			1,610,350 9.00
10.00	Dental, Hearing and Vision Plan			422,631 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			95,249 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)			351,108 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,015,613 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			6,712,237 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			97,171 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			0 22.00
23.00	Tuition Reimbursement			181,167 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			16,966,172 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet S-3 Part V Date/Time Prepared: 9/25/2018 8:33 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		5,193,504	16,966,172 1.00
2.00	Hospital		5,193,504	16,966,172 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet S-10 Date/Time Prepared: 9/25/2018 8:33 am
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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)		0.266387	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		45,435,328	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	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		174,993,931	6.00
7.00	Medicaid cost (line 1 times line 6)		46,616,108	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)		1,180,780	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		99,221	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)		1,180,780	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)	8,806,703	0	8,806,703
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,345,991	0	2,345,991
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	2,345,991	0	2,345,991
				1.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		11,994,128	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		460,422	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		708,341	27.01
28.00	Non-Medicare bad debt expense (see instructions)		11,285,787	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		3,254,306	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		5,600,297	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		6,781,077	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet A
Date/Time Prepared:
9/25/2018 8:33 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		20,780,244	20,780,244	286,182	21,066,426	1.00
2.00	00200		7,603,647	7,603,647	0	7,603,647	2.00
4.00	00400		7,593,845	7,593,845	0	7,593,845	4.00
5.01	00590	3,516,294	73,317,100	76,833,394	-3,263,657	73,569,737	5.01
5.02	00560	1,177,737	675,467	1,853,204	0	1,853,204	5.02
5.03	00591	0	0	0	0	0	5.03
6.00	00600	1,915,402	7,424,033	9,339,435	-2,005,108	7,334,327	6.00
6.01	00601	0	0	0	-114,387	-114,387	6.01
6.02	00602	0	0	0	-96,026	-96,026	6.02
6.03	00603	0	0	0	-98,815	-98,815	6.03
6.04	00604	0	0	0	-67,616	-67,616	6.04
6.05	00605	0	0	0	-206,309	-206,309	6.05
6.06	00606	0	0	0	-134,222	-134,222	6.06
6.07	00607	0	0	0	-204,319	-204,319	6.07
6.08	00608	0	0	0	-197,151	-197,151	6.08
6.09	00609	0	0	0	-76,381	-76,381	6.09
6.10	00610	0	0	0	-46,489	-46,489	6.10
7.00	00700	0	0	0	2,454,087	2,454,087	7.00
8.00	00800	73,758	201,093	274,851	0	274,851	8.00
9.00	00900	0	3,951,971	3,951,971	247,407	4,199,378	9.00
10.00	01000	0	3,273,899	3,273,899	-1,165,422	2,108,477	10.00
11.00	01100	0	0	0	0	0	11.00
11.01	01101	0	0	0	0	0	11.01
13.00	01300	1,665,604	588,896	2,254,500	0	2,254,500	13.00
14.00	01400	590,304	745,623	1,335,927	0	1,335,927	14.00
15.00	01500	5,714,884	1,323,975	7,038,859	0	7,038,859	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	2,947,943	2,947,943	22.00
23.00	02300	244,289	60,678	304,967	0	304,967	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	23,192,484	7,147,708	30,340,192	-944,308	29,395,884	30.00
31.00	03100	3,674,550	1,061,803	4,736,353	0	4,736,353	31.00
32.01	03201	1,217,453	207,034	1,424,487	0	1,424,487	32.01
40.00	04000	2,529,243	334,701	2,863,944	-1,172,352	1,691,592	40.00
41.00	04100	1,833,273	322,697	2,155,970	282,756	2,438,726	41.00
43.00	04300	0	0	0	2,345,196	2,345,196	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	6,411,616	7,674,512	14,086,128	0	14,086,128	50.00
54.00	05400	5,651,821	15,381,755	21,033,576	0	21,033,576	54.00
55.00	05500	2,160,461	10,570,915	12,731,376	0	12,731,376	55.00
57.00	05700	730,210	558,602	1,288,812	0	1,288,812	57.00
58.00	05800	285,195	333,540	618,735	0	618,735	58.00
59.00	05900	2,271,104	2,948,991	5,220,095	0	5,220,095	59.00
60.00	06000	3,187,530	4,932,142	8,119,672	0	8,119,672	60.00
63.00	06300	0	1,509,944	1,509,944	0	1,509,944	63.00
65.00	06500	2,097,274	632,357	2,729,631	0	2,729,631	65.00
66.00	06600	10,798,895	2,554,155	13,353,050	-88,498	13,264,552	66.00
69.00	06900	2,362,730	1,609,789	3,972,519	0	3,972,519	69.00
70.00	07000	608,642	507,787	1,116,429	0	1,116,429	70.00
71.00	07100	0	40,109,314	40,109,314	-24,309,832	15,799,482	71.00
72.00	07200	0	0	0	24,309,832	24,309,832	72.00
73.00	07300	0	15,221,220	15,221,220	0	15,221,220	73.00
74.00	07400	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	103,409	10,402	113,811	0	113,811	90.01
90.02	09002	1,380,460	1,690,989	3,071,449	0	3,071,449	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	304,038	505,526	809,564	0	809,564	90.04
90.05	09005	757,344	423,249	1,180,593	0	1,180,593	90.05
91.00	09100	5,896,285	2,949,749	8,846,034	0	8,846,034	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		92,352,289	246,739,352	339,091,641	-1,317,489	337,774,152	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	2,222	2,222	190.00
190.01	19001	0	46,548	46,548	51,843	98,391	190.01
190.02	19002	0	0	0	0	0	190.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet A

Date/Time Prepared:
9/25/2018 8:33 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
190.03 19003 EAP	0	0	0	0	0	190.03
191.00 19100 RESEARCH	244,913	33,936	278,849	0	278,849	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 NON REIMBURSEABLE COST	0	216,807	216,807	119,786	336,593	192.01
192.02 19202 FOUNDATION	1,422	18	1,440	3,684	5,124	192.02
192.03 19203 BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04 19204 OUTREACH PROGRAMS	0	4,266,088	4,266,088	45,761	4,311,849	192.04
192.05 19205 PHASE III REHAB	0	0	0	21,420	21,420	192.05
192.06 19206 AFFILIATES	0	0	0	0	0	192.06
192.07 19207 NON-ALLOWABLE MEALS	0	0	0	1,072,773	1,072,773	192.07
192.08 19208 ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
200.00 TOTAL (SUM OF LINES 118 through 199)	92,598,624	251,302,749	343,901,373	0	343,901,373	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet A
Date/Time Prepared:
9/25/2018 8:33 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-8,983,176	12,083,250	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	7,603,647	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-3,615,365	3,978,480	4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED	-54,094,266	19,475,471	5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL	26,523,637	28,376,841	5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS	8,140,120	8,140,120	5.03
6.00	00600	MAINTENANCE & REPAIRS	-120,390	7,213,937	6.00
6.01	00601	MOB I	729,050	614,663	6.01
6.02	00602	MOB II	788,631	692,605	6.02
6.03	00603	BETT MED PARK	607,746	508,931	6.03
6.04	00604	NW CLINICS	319,186	251,570	6.04
6.05	00605	CPMP I	657,598	451,289	6.05
6.06	00606	CPMP II	749,993	615,771	6.06
6.07	00607	BETT PLAZA	944,305	739,986	6.07
6.08	00608	HEART INSTITUTE	1,394,095	1,196,944	6.08
6.09	00609	53RD STREET	267,313	190,932	6.09
6.10	00610	ELDRIDGE	214,701	168,212	6.10
7.00	00700	OPERATION OF PLANT	0	2,454,087	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-60,174	214,677	8.00
9.00	00900	HOUSEKEEPING	0	4,199,378	9.00
10.00	01000	DIETARY	0	2,108,477	10.00
11.00	01100	CAFETERIA	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	-24,742	2,229,758	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,164,743	4,500,670	14.00
15.00	01500	PHARMACY	-81,882	6,956,977	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,561,165	3,561,165	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,947,943	22.00
23.00	02300	PARAMED PRGM - PASTORAL CARE	-40,992	263,975	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-14,805	29,381,079	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,736,353	31.00
32.01	03201	NICU	0	1,424,487	32.01
40.00	04000	SUBPROVIDER - I PF	-84,527	1,607,065	40.00
41.00	04100	SUBPROVIDER - I RF	0	2,438,726	41.00
43.00	04300	NURSERY	0	2,345,196	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,173,878	12,912,250	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-3,500,793	17,532,783	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-484,955	12,246,421	55.00
57.00	05700	CT SCAN	0	1,288,812	57.00
58.00	05800	MRI	0	618,735	58.00
59.00	05900	CARDIAC CATHETERIZATION	-699,176	4,520,919	59.00
60.00	06000	LABORATORY	-69	8,119,603	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,509,944	63.00
65.00	06500	RESPIRATORY THERAPY	-5	2,729,626	65.00
66.00	06600	PHYSICAL THERAPY	-721,478	12,543,074	66.00
69.00	06900	ELECTROCARDIOLOGY	-984,259	2,988,260	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-331,938	784,491	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	15,799,482	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	24,309,832	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,221,220	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	CLINICAL PSYCH	0	113,811	90.01
90.02	09002	OP INSTITUTES	-597,028	2,474,421	90.02
90.03	09003	MARC	0	0	90.03
90.04	09004	BARITRIC CLINIC	-460,318	349,246	90.04
90.05	09005	PAIN MANAGEMENT	-167,756	1,012,837	90.05
91.00	09100	EMERGENCY	-1,259,642	7,586,392	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-29,439,331	308,334,821	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,222	190.00
190.01	19001	AUXILIARY	-619	97,772	190.01
190.02	19002	FIRST MED CLINICS	0	0	190.02
190.03	19003	EAP	0	0	190.03
191.00	19100	RESEARCH	0	278,849	191.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet A
Date/Time Prepared:
9/25/2018 8:33 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	336,593	192.01
192.02	19202	FOUNDATION	0	5,124	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	-60,292	4,251,557	192.04
192.05	19205	PHASE III REHAB	0	21,420	192.05
192.06	19206	AFFILIATES	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	1,072,773	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	192.08
200.00		TOTAL (SUM OF LINES 118 through 199)	-29,500,242	314,401,131	200.00

RECLASSIFICATIONS

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-6
Date/Time Prepared:
9/25/2018 8:33 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - PATIENT SWITCHBOARD COSTS						
1.00	NON REIMBURSEABLE COST	192.01	26,494	3,038	1.00	
	TOTALS		26,494	3,038		
B - REHAB COORDINATOR						
1.00	SUBPROVIDER - IRF	41.00	73,061	15,437	1.00	
	TOTALS		73,061	15,437		
C - PROPERTY INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	286,182	1.00	
	TOTALS		0	286,182		
D - HOUSEKEEPING/PLANT/MAINT COSTS						
1.00	MAINTENANCE & REPAIRS	6.00	0	448,979	1.00	
2.00	HOUSEKEEPING	9.00	0	792,736	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
	TOTALS		0	1,241,715		
E - RESIDENT AND TEACHING COSTS						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	1,138,254	1,809,689	1.00	
	TOTALS		1,138,254	1,809,689		
F - UTILITY EXPENSE						
1.00	OPERATION OF PLANT	7.00	0	2,454,087	1.00	
	TOTALS		0	2,454,087		
G - HOUSEKEEPING RELCASS						
1.00	SUBPROVIDER - IPF	40.00	0	171,610	1.00	
2.00	SUBPROVIDER - IRF	41.00	0	158,535	2.00	
3.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,222	3.00	
4.00	AUXILIARY	190.01	0	51,843	4.00	
5.00	NON REIMBURSEABLE COST	192.01	0	90,254	5.00	
6.00	FOUNDATION	192.02	0	3,684	6.00	
7.00	OUTREACH PROGRAMS	192.04	0	45,761	7.00	
8.00	PHASE III REHAB	192.05	0	21,420	8.00	
	TOTALS		0	545,329		
H - NON-ALLOWABLE EMPLOYEE MEALS						
1.00	SUBPROVIDER - IPF	40.00	0	56,926	1.00	
2.00	SUBPROVIDER - IRF	41.00	0	35,723	2.00	
3.00	NON-ALLOWABLE MEALS	192.07	0	1,072,773	3.00	
	TOTALS		0	1,165,422		
I - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	24,309,832	1.00	
	TOTALS		0	24,309,832		
J - NURSERY						
1.00	NURSERY	43.00	1,883,382	461,814	1.00	
	TOTALS		1,883,382	461,814		
K - PSYCH DE-CERTIFICATION						
1.00	ADULTS & PEDIATRICS	30.00	1,276,013	124,875	1.00	
	TOTALS		1,276,013	124,875		
500.00	Grand Total: Increases		4,397,204	32,417,420	500.00	

RECLASSIFICATIONS

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-6
Date/Time Prepared:
9/25/2018 8:33 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - PATIENT SWITCHBOARD COSTS							
1.00	ADMINISTRATIVE AND GENERAL - SHARED	5.01	26,494	3,038	0		1.00
	TOTALS		26,494	3,038			
B - REHAB COORDINATOR							
1.00	PHYSICAL THERAPY	66.00	73,061	15,437	0		1.00
	TOTALS		73,061	15,437			
C - PROPERTY INSURANCE							
1.00	ADMINISTRATIVE AND GENERAL - SHARED	5.01	0	286,182	9		1.00
	TOTALS		0	286,182			
D - HOUSEKEEPING/PLANT/MAINT COSTS							
1.00	MOB I	6.01	0	114,387	0		1.00
2.00	MOB II	6.02	0	96,026	0		2.00
3.00	BETT MED PARK	6.03	0	98,815	0		3.00
4.00	NW CLINICS	6.04	0	67,616	0		4.00
5.00	CPMP I	6.05	0	206,309	0		5.00
6.00	CPMP II	6.06	0	134,222	0		6.00
7.00	BETT PLAZA	6.07	0	204,319	0		7.00
8.00	HEART INSTITUTE	6.08	0	197,151	0		8.00
9.00	53RD STREET	6.09	0	76,381	0		9.00
10.00	ELDRIDGE	6.10	0	46,489	0		10.00
	TOTALS		0	1,241,715			
E - RESIDENT AND TEACHING COSTS							
1.00	ADMINISTRATIVE AND GENERAL - SHARED	5.01	1,138,254	1,809,689	0		1.00
	TOTALS		1,138,254	1,809,689			
F - UTILITY EXPENSE							
1.00	MAINTENANCE & REPAIRS	6.00	0	2,454,087	0		1.00
	TOTALS		0	2,454,087			
G - HOUSEKEEPING RECLASS							
1.00	HOUSEKEEPING	9.00	0	545,329	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
	TOTALS		0	545,329			
H - NON-ALLOWABLE EMPLOYEE MEALS							
1.00	DIETARY	10.00	0	1,165,422	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	1,165,422			
I - IMPLANTABLE DEVICES							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	24,309,832	0		1.00
	TOTALS		0	24,309,832			
J - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,883,382	461,814	0		1.00
	TOTALS		1,883,382	461,814			
K - PSYCH DE-CERTIFICATION							
1.00	SUBPROVIDER - IPF	40.00	1,276,013	124,875	0		1.00
	TOTALS		1,276,013	124,875			
500.00	Grand Total: Decreases		4,397,204	32,417,420			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-7
Part I
Date/Time Prepared:
9/25/2018 8:33 am

	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	7,256,805	0	0	0	1.00
2.00	Land Improvements	19,134,184	820,263	0	820,263	2.00
3.00	Buildings and Fixtures	308,428,811	19,568,309	0	19,568,309	3.00
4.00	Building Improvements	14,590,467	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	185,735,705	3,892,197	0	3,892,197	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	535,145,972	24,280,769	0	24,280,769	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	535,145,972	24,280,769	0	24,280,769	10.00
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	7,256,805	0			1.00
2.00	Land Improvements	19,954,447	0			2.00
3.00	Buildings and Fixtures	327,997,120	0			3.00
4.00	Building Improvements	14,590,467	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	189,627,902	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	559,426,741	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	559,426,741	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-7
Part II
Date/Time Prepared:
9/25/2018 8:33 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	20,780,244	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	7,603,647	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	28,383,891	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	20,780,244				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	7,603,647				2.00
3.00	Total (sum of lines 1-2)	0	28,383,891				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-7
Part III
Date/Time Prepared:
9/25/2018 8:33 am

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	369,798,839	0	369,798,839	0.661032	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	189,627,901	0	189,627,901	0.338968	0	2.00
3.00	Total (sum of lines 1-2)	559,426,740	0	559,426,740	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	21,066,426	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,603,647	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	28,670,073	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	-8,983,176	0	0	0	12,083,250	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	7,603,647	2.00
3.00	Total (sum of lines 1-2)	-8,983,176	0	0	0	19,686,897	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-8

Date/Time Prepared:
9/25/2018 8:33 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst.	A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)			0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			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	-4,499,897					0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-5,116,076					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
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
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	*** Cost Center Deleted ***	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

Line #	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	
33.00	ADMINISTRATION - RENTAL INCOME -3RD	B	-27,445	ADMINISTRATIVE AND GENERAL - SHARED	5.01	0 33.00
34.00	ADMINISTRATION - RENTAL INCOME - REL	B	-390,000	ADMINISTRATIVE AND GENERAL - SHARED	5.01	0 34.00
35.00	ADMINISTRATION - DISCOUNTS EARNED	B	-156,295	ADMINISTRATIVE AND GENERAL - SHARED	5.01	0 35.00
36.00	VOLUNTEER SERVICES - MISCELLANEOUS R	B	-1,308	ADMINISTRATIVE AND GENERAL - HOSPITAL	5.02	0 36.00
37.00	MEDICAL STAFF - DAVENPORT - OTHER OP	B	-140,990	ADMINISTRATIVE AND GENERAL - HOSPITAL	5.02	0 37.00
38.00	SMALL POX IMMUNIZATION PROJECT - MIS	B	-8,751	ADMINISTRATIVE AND GENERAL - HOSPITAL	5.02	0 38.00
39.00	GROUNDWORK - MISCELLANEOUS REVENUE	B	-28,018	MAINTENANCE & REPAIRS	6.00	0 39.00
41.00	BIOMED SERVICES - MISCELLANEOUS REVENUE	B	-90,398	MAINTENANCE & REPAIRS	6.00	0 41.00
41.01	SECURITY - MISCELLANEOUS REVENUE	B	-1,974	MAINTENANCE & REPAIRS	6.00	0 41.01
41.02	LINEN SERVICES - MISCELLANEOUS REVENUE	B	-274	LAUNDRY & LINEN SERVICE	8.00	0 41.02
41.03	PHARMACY - E - CASH SALES	B	-67,595	PHARMACY	15.00	0 41.03
41.04	SPIRIT CARE-CPE-RESNOT10.86540 - MIS	B	-11,650	PARAMEDICAL PRGM - PASTORAL CARE	23.00	0 41.04
42.00	BIRTH CENTER - MISCELLANEOUS REVENUE	B	-14,805	ADULTS & PEDIATRICS	30.00	0 42.00
42.01	ADULT PSYCHIATRIC - MISCELLANEOUS REVENUE	B	-84,527	SUBPROVIDER - I/PF	40.00	0 42.01
42.02	RADIOLOGY SERVICES ADMIN - E - MISCELLANEOUS REVENUE	B	-3,532	RADIOLOGY-DIAGNOSTIC	54.00	0 42.02
42.03	RADIOLOGY SERVICES OUTREACH - MISCELLANEOUS REVENUE	B	-68,686	RADIOLOGY-DIAGNOSTIC	54.00	0 42.03
42.04	GI C-DG-GENRAD - OUTREACH REVENUE	B	-559,004	RADIOLOGY-DIAGNOSTIC	54.00	0 42.04
42.05	GI C-53RD ST-GENRAD - OUTREACH REVENUE	B	-2,601,211	RADIOLOGY-DIAGNOSTIC	54.00	0 42.05
42.06	CANCER CENTER - MISCELLANEOUS REVENUE	B	-56,333	RADIOLOGY-THERAPEUTIC	55.00	0 42.06
43.00	INFUSION CENTER - MISCELLANEOUS REVENUE	B	-270	RADIOLOGY-THERAPEUTIC	55.00	0 43.00
43.01	CARDIAC CATH LAB - MISCELLANEOUS REVENUE	B	-10,000	CARDIAC CATHETERIZATION	59.00	0 43.01
43.02	GMC DAVENPORT LABORATORY - MISCELLANEOUS REVENUE	B	-69	LABORATORY	60.00	0 43.02
43.03	PHYSICAL THERAPY - MISCELLANEOUS REVENUE	B	-108	PHYSICAL THERAPY	66.00	0 43.03
43.04	P.T. CLINIC WEST-VALLEY FAIR - MISCELLANEOUS REVENUE	B	-4,000	PHYSICAL THERAPY	66.00	0 43.04
43.05	PT CLINIC-NEUROLOGY ASSOCIATES - MISCELLANEOUS REVENUE	B	-20	PHYSICAL THERAPY	66.00	0 43.05
43.06	REHAB O.P. (BETT) - MISCELLANEOUS REVENUE	B	-3,705	PHYSICAL THERAPY	66.00	0 43.06
43.07	LOMBARD PHYSICAL REHAB - MISCELLANEOUS REVENUE	B	-670	PHYSICAL THERAPY	66.00	0 43.07
43.08	SPORTS PERFORMANCE - MISCELLANEOUS REVENUE	B	-96,922	PHYSICAL THERAPY	66.00	0 43.08
43.09	REHAB PEDIATRICS (MMP) - MISCELLANEOUS REVENUE	B	-532	PHYSICAL THERAPY	66.00	0 43.09
43.10	CARDIOGRAPHICS - MISCELLANEOUS REVENUE	B	-1,200	ELECTROCARDIOLOGY	69.00	0 43.10
43.11	NEURODIAGNOSTICS - MISCELLANEOUS REVENUE	B	-20	ELECTROENCEPHALOGRAPHY	70.00	0 43.11
43.12	DIABETES INSTITUTE - MISCELLANEOUS REVENUE	B	-49,876	OPINSTITUTES	90.02	0 43.12
43.13	WOUND OSTOMY INSTITUTE - MISCELLANEOUS REVENUE	B	-40	OPINSTITUTES	90.02	0 43.13
43.14	WEIGHT MANAGEMENT CLINIC - MISCELLANEOUS REVENUE	B	-3,819	BARIATRIC CLINIC	90.04	0 43.14
43.15	PAIN MANAGEMENT - BETTENDORF - MISCELLANEOUS REVENUE	B	-120	PAIN MANAGEMENT	90.05	0 43.15
43.16	ADMINISTRATION - DONATIONS	A	-13,756	ADMINISTRATIVE AND GENERAL - SHARED	5.01	0 43.16

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	
43.17 MEDICAL STAFF - DAVENPORT - DONATION	A	-5,400	ADMINISTRATIVE AND GENERAL - HOSPITAL	5.02	0 43.17
43.18 PATIENT SERVICES ADMIN. - DONATIONS	A	-1,000	NURSING ADMINISTRATION	13.00	0 43.18
43.19 DISTRIBUTION -E (USE 10.78020) - DONATED	A	-23	CENTRAL SERVICES & SUPPLY	14.00	0 43.19
44.01 OPERATING ROOMS-W/E - DONATED INVENT	A	-227	OPERATING ROOM	50.00	0 44.01
44.02 CANCER CENTER - DONATIONS	A	-8,000	RADIOLOGY-THERAPEUTIC	55.00	0 44.02
44.03 CARDIAC SERVICES ADMIN - DONATIONS	A	-5,000	CARDIAC CATHETERIZATION	59.00	0 44.03
44.04 INTEREST INCOME	B	-8,916,114	CAP REL COSTS-BLDG & FIXT	1.00	11 44.04
44.05 INTEREST EXPENSE 97 BONDS	A	-67,062	CAP REL COSTS-BLDG & FIXT	1.00	11 44.05
45.00 ADVERTISING	A	-72,382	ADMINISTRATIVE AND GENERAL - SHARED	5.01	0 45.00
45.01 ADVERTISING	A	-6,560	NURSING ADMINISTRATION	13.00	0 45.01
45.02 ADVERTISING	A	-2,341	RADIOLOGY-DIAGNOSTIC	54.00	0 45.02
45.03 ADVERTISING	A	-6,395	RADIOLOGY-THERAPEUTIC	55.00	0 45.03
45.04 ADVERTISING	A	-19,270	PHYSICAL THERAPY	66.00	0 45.04
45.05 ADVERTISING	A	-209	ELECTROENCEPHALOGRAPHY	70.00	0 45.05
45.06 ADVERTISING	A	-437	BARIATRIC CLINIC	90.04	0 45.06
45.07 ADVERTISING	A	-11,512	PAIN MANAGEMENT	90.05	0 45.07
45.08 SELF INSURANCE OFFSET	A	-3,734,167	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 45.08
45.09 NON ALLOWABLE LOBBYING FEES	A	-38,037	ADMINISTRATIVE AND GENERAL - HOSPITAL	5.02	0 45.09
45.10 PROVIDER TAX ASSESSMENT	A	-2,491,410	ADMINISTRATIVE AND GENERAL - SHARED	5.01	0 45.10
45.11 ALCOHOL PURCHASES	A	-800	ADMINISTRATIVE AND GENERAL - SHARED	5.01	0 45.11
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-29,500,242			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: 16-0033

Period: From 07/01/2017 To 06/30/2018

Worksheet A-8-1

Date/Time Prepared: 9/25/2018 8:33 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.01	ADMINISTRATIVE AND GENERAL -	RELATED RENT EXP	0	147,981 1.00
2.00	13.00	NURSING ADMINISTRATION	RELATED RENT EXP	0	17,182 2.00
3.00	15.00	PHARMACY	RELATED RENT EXP	0	14,287 3.00
4.00	23.00	PARAMED ED PRGM - PASTORAL C	RELATED RENT EXP	0	29,342 4.00
4.01	50.00	OPERATING ROOM	RELATED RENT EXP	0	109,504 4.01
4.02	54.00	RADIOLOGY-DIAGNOSTIC	RELATED RENT EXP	0	266,019 4.02
4.03	55.00	RADIOLOGY-THERAPEUTIC	RELATED RENT EXP	0	412,869 4.03
4.04	59.00	CARDIAC CATHETERIZATION	RELATED RENT EXP	0	37,509 4.04
4.05	66.00	PHYSICAL THERAPY	RELATED RENT EXP	0	596,251 4.05
4.06	69.00	ELECTROCARDIOLOGY	RELATED RENT EXP	0	490,225 4.06
4.07	90.02	OP INSTITUTES	RELATED RENT EXP	0	209,612 4.07
4.08	90.04	BARIATRIC CLINIC	RELATED RENT EXP	0	89,757 4.08
4.09	90.05	PAIN MANAGEMENT	RELATED RENT EXP	0	156,124 4.09
4.10	190.01	AUXILIARY	RELATED RENT EXP	0	619 4.10
4.11	192.04	OUTREACH PROGRAMS	RELATED RENT EXP	0	60,292 4.11
4.12	6.01	MOB I	RELATED RENT EXP	729,050	0 4.12
4.13	6.02	MOB II	RELATED RENT EXP	788,631	0 4.13
4.14	6.03	BETT MED PARK	RELATED RENT EXP	607,746	0 4.14
4.15	6.04	NW CLINICS	GEN VEN BLDG COST	319,186	0 4.15
4.16	6.05	CPMP I	GEN VEN BLDG COST	657,598	0 4.16
4.17	6.06	CPMP II	GEN VEN BLDG COST	749,993	0 4.17
4.18	6.07	BETT PLAZA	GEN VEN BLDG COST	944,305	0 4.18
4.19	6.08	HEART INSTITUTE	GEN VEN BLDG COST	1,394,095	0 4.19
4.20	6.09	53RD STREET	GEN VEN BLDG COST	267,313	0 4.20
4.21	6.10	ELDRI DGE	GEN VEN BLDG COST	214,701	0 4.21
4.22	5.01	ADMINISTRATIVE AND GENERAL -	GEN VEN BLDG COST	12,441,626	51,232,700 4.22
4.23	5.02	ADMINISTRATIVE AND GENERAL -	GEN VEN BLDG COST	26,718,123	0 4.23
4.24	5.03	ADMINISTRATIVE AND GENERAL -	GEN VEN BLDG COST	8,140,120	0 4.24
4.25	14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE A&G	3,164,766	0 4.25
4.26	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE A&G	3,561,165	0 4.26
4.27	5.01	ADMINISTRATIVE AND GENERAL -	HOME OFFICE A&G	0	12,003,123 4.27
4.28	8.00	LAUNDRY & LINEN SERVICE	HOME OFFICE A&G	844,746	904,646 4.28
4.29	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE A&G	1,729,152	1,610,350 4.29
4.30	22.00	I&R SERVICES-OTHER PRGM COST	GHG PHYSICIAN PRACTICE	2,947,942	2,947,942 4.30
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			66,220,258	71,336,334 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			0.00	0.00	6.00
7.00	C	GEN MED ED FOUN	100.00	GHS	100.00 7.00
8.00	C	GENESIS MEDICAL	100.00	GHS	100.00 8.00
9.00	C	EA IA LITHOTRIP	25.00	GHS	100.00 9.00
10.00			0.00		0.00 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: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-8-1

Date/Time Prepared:
9/25/2018 8:33 am

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

(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: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-8-1

Date/Time Prepared:
9/25/2018 8:33 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-147,981	0		1.00
2.00	-17,182	0		2.00
3.00	-14,287	0		3.00
4.00	-29,342	0		4.00
4.01	-109,504	0		4.01
4.02	-266,019	0		4.02
4.03	-412,869	0		4.03
4.04	-37,509	0		4.04
4.05	-596,251	0		4.05
4.06	-490,225	0		4.06
4.07	-209,612	0		4.07
4.08	-89,757	0		4.08
4.09	-156,124	0		4.09
4.10	-619	0		4.10
4.11	-60,292	0		4.11
4.12	729,050	0		4.12
4.13	788,631	0		4.13
4.14	607,746	0		4.14
4.15	319,186	0		4.15
4.16	657,598	0		4.16
4.17	749,993	0		4.17
4.18	944,305	0		4.18
4.19	1,394,095	0		4.19
4.20	267,313	0		4.20
4.21	214,701	0		4.21
4.22	-38,791,074	0		4.22
4.23	26,718,123	0		4.23
4.24	8,140,120	0		4.24
4.25	3,164,766	0		4.25
4.26	3,561,165	0		4.26
4.27	-12,003,123	0		4.27
4.28	-59,900	0		4.28
4.29	118,802	0		4.29
4.30	0	0		4.30
5.00	-5,116,076			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		6.00
7.00	HEALTHCARE	7.00
8.00	HEALTHCARE	8.00
9.00	HEALTHCARE	9.00
10.00		10.00
100.00		100.00

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-8-2

Date/Time Prepared:
9/25/2018 8:33 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.01	AGGREGATE-ADMINISTRATIVE AND GENERAL	286,487	0	286,487	211,500	2,818	1.00
2.00	5.02	AGGREGATE-ADMINISTRATIVE AND GENERAL	103,500	0	103,500	211,500	1,018	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	44,500	0	44,500	211,500	438	3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	1,064,147	1,064,147	0	246,400	0	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	29,083	0	29,083	271,900	224	5.00
6.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	16,113	1,088	15,025	271,900	115	6.00
7.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	646,667	646,667	0	211,500	0	7.00
8.00	65.00	AGGREGATE-RESPIRATORY THERAPY	5	5	0	211,500	0	8.00
9.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	492,834	492,834	0	211,500	0	9.00
10.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	332,834	331,709	1,125	211,500	12	10.00
11.00	90.02	AGGREGATE-OPINSTITUTES	337,500	337,500	0	211,500	0	11.00
12.00	90.04	AGGREGATE-BARIATRIC CLINIC	370,459	366,305	4,154	211,500	41	12.00
13.00	91.00	AGGREGATE-EMERGENCY	1,303,068	1,259,642	43,426	211,500	428	13.00
14.00	0.00	AGGREGATE-	0	0	0	0	0	14.00
15.00	0.00	AGGREGATE-	0	0	0	0	0	15.00
200.00			5,027,197	4,499,897	527,300		5,094	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	5.01	AGGREGATE-ADMINISTRATIVE AND GENERAL	286,542	14,327	0	0	0	1.00
2.00	5.02	AGGREGATE-ADMINISTRATIVE AND GENERAL	103,513	5,176	0	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	44,537	2,227	0	0	0	3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	29,281	1,464	0	0	0	5.00
6.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	15,033	752	0	0	0	6.00
7.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	0	0	0	0	7.00
8.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	0	0	8.00
9.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	9.00
10.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	1,220	61	0	0	0	10.00
11.00	90.02	AGGREGATE-OPINSTITUTES	0	0	0	0	0	11.00
12.00	90.04	AGGREGATE-BARIATRIC CLINIC	4,169	208	0	0	0	12.00
13.00	91.00	AGGREGATE-EMERGENCY	43,520	2,176	0	0	0	13.00
14.00	0.00	AGGREGATE-	0	0	0	0	0	14.00
15.00	0.00	AGGREGATE-	0	0	0	0	0	15.00
200.00			527,815	26,391	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.01	AGGREGATE-ADMINISTRATIVE AND GENERAL	0	286,542	0	0	1.00
2.00	5.02	AGGREGATE-ADMINISTRATIVE AND GENERAL	0	103,513	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	44,537	0	0	3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	1,064,147	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	29,281	0	0	5.00
6.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	15,033	0	1,088	6.00
7.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	0	0	646,667	7.00
8.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	5	8.00
9.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	492,834	9.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet A-8-2

Date/Time Prepared:
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	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		
10.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	1,220	0	331,709		10.00
11.00	90.02	AGGREGATE-OP INSTITUTES	0	0	0	337,500		11.00
12.00	90.04	AGGREGATE-BARIATRIC CLINIC	0	4,169	0	366,305		12.00
13.00	91.00	AGGREGATE-EMERGENCY	0	43,520	0	1,259,642		13.00
14.00	0.00	AGGREGATE-	0	0	0	0		14.00
15.00	0.00	AGGREGATE-	0	0	0	0		15.00
200.00			0	527,815	0	4,499,897		200.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part I Date/Time Prepared: 9/25/2018 8:33 am		
Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL - SHARED	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	12,083,250	12,083,250			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	7,603,647		7,603,647		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	3,978,480	45,121	901	4,024,502	4.00
5.01 00590	ADMINISTRATIVE AND GENERAL - SHARED	19,475,471	2,129,479	524,105	102,203	22,231,258
5.02 00560	ADMINISTRATIVE AND GENERAL- HOSPITAL	28,376,841	258,436	72,406	51,187	22,231,258
5.03 00591	ADMINISTRATIVE AND GENERAL - SBS	8,140,120	0	0	0	0
6.00 00600	MAINTENANCE & REPAIRS	7,213,937	1,754,988	274,352	83,247	0
6.01 00601	MOB I	614,663	0	0	0	0
6.02 00602	MOB II	692,605	0	0	0	0
6.03 00603	BETT MED PARK	508,931	0	0	0	0
6.04 00604	NW CLINICS	251,570	0	0	0	0
6.05 00605	CPMP I	451,289	0	0	0	0
6.06 00606	CPMP II	615,771	0	0	0	0
6.07 00607	BETT PLAZA	739,986	0	0	0	0
6.08 00608	HEART INSTITUTE	1,196,944	0	0	0	0
6.09 00609	53RD STREET	190,932	0	0	0	0
6.10 00610	ELDRIDGE	168,212	0	0	0	0
7.00 00700	OPERATION OF PLANT	2,454,087	0	0	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	214,677	42,694	840	3,206	0
9.00 00900	HOUSEKEEPING	4,199,378	99,839	284,338	0	0
10.00 01000	DIETARY	2,108,477	213,831	26,008	0	0
11.00 01100	CAFETERIA	0	116,231	0	0	0
11.01 01101	EMPLOYEE CAFETERIA	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	2,229,758	57,834	224,738	72,390	0
14.00 01400	CENTRAL SERVICES & SUPPLY	4,500,670	528,911	615,929	25,656	0
15.00 01500	PHARMACY	6,956,977	159,630	166,230	248,380	0
16.00 01600	MEDICAL RECORDS & LIBRARY	3,561,165	114,556	0	0	0
17.00 01700	SOCIAL SERVICE	0	44,870	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,947,943	273,137	0	49,471	0
23.00 02300	PARAMED ED PRGM - PASTORAL CARE	263,975	10,740	0	10,617	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	29,381,079	1,467,323	246,322	981,576	0
31.00 03100	INTENSIVE CARE UNIT	4,736,353	51,931	313,253	159,703	0
32.01 03201	NI CU	1,424,487	38,326	38,804	52,913	0
40.00 04000	SUBPROVIDER - I PF	1,607,065	310,696	26,097	54,468	0
41.00 04100	SUBPROVIDER - I RF	2,438,726	287,024	1,588	82,853	0
43.00 04300	NURSERY	2,345,196	0	0	81,856	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	12,912,250	706,639	2,107,782	278,662	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	17,532,783	723,923	466,511	245,639	0
55.00 05500	RADIOLOGY-THERAPEUTIC	12,246,421	25,551	205,644	93,898	0
57.00 05700	CT SCAN	1,288,812	26,772	288,125	31,736	0
58.00 05800	MRI	618,735	40,111	14,729	12,395	0
59.00 05900	CARDIAC CATHETERIZATION	4,520,919	163,184	922,160	98,707	0
60.00 06000	LABORATORY	8,119,603	271,822	295,879	138,536	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,509,944	5,292	1,450	0	0
65.00 06500	RESPIRATORY THERAPY	2,729,626	76,731	39,625	91,152	0
66.00 06600	PHYSICAL THERAPY	12,543,074	998,578	116,106	466,166	0
69.00 06900	ELECTROCARDIOLOGY	2,988,260	119,691	118,508	102,689	0
70.00 07000	ELECTROENCEPHALOGRAPHY	784,491	81,881	70,917	26,453	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,799,482	12,368	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	24,309,832	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	15,221,220	0	0	0	0
74.00 07400	RENAL DIALYSIS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	CLINICAL PSYCH	113,811	0	0	4,494	0
90.02 09002	OP INSTITUTES	2,474,421	60,746	29,376	59,998	0
90.03 09003	MARC	0	0	0	0	0
90.04 09004	BARITRIC CLINIC	349,246	25,911	7,759	13,214	0
90.05 09005	PAIN MANAGEMENT	1,012,837	0	23,743	32,916	0
91.00 09100	EMERGENCY	7,586,392	347,300	71,841	256,264	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					0
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	308,334,821	11,692,097	7,596,066	4,012,645	22,231,258

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL - SHARED	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,222	4,024	0	0	0 190.00
190.01 19001	AUXILIARY	97,772	93,858	3,017	0	0 190.01
190.02 19002	FIRST MED CLINICS	0	0	0	0	0 190.02
190.03 19003	EAP	0	0	0	0	0 190.03
191.00 19100	RESEARCH	278,849	1,566	518	10,644	0 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01 19201	NON REIMBURSEABLE COST	336,593	163,403	248	1,151	0 192.01
192.02 19202	FOUNDATION	5,124	6,670	1,218	62	0 192.02
192.03 19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0 192.03
192.04 19204	OUTREACH PROGRAMS	4,251,557	82,852	0	0	0 192.04
192.05 19205	PHASE III REHAB	21,420	38,780	2,472	0	0 192.05
192.06 19206	AFFILIATES	0	0	0	0	0 192.06
192.07 19207	NON-ALLOWABLE MEALS	1,072,773	0	0	0	0 192.07
192.08 19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	108	0	0 192.08
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	TOTAL (sum lines 118 through 201)	314,401,131	12,083,250	7,603,647	4,024,502	22,231,258 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part I
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Cost Center Description		Subtotal	ADMINISTRATIVE AND GENERAL - HOSPITAL	ADMINISTRATIVE AND GENERAL - SBS	MAINTENANCE & REPAIRS	MOB I	
		5A.01	5.02	5.03	6.00	6.01	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00560						5.02
5.03	00591						5.03
6.00	00600						6.00
6.01	00601						6.01
6.02	00602						6.02
6.03	00603						6.03
6.04	00604						6.04
6.05	00605						6.05
6.06	00606						6.06
6.07	00607						6.07
6.08	00608						6.08
6.09	00609						6.09
6.10	00610						6.10
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
11.01	01101						11.01
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
21.00	02100						21.00
22.00	02200						22.00
23.00	02300						23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000						30.00
31.00	03100						31.00
32.01	03201						32.01
40.00	04000						40.00
41.00	04100						41.00
43.00	04300						43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000						50.00
54.00	05400						54.00
55.00	05500						55.00
57.00	05700						57.00
58.00	05800						58.00
59.00	05900						59.00
60.00	06000						60.00
63.00	06300						63.00
65.00	06500						65.00
66.00	06600						66.00
69.00	06900						69.00
70.00	07000						70.00
71.00	07100						71.00
72.00	07200						72.00
73.00	07300						73.00
74.00	07400						74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001						90.01
90.02	09002						90.02
90.03	09003						90.03
90.04	09004						90.04
90.05	09005						90.05
91.00	09100						91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500						95.00
SPECIAL PURPOSE COST CENTERS							
118.00							118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000						190.00
190.01	19001						190.01
190.02	19002						190.02
190.03	19003						190.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part I
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Cost Center Description			Subtotal	ADMINISTRATIVE AND GENERAL - HOSPITAL	ADMINISTRATIVE AND GENERAL - SBS	MAINTENANCE & REPAIRS	MOB I	
			5A.01	5.02	5.03	6.00	6.01	
191.00	19100	RESEARCH	291,577	56,442	0	2,207	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	501,395	97,058	0	230,391	511,458	192.01
192.02	19202	FOUNDATION	13,074	2,531	0	9,404	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	4,334,409	839,038	0	116,818	135,096	192.04
192.05	19205	PHASE III REHAB	62,672	12,132	0	54,678	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	1,072,773	207,663	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	108	21	0	0	0	192.08
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	314,401,131	50,990,128	9,715,852	11,131,915	733,647	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

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Cost Center Description		MOB II	BETT MED PARK	NW CLINICS	CPMP I	CPMP II	
		6.02	6.03	6.04	6.05	6.06	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00560						5.02
5.03	00591						5.03
6.00	00600						6.00
6.01	00601						6.01
6.02	00602	826,677					6.02
6.03	00603		607,448				6.03
6.04	00604	0	0	300,268			6.04
6.05	00605	0	0	0	538,648		6.05
6.06	00606	0	0	0	0	734,969	6.06
6.07	00607	0	0	0	0	0	6.07
6.08	00608	0	0	0	0	0	6.08
6.09	00609	0	0	0	0	0	6.09
6.10	00610	0	0	0	0	0	6.10
7.00	00700	0	0	0	0	0	7.00
8.00	00800	0	0	0	0	0	8.00
9.00	00900	4,251	688	0	514	0	9.00
10.00	01000	0	0	0	13,687	0	10.00
11.00	01100	0	0	0	0	0	11.00
11.01	01101	0	0	0	0	0	11.01
13.00	01300	1,652	0	0	1,510	0	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	0	0	0	3,796	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,652	0	0	0	0	30.00
31.00	03100	0	0	0	0	0	31.00
32.01	03201	0	0	0	0	0	32.01
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	0	177,399	0	50.00
54.00	05400	0	0	0	0	0	54.00
55.00	05500	1,069	0	0	128,796	20,016	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	0	0	60.00
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
69.00	06900	0	0	0	0	0	69.00
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
74.00	07400	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	1,479	25,804	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	0	0	0	0	0	90.04
90.05	09005	0	0	0	0	0	90.05
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		8,624	688	0	323,385	49,616	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	0	0	0	0	0	190.01
190.02	19002	0	89,596	118,874	0	0	190.02
190.03	19003	0	0	0	0	0	190.03
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
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Cost Center Description		MOB I I	BETT MED PARK	NW CLINICS	CPMP I	CPMP II		
		6.02	6.03	6.04	6.05	6.06		
192.01	19201	NON REIMBURSEABLE COST	818,053	517,164	181,394	215,263	685,353	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
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)	826,677	607,448	300,268	538,648	734,969	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part I Date/Time Prepared: 9/25/2018 8:33 am			
Cost Center Description			BETT PLAZA	HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT	
			6.07	6.08	6.09	6.10	7.00	
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
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL						5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK						6.03
6.04	00604	NW CLINICS						6.04
6.05	00605	CPMP I						6.05
6.06	00606	CPMP II						6.06
6.07	00607	BETT PLAZA	883,230					6.07
6.08	00608	HEART INSTITUTE	0	1,428,644				6.08
6.09	00609	53RD STREET	0	0	227,892			6.09
6.10	00610	ELDRIDGE	0	0	0	200,774		6.10
7.00	00700	OPERATION OF PLANT	0	0	0	0	2,929,139	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	15,840	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	37,040	9.00
10.00	01000	DIETARY	0	0	0	0	79,332	10.00
11.00	01100	CAFETERIA	0	0	0	0	43,122	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	21,456	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	196,227	14.00
15.00	01500	PHARMACY	0	0	0	0	59,223	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	33,092	0	0	0	42,500	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	16,647	17.00
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	0	0	0	101,334	22.00
23.00	02300	PARAMED PRGM - PASTORAL CARE	0	0	0	0	3,985	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	544,377	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	19,267	31.00
32.01	03201	NICU	0	0	0	0	14,219	32.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	115,269	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	106,486	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	262,164	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,271	0	0	0	268,577	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	9,479	55.00
57.00	05700	CT SCAN	0	0	0	0	9,932	57.00
58.00	05800	MRI	0	0	0	0	14,881	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	60,541	59.00
60.00	06000	LABORATORY	0	0	0	0	100,846	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	1,963	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	28,467	65.00
66.00	06600	PHYSICAL THERAPY	165,864	0	0	0	370,474	66.00
69.00	06900	ELECTROCARDIOLOGY	0	593,396	0	0	44,406	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	30,378	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	4,589	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	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	48,068	0	0	0	22,537	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARITRIC CLINIC	0	0	0	0	9,613	90.04
90.05	09005	PAIN MANAGEMENT	97,666	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	128,849	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	362,961	593,396	0	0	2,784,020	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,493	190.00
190.01	19001	AUXILIARY	0	0	0	0	34,822	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	581	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
From 07/01/2017
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Cost Center Description			BETT PLAZA	HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT	
			6.07	6.08	6.09	6.10	7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	520,269	835,248	227,892	200,774	60,623	192.01
192.02	19202	FOUNDATION	0	0	0	0	2,474	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	30,738	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	14,388	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
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)	883,230	1,428,644	227,892	200,774	2,929,139	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part I Date/Time Prepared: 9/25/2018 8:33 am		
Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
			8.00	9.00	10.00	11.00	11.01	
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
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL						5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK						6.03
6.04	00604	NW CLINICS						6.04
6.05	00605	CPMP I						6.05
6.06	00606	CPMP II						6.06
6.07	00607	BETT PLAZA						6.07
6.08	00608	HEART INSTITUTE						6.08
6.09	00609	53RD STREET						6.09
6.10	00610	ELDRIDGE						6.10
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	388,058					8.00
9.00	00900	HOUSEKEEPING	0	5,669,200				9.00
10.00	01000	DIETARY	0	179,226	3,376,632			10.00
11.00	01100	CAFETERIA	0	97,421	2,623,454	3,066,609		11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	3,066,609	3,066,609	11.01
13.00	01300	NURSING ADMINISTRATION	0	48,474	0	0	77,076	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	443,315	0	0	40,832	14.00
15.00	01500	PHARMACY	0	133,796	0	0	143,674	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	96,017	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	37,609	0	0	44	17.00
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	228,934	0	0	0	22.00
23.00	02300	PARAMED PRGM - PASTORAL CARE	0	9,002	0	0	10,192	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	164,380	1,229,858	691,869	0	862,969	30.00
31.00	03100	INTENSIVE CARE UNIT	20,635	43,527	61,309	0	120,203	31.00
32.01	03201	NICU	1,817	32,124	0	0	37,038	32.01
40.00	04000	SUBPROVIDER - IPF	9,063	0	0	0	97,481	40.00
41.00	04100	SUBPROVIDER - IRF	13,748	0	0	0	74,208	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	58,624	592,280	0	0	213,250	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,596	606,768	0	0	217,287	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,019	21,416	0	0	61,127	55.00
57.00	05700	CT SCAN	4,061	22,439	0	0	25,435	57.00
58.00	05800	MRI	0	33,620	0	0	9,331	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,977	136,775	0	0	72,973	59.00
60.00	06000	LABORATORY	0	227,831	0	0	148,262	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	4,435	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	64,313	0	0	80,870	65.00
66.00	06600	PHYSICAL THERAPY	929	836,974	0	0	345,717	66.00
69.00	06900	ELECTROCARDIOLOGY	0	100,321	0	0	87,996	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,378	68,630	0	0	21,729	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,367	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	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	0	3,353	90.01
90.02	09002	OP INSTITUTES	2,089	50,915	0	0	51,531	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARITRIC CLINIC	0	21,718	0	0	13,280	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	27,641	90.05
91.00	09100	EMERGENCY	65,742	291,095	0	0	215,522	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	388,058	5,669,200	3,376,632	3,066,609	3,059,021	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	AUXILIARY	0	0	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	7,478	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
			8.00	9.00	10.00	11.00	11.01	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	22	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	88	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
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)	388,058	5,669,200	3,376,632	3,066,609	3,066,609	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 16-0033		Period: From 07/01/2017 To 06/30/2018		Worksheet B Part I Date/Time Prepared: 9/25/2018 8:33 am	
Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			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
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL						5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK						6.03
6.04	00604	NW CLINICS						6.04
6.05	00605	CPMP I						6.05
6.06	00606	CPMP II						6.06
6.07	00607	BETT PLAZA						6.07
6.08	00608	HEART INSTITUTE						6.08
6.09	00609	53RD STREET						6.09
6.10	00610	ELDRIDGE						6.10
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
11.01	01101	EMPLOYEE CAFETERIA						11.01
13.00	01300	NURSING ADMINISTRATION	3,316,771					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,195,083				14.00
15.00	01500	PHARMACY	0	37,504	9,588,348			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	4,720,380		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	179,495	17.00
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	0	0	0	0	22.00
23.00	02300	PARAMED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,675,093	301,973	0	377,493	137,514	30.00
31.00	03100	INTENSIVE CARE UNIT	142,227	100,689	0	67,750	12,272	31.00
32.01	03201	NICU	88,223	10,995	0	19,150	6,068	32.01
40.00	04000	SUBPROVIDER - I PF	125,421	2,074	0	17,612	9,126	40.00
41.00	04100	SUBPROVIDER - I RF	141,100	13,416	0	27,398	14,515	41.00
43.00	04300	NURSERY	0	0	0	13,053	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	373,965	655,467	0	447,833	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	52,565	104,988	0	433,068	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	45,738	13,888	3,491,996	234,804	0	55.00
57.00	05700	CT SCAN	47	27,046	0	259,134	0	57.00
58.00	05800	MRI	8	1,450	0	75,796	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	76,441	109,702	0	524,914	0	59.00
60.00	06000	LABORATORY	0	19,216	0	296,767	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	18,193	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	46,495	0	125,215	0	65.00
66.00	06600	PHYSICAL THERAPY	107	12,386	0	209,017	0	66.00
69.00	06900	ELECTROCARDIOLOGY	71,220	10,152	0	108,487	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,136	13,989	0	38,063	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,578,760	0	280,308	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,967,790	0	382,817	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	6,096,352	378,046	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	2,364	0	90.01
90.02	09002	OP INSTITUTES	91,643	30,283	0	63,066	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARITRIC CLINIC	14,153	100	0	1,701	0	90.04
90.05	09005	PAIN MANAGEMENT	42,156	10,037	0	23,618	0	90.05
91.00	09100	EMERGENCY	371,528	126,683	0	294,713	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,316,771	8,195,083	9,588,348	4,720,380	179,495	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	AUXILIARY	0	0	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
From 07/01/2017
To 06/30/2018

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Cost Center Description			NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL SERVICE		
			ADMINISTRATION	SERVICES & SUPPLY		RECORDS & LIBRARY			
			13.00	14.00	15.00	16.00	17.00		
191.00	19100	RESEARCH	0	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	0	192.08
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,316,771	8,195,083	9,588,348	4,720,380	179,495	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
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To 06/30/2018

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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM - PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
	21.00	22.00	23.00				
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
5.01 00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02 00560	ADMINISTRATIVE AND GENERAL- HOSPITAL						5.02
5.03 00591	ADMINISTRATIVE AND GENERAL - SBS						5.03
6.00 00600	MAINTENANCE & REPAIRS						6.00
6.01 00601	MOB I						6.01
6.02 00602	MOB II						6.02
6.03 00603	BETT MED PARK						6.03
6.04 00604	NW CLINICS						6.04
6.05 00605	CPMP I						6.05
6.06 00606	CPMP II						6.06
6.07 00607	BETT PLAZA						6.07
6.08 00608	HEART INSTITUTE						6.08
6.09 00609	53RD STREET						6.09
6.10 00610	ELDRIDGE						6.10
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
11.01 01101	EMPLOYEE CAFETERIA						11.01
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
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		4,619,030				22.00
23.00 02300	PARAMED PRGM - PASTORAL CARE			378,887			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	2,330,609	300,428	49,749,608	-2,330,609	30.00
31.00 03100	INTENSIVE CARE UNIT	0	123,217	26,810	7,230,260	-123,217	31.00
32.01 03201	NICU	0	125,368	0	2,283,904	-125,368	32.01
40.00 04000	SUBPROVIDER - IPF	0	125,368	19,938	3,380,823	-125,368	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	31,711	4,237,841	0	41.00
43.00 04300	NURSERY	0	0	0	2,936,790	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	125,368	0	23,927,990	-125,368	50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	61,310	0	26,337,241	-61,310	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	19,626,617	0	55.00
57.00 05700	CT SCAN	0	0	0	2,871,219	0	57.00
58.00 05800	MRI	0	0	0	1,166,401	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	9,112,465	0	59.00
60.00 06000	LABORATORY	0	44,220	0	12,365,514	-44,220	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,879,777	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	4,216,958	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	20,640,079	0	66.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	5,381,615	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,527,393	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	22,341,037	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	34,154,154	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	42,905	0	25,463,080	-42,905	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01 09001	CLINICAL PSYCH	0	0	0	151,789	0	90.01
90.02 09002	OP INSTITUTES	0	0	0	3,735,456	0	90.02
90.03 09003	MARC	0	0	0	0	0	90.03
90.04 09004	BARIATRIC CLINIC	0	0	0	573,410	0	90.04
90.05 09005	PAIN MANAGEMENT	0	0	0	1,526,253	0	90.05
91.00 09100	EMERGENCY	0	304,398	0	12,755,868	-304,398	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	3,282,763	378,887	299,573,542	-3,282,763	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part I
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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM - PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV						
	21.00	22.00	23.00					
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	14,621	0	190.00
190.01	19001	AUXILIARY	0	0	0	399,484	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	208,470	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	358,285	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,336,267	0	1,336,267	-1,336,267	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	5,602,335	0	192.01
192.02	19202	FOUNDATION	0	0	0	27,505	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	88	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	5,456,099	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	143,870	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	1,280,436	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	129	0	192.08
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)	0	4,619,030	378,887	314,401,131	-4,619,030	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part I Date/Time Prepared: 9/25/2018 8:33 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00590 ADMINISTRATIVE AND GENERAL - SHARED		5.01
5.02	00560 ADMINISTRATIVE AND GENERAL- HOSPITAL		5.02
5.03	00591 ADMINISTRATIVE AND GENERAL - SBS		5.03
6.00	00600 MAINTENANCE & REPAIRS		6.00
6.01	00601 MOB I		6.01
6.02	00602 MOB II		6.02
6.03	00603 BETT MED PARK		6.03
6.04	00604 NW CLINICS		6.04
6.05	00605 CPMP I		6.05
6.06	00606 CPMP II		6.06
6.07	00607 BETT PLAZA		6.07
6.08	00608 HEART INSTITUTE		6.08
6.09	00609 53RD STREET		6.09
6.10	00610 ELDRI DGE		6.10
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
11.01	01101 EMPLOYEE CAFETERIA		11.01
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
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 - PASTORAL CARE		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	47,418,999	30.00
31.00	03100 INTENSIVE CARE UNIT	7,107,043	31.00
32.01	03201 NICU	2,158,536	32.01
40.00	04000 SUBPROVIDER - I PF	3,255,455	40.00
41.00	04100 SUBPROVIDER - I RF	4,237,841	41.00
43.00	04300 NURSERY	2,936,790	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	23,802,622	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	26,275,931	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	19,626,617	55.00
57.00	05700 CT SCAN	2,871,219	57.00
58.00	05800 MRI	1,166,401	58.00
59.00	05900 CARDIAC CATHETERIZATION	9,112,465	59.00
60.00	06000 LABORATORY	12,321,294	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,879,777	63.00
65.00	06500 RESPIRATORY THERAPY	4,216,958	65.00
66.00	06600 PHYSICAL THERAPY	20,640,079	66.00
69.00	06900 ELECTROCARDIOLOGY	5,381,615	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,527,393	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	22,341,037	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	34,154,154	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	25,420,175	73.00
74.00	07400 RENAL DIALYSIS	0	74.00
OUTPATIENT SERVICE COST CENTERS			
90.01	09001 CLINICAL PSYCH	151,789	90.01
90.02	09002 OP INSTITUTES	3,735,456	90.02
90.03	09003 MARC	0	90.03
90.04	09004 BARIATRIC CLINIC	573,410	90.04
90.05	09005 PAIN MANAGEMENT	1,526,253	90.05
91.00	09100 EMERGENCY	12,451,470	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0	95.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	296,290,779	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,621	190.00
190.01	19001 AUXILIARY	399,484	190.01
190.02	19002 FIRST MED CLINICS	208,470	190.02
190.03	19003 EAP	0	190.03
191.00	19100 RESEARCH	358,285	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

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Cost Center Description			Total	
			26.00	
192.01	19201	NON REIMBURSEABLE COST	5,602,335	192.01
192.02	19202	FOUNDATION	27,505	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	88	192.03
192.04	19204	OUTREACH PROGRAMS	5,456,099	192.04
192.05	19205	PHASE III REHAB	143,870	192.05
192.06	19206	AFFILIATES	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	1,280,436	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	129	192.08
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	309,782,101	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 9/25/2018 8:33 am	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	45,121	901	46,022	46,022 4.00
5.01 00590	ADMINISTRATIVE AND GENERAL - SHARED	260,557	2,129,479	524,105	2,914,141	1,169 5.01
5.02 00560	ADMINISTRATIVE AND GENERAL- HOSPITAL	16,010	258,436	72,406	346,852	585 5.02
5.03 00591	ADMINISTRATIVE AND GENERAL - SBS	0	0	0	0	0 5.03
6.00 00600	MAINTENANCE & REPAIRS	88,674	1,754,988	274,352	2,118,014	952 6.00
6.01 00601	MOB I	729,050	0	0	729,050	0 6.01
6.02 00602	MOB II	788,631	0	0	788,631	0 6.02
6.03 00603	BETT MED PARK	607,746	0	0	607,746	0 6.03
6.04 00604	NW CLINICS	319,186	0	0	319,186	0 6.04
6.05 00605	CPMP I	657,598	0	0	657,598	0 6.05
6.06 00606	CPMP II	749,993	0	0	749,993	0 6.06
6.07 00607	BETT PLAZA	944,305	0	0	944,305	0 6.07
6.08 00608	HEART INSTITUTE	1,394,095	0	0	1,394,095	0 6.08
6.09 00609	53RD STREET	267,313	0	0	267,313	0 6.09
6.10 00610	ELDRIDGE	214,701	0	0	214,701	0 6.10
7.00 00700	OPERATION OF PLANT	0	0	0	0	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	42,694	840	43,534	37 8.00
9.00 00900	HOUSEKEEPING	-1,751	99,839	284,338	382,426	0 9.00
10.00 01000	DIETARY	20,409	213,831	26,008	260,248	0 10.00
11.00 01100	CAFETERIA	0	116,231	0	116,231	0 11.00
11.01 01101	EMPLOYEE CAFETERIA	0	0	0	0	0 11.01
13.00 01300	NURSING ADMINISTRATION	29,826	57,834	224,738	312,398	828 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	137,604	528,911	615,929	1,282,444	293 14.00
15.00 01500	PHARMACY	40,881	159,630	166,230	366,741	2,840 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	114,556	0	114,556	0 16.00
17.00 01700	SOCIAL SERVICE	0	44,870	0	44,870	0 17.00
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	273,137	0	273,137	566 22.00
23.00 02300	PARAMED ED PRGM - PASTORAL CARE	29,342	10,740	0	40,082	121 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	211,116	1,467,323	246,322	1,924,761	11,227 30.00
31.00 03100	INTENSIVE CARE UNIT	51,576	51,931	313,253	416,760	1,826 31.00
32.01 03201	NICU	9,777	38,326	38,804	86,907	605 32.01
40.00 04000	SUBPROVIDER - I PF	10,566	310,696	26,097	347,359	623 40.00
41.00 04100	SUBPROVIDER - I RF	31,843	287,024	1,588	320,455	947 41.00
43.00 04300	NURSERY	0	0	0	0	936 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	594,149	706,639	2,107,782	3,408,570	3,187 50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	290,199	723,923	466,511	1,480,633	2,809 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	483,654	25,551	205,644	714,849	1,074 55.00
57.00 05700	CT SCAN	3,680	26,772	288,125	318,577	363 57.00
58.00 05800	MRI	1,887	40,111	14,729	56,727	142 58.00
59.00 05900	CARDIAC CATHETERIZATION	48,230	163,184	922,160	1,133,574	1,129 59.00
60.00 06000	LABORATORY	22,989	271,822	295,879	590,690	1,584 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	5,292	1,450	6,742	0 63.00
65.00 06500	RESPIRATORY THERAPY	121,125	76,731	39,625	237,481	1,042 65.00
66.00 06600	PHYSICAL THERAPY	1,174,713	998,578	116,106	2,289,397	5,331 66.00
69.00 06900	ELECTROCARDIOLOGY	562,236	119,691	118,508	800,435	1,174 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	6,602	81,881	70,917	159,400	302 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	12,368	0	12,368	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	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	CLINICAL PSYCH	0	0	0	0	51 90.01
90.02 09002	OP INSTITUTES	221,379	60,746	29,376	311,501	686 90.02
90.03 09003	MARC	0	0	0	0	0 90.03
90.04 09004	BARIATRIC CLINIC	96,042	25,911	7,759	129,712	151 90.04
90.05 09005	PAIN MANAGEMENT	163,346	0	23,743	187,089	376 90.05
91.00 09100	EMERGENCY	83,169	347,300	71,841	502,310	2,930 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	11,482,448	11,692,097	7,596,066	30,770,611	45,886 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,024	0	4,024	0 190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

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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			
190.01 19001 AUXILIARY	4,527	93,858	3,017	101,402	0	190.01
190.02 19002 FIRST MED CLINICS	0	0	0	0	0	190.02
190.03 19003 EAP	0	0	0	0	0	190.03
191.00 19100 RESEARCH	0	1,566	518	2,084	122	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 NON REIMBURSEABLE COST	179	163,403	248	163,830	13	192.01
192.02 19202 FOUNDATION	0	6,670	1,218	7,888	1	192.02
192.03 19203 BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04 19204 OUTREACH PROGRAMS	63,855	82,852	0	146,707	0	192.04
192.05 19205 PHASE III REHAB	0	38,780	2,472	41,252	0	192.05
192.06 19206 AFFILIATES	0	0	0	0	0	192.06
192.07 19207 NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08 19208 ENVIRONMENTAL SVCS - OUTREACH	0	0	108	108	0	192.08
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers				0		201.00
202.00 TOTAL (sum lines 118 through 201)	11,551,009	12,083,250	7,603,647	31,237,906	46,022	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 16-0033		Period: From 07/01/2017 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 9/25/2018 8:33 am	
Cost Center Description			ADMINISTRATIVE AND GENERAL - SHARED	ADMINISTRATIVE AND GENERAL - HOSPITAL	ADMINISTRATIVE AND GENERAL - SBS	MAINTENANCE & REPAIRS	MOB I	
			5.01	5.02	5.03	6.00	6.01	
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
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED	2,915,310					5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL	2,915,310	3,262,747				5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS	0	100,832	100,832			5.03
6.00	00600	MAINTENANCE & REPAIRS	0	115,528	0	2,234,494		6.00
6.01	00601	MOB I	0	7,614	0	0	736,664	6.01
6.02	00602	MOB II	0	8,579	0	0	0	6.02
6.03	00603	BETT MED PARK	0	6,304	0	0	0	6.03
6.04	00604	NW CLINICS	0	3,116	0	0	0	6.04
6.05	00605	CPMP I	0	5,590	0	0	0	6.05
6.06	00606	CPMP II	0	7,628	0	0	0	6.06
6.07	00607	BETT PLAZA	0	9,166	0	0	0	6.07
6.08	00608	HEART INSTITUTE	0	14,827	0	0	0	6.08
6.09	00609	53RD STREET	0	2,365	0	0	0	6.09
6.10	00610	ELDRIDGE	0	2,084	0	0	0	6.10
7.00	00700	OPERATION OF PLANT	0	30,399	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,238	0	12,083	0	8.00
9.00	00900	HOUSEKEEPING	0	56,776	0	28,256	15,179	9.00
10.00	01000	DIETARY	0	29,089	0	60,518	0	10.00
11.00	01100	CAFETERIA	0	1,440	0	32,896	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	32,017	0	16,368	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	70,249	0	149,691	0	14.00
15.00	01500	PHARMACY	0	93,289	0	45,178	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	45,531	0	32,421	0	16.00
17.00	01700	SOCIAL SERVICE	0	556	0	12,699	4,597	17.00
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	40,512	0	77,303	0	22.00
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	3,534	0	3,040	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	397,207	8,094	415,278	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	65,171	1,453	14,698	0	31.00
32.01	03201	NI CU	0	19,256	411	10,847	0	32.01
40.00	04000	SUBPROVIDER - I PF	0	24,753	378	87,933	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	34,810	587	81,233	0	41.00
43.00	04300	NURSERY	0	30,064	280	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	198,258	9,602	199,992	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	234,967	9,286	204,884	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	155,723	5,035	7,231	65,180	55.00
57.00	05700	CT SCAN	0	20,258	5,556	7,577	0	57.00
58.00	05800	MRI	0	8,497	1,625	11,352	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	70,667	10,875	46,184	0	59.00
60.00	06000	LABORATORY	0	109,326	6,363	76,931	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	18,787	390	1,498	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	36,382	2,685	21,716	0	65.00
66.00	06600	PHYSICAL THERAPY	0	174,953	4,482	282,616	2,495	66.00
69.00	06900	ELECTROCARDIOLOGY	0	41,238	2,326	33,875	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	11,938	816	23,174	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	195,861	6,010	3,500	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	301,126	8,208	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	188,545	8,106	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	1,465	51	0	0	90.01
90.02	09002	OP INSTITUTES	0	32,510	1,352	17,192	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARITRIC CLINIC	0	4,907	36	7,333	0	90.04
90.05	09005	PAIN MANAGEMENT	0	13,248	506	0	0	90.05
91.00	09100	EMERGENCY	0	102,339	6,319	98,292	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,915,310	3,182,519	100,832	2,123,789	87,451	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	77	0	1,139	0	190.00
190.01	19001	AUXILIARY	0	2,411	0	26,564	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
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Cost Center Description			ADMINISTRATIVE AND GENERAL - SHARED	ADMINISTRATIVE AND GENERAL - HOSPITAL	ADMINISTRATIVE AND GENERAL - SBS	MAINTENANCE & REPAIRS	MOB I	
			5.01	5.02	5.03	6.00	6.01	
191.00	19100	RESEARCH	0	3,612	0	443	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	6,211	0	46,246	513,562	192.01
192.02	19202	FOUNDATION	0	162	0	1,888	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	53,690	0	23,449	135,651	192.04
192.05	19205	PHASE III REHAB	0	776	0	10,976	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	13,288	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	1	0	0	0	192.08
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)	2,915,310	3,262,747	100,832	2,234,494	736,664	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 16-0033			Period: From 07/01/2017 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 9/25/2018 8:33 am	
Cost Center Description		MOB II	BETT MED PARK	NW CLINICS	CPMP I	CPMP II		
		6.02	6.03	6.04	6.05	6.06		
GENERAL SERVICE COST CENTERS								
1.00	00100							1.00
2.00	00200							2.00
4.00	00400							4.00
5.01	00590							5.01
5.02	00560							5.02
5.03	00591							5.03
6.00	00600							6.00
6.01	00601							6.01
6.02	00602	797,210						6.02
6.03	00603		614,050					6.03
6.04	00604			322,302				6.04
6.05	00605				663,188			6.05
6.06	00606					757,621		6.06
6.07	00607							6.07
6.08	00608							6.08
6.09	00609							6.09
6.10	00610							6.10
7.00	00700							7.00
8.00	00800							8.00
9.00	00900	4,100	696		633			9.00
10.00	01000				16,852			10.00
11.00	01100							11.00
11.01	01101							11.01
13.00	01300	1,593			1,860			13.00
14.00	01400							14.00
15.00	01500							15.00
16.00	01600							16.00
17.00	01700					3,913		17.00
21.00	02100							21.00
22.00	02200							22.00
23.00	02300							23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	1,593						30.00
31.00	03100							31.00
32.01	03201							32.01
40.00	04000							40.00
41.00	04100							41.00
43.00	04300							43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000				218,415			50.00
54.00	05400							54.00
55.00	05500	1,031			158,575	20,633		55.00
57.00	05700							57.00
58.00	05800							58.00
59.00	05900							59.00
60.00	06000							60.00
63.00	06300							63.00
65.00	06500							65.00
66.00	06600							66.00
69.00	06900							69.00
70.00	07000							70.00
71.00	07100							71.00
72.00	07200							72.00
73.00	07300							73.00
74.00	07400							74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001							90.01
90.02	09002				1,821	26,599		90.02
90.03	09003							90.03
90.04	09004							90.04
90.05	09005							90.05
91.00	09100							91.00
92.00	09200							92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500							95.00
SPECIAL PURPOSE COST CENTERS								
118.00		8,317	696		398,156	51,145		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000							190.00
190.01	19001							190.01
190.02	19002		90,570	127,597				190.02
190.03	19003							190.03
191.00	19100							191.00
192.00	19200							192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2017
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Worksheet B
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Cost Center Description		MOB I I	BETT MED PARK	NW CLINICS	CPMP I	CPMP II		
		6.02	6.03	6.04	6.05	6.06		
192.01	19201	NON REIMBURSEABLE COST	788,893	522,784	194,705	265,032	706,476	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
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)	797,210	614,050	322,302	663,188	757,621	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 9/25/2018 8:33 am			
Cost Center Description			BETT PLAZA	HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT	
			6.07	6.08	6.09	6.10	7.00	
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
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL						5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK						6.03
6.04	00604	NW CLINICS						6.04
6.05	00605	CPMP I						6.05
6.06	00606	CPMP II						6.06
6.07	00607	BETT PLAZA	953,471					6.07
6.08	00608	HEART INSTITUTE	0	1,408,922				6.08
6.09	00609	53RD STREET	0	0	269,678			6.09
6.10	00610	ELDRIDGE	0	0	0	216,785		6.10
7.00	00700	OPERATION OF PLANT	0	0	0	0	30,399	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	164	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	384	9.00
10.00	01000	DIETARY	0	0	0	0	823	10.00
11.00	01100	CAFETERIA	0	0	0	0	448	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	223	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	2,036	14.00
15.00	01500	PHARMACY	0	0	0	0	615	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	35,723	0	0	0	441	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	173	17.00
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	0	0	0	1,052	22.00
23.00	02300	PARAMED PRGM - PASTORAL CARE	0	0	0	0	41	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	5,652	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	200	31.00
32.01	03201	NICU	0	0	0	0	148	32.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	1,196	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	1,105	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	2,721	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,725	0	0	0	2,787	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	98	55.00
57.00	05700	CT SCAN	0	0	0	0	103	57.00
58.00	05800	MRI	0	0	0	0	154	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	628	59.00
60.00	06000	LABORATORY	0	0	0	0	1,047	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	20	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	295	65.00
66.00	06600	PHYSICAL THERAPY	179,055	0	0	0	3,845	66.00
69.00	06900	ELECTROCARDIOLOGY	0	585,204	0	0	461	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	315	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	48	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	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	51,891	0	0	0	234	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARITRIC CLINIC	0	0	0	0	100	90.04
90.05	09005	PAIN MANAGEMENT	105,434	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	1,337	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	391,828	585,204	0	0	28,894	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	15	190.00
190.01	19001	AUXILIARY	0	0	0	0	361	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	6	191.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 16-0033		Period: From 07/01/2017 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 9/25/2018 8:33 am		
Cost Center Description			BETT PLAZA	HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT		
			6.07	6.08	6.09	6.10	7.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	561,643	823,718	269,678	216,785	629	192.01	
192.02	19202	FOUNDATION	0	0	0	0	26	192.02	
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03	
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	319	192.04	
192.05	19205	PHASE III REHAB	0	0	0	0	149	192.05	
192.06	19206	AFFILIATES	0	0	0	0	0	192.06	
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07	
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08	
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)	953,471	1,408,922	269,678	216,785	30,399	202.00	

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 9/25/2018 8:33 am			
Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
			8.00	9.00	10.00	11.00	11.01	
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
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL						5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK						6.03
6.04	00604	NW CLINICS						6.04
6.05	00605	CPMP I						6.05
6.06	00606	CPMP II						6.06
6.07	00607	BETT PLAZA						6.07
6.08	00608	HEART INSTITUTE						6.08
6.09	00609	53RD STREET						6.09
6.10	00610	ELDRI DGE						6.10
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	59,056					8.00
9.00	00900	HOUSEKEEPING	0	488,450				9.00
10.00	01000	DIETARY	0	15,442	382,972			10.00
11.00	01100	CAFETERIA	0	8,394	297,547	456,956		11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	456,956	456,956	11.01
13.00	01300	NURSING ADMINISTRATION	0	4,176	0	0	11,485	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	38,195	0	0	6,084	14.00
15.00	01500	PHARMACY	0	11,528	0	0	21,409	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,273	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	3,240	0	0	7	17.00
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	19,725	0	0	0	22.00
23.00	02300	PARAMED PRGM - PASTORAL CARE	0	776	0	0	1,519	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,017	105,964	78,471	0	128,590	30.00
31.00	03100	INTENSIVE CARE UNIT	3,140	3,750	6,954	0	17,911	31.00
32.01	03201	NICU	276	2,768	0	0	5,519	32.01
40.00	04000	SUBPROVIDER - IPF	1,379	0	0	0	14,526	40.00
41.00	04100	SUBPROVIDER - IRF	2,092	0	0	0	11,058	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,922	51,030	0	0	31,776	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,286	52,278	0	0	32,378	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,373	1,845	0	0	9,109	55.00
57.00	05700	CT SCAN	618	1,933	0	0	3,790	57.00
58.00	05800	MRI	0	2,897	0	0	1,390	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,671	11,784	0	0	10,874	59.00
60.00	06000	LABORATORY	0	19,630	0	0	22,093	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	382	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	5,541	0	0	12,051	65.00
66.00	06600	PHYSICAL THERAPY	141	72,112	0	0	51,515	66.00
69.00	06900	ELECTROCARDIOLOGY	0	8,643	0	0	13,112	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	818	5,913	0	0	3,238	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	893	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	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	0	500	90.01
90.02	09002	OP INSTITUTES	318	4,387	0	0	7,679	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARITRIC CLINIC	0	1,871	0	0	1,979	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	4,119	90.05
91.00	09100	EMERGENCY	10,005	25,080	0	0	32,115	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	59,056	488,450	382,972	456,956	455,826	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	AUXILIARY	0	0	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	1,114	191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part II
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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
			8.00	9.00	10.00	11.00	11.01	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	3 192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	13 192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	0 192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	0 192.05
192.06	19206	AFFILIATES	0	0	0	0	0	0 192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	0 192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	0 192.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	59,056	488,450	382,972	456,956	456,956	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 16-0033		Period: From 07/01/2017 To 06/30/2018		Worksheet B Part II Date/Time Prepared: 9/25/2018 8:33 am	
Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			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
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL						5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK						6.03
6.04	00604	NW CLINICS						6.04
6.05	00605	CPMP I						6.05
6.06	00606	CPMP II						6.06
6.07	00607	BETT PLAZA						6.07
6.08	00608	HEART INSTITUTE						6.08
6.09	00609	53RD STREET						6.09
6.10	00610	ELDRIDGE						6.10
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
11.01	01101	EMPLOYEE CAFETERIA						11.01
13.00	01300	NURSING ADMINISTRATION	380,948					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,548,992				14.00
15.00	01500	PHARMACY	0	7,089	548,689			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	236,945		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	70,055	17.00
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	0	0	0	0	22.00
23.00	02300	PARAMED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	192,394	57,078	0	18,946	53,670	30.00
31.00	03100	INTENSIVE CARE UNIT	16,335	19,032	0	3,400	4,790	31.00
32.01	03201	NICU	10,133	2,078	0	961	2,368	32.01
40.00	04000	SUBPROVIDER - I PF	14,405	392	0	884	3,562	40.00
41.00	04100	SUBPROVIDER - I RF	16,206	2,536	0	1,375	5,665	41.00
43.00	04300	NURSERY	0	0	0	655	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	42,952	123,894	0	22,476	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,037	19,845	0	21,735	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,253	2,625	199,825	11,784	0	55.00
57.00	05700	CT SCAN	5	5,112	0	13,006	0	57.00
58.00	05800	MRI	1	274	0	3,804	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,780	20,736	0	26,383	0	59.00
60.00	06000	LABORATORY	0	3,632	0	14,894	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	913	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	8,788	0	6,284	0	65.00
66.00	06600	PHYSICAL THERAPY	12	2,341	0	10,490	0	66.00
69.00	06900	ELECTROCARDIOLOGY	8,180	1,919	0	5,445	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	590	2,644	0	1,910	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	487,430	0	14,068	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	749,962	0	19,213	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	348,864	18,974	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	119	0	90.01
90.02	09002	OP INSTITUTES	10,526	5,724	0	3,165	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARITRIC CLINIC	1,625	19	0	85	0	90.04
90.05	09005	PAIN MANAGEMENT	4,842	1,897	0	1,185	0	90.05
91.00	09100	EMERGENCY	42,672	23,945	0	14,791	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	380,948	1,548,992	548,689	236,945	70,055	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	AUXILIARY	0	0	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL SERVICE	
			ADMINISTRATION	SERVICES & SUPPLY		RECORDS & LIBRARY		
			13.00	14.00	15.00	16.00	17.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
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)	380,948	1,548,992	548,689	236,945	70,055	202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 9/25/2018 8:33 am
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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM - PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00	23.00			
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
5.01 00590	ADMINISTRATIVE AND GENERAL - SHARED					5.01
5.02 00560	ADMINISTRATIVE AND GENERAL- HOSPITAL					5.02
5.03 00591	ADMINISTRATIVE AND GENERAL - SBS					5.03
6.00 00600	MAINTENANCE & REPAIRS					6.00
6.01 00601	MOB I					6.01
6.02 00602	MOB II					6.02
6.03 00603	BETT MED PARK					6.03
6.04 00604	NW CLINICS					6.04
6.05 00605	CPMP I					6.05
6.06 00606	CPMP II					6.06
6.07 00607	BETT PLAZA					6.07
6.08 00608	HEART INSTITUTE					6.08
6.09 00609	53RD STREET					6.09
6.10 00610	ELDRI DGE					6.10
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
11.01 01101	EMPLOYEE CAFETERIA					11.01
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
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		412,295			22.00
23.00 02300	PARAMED PRGM - PASTORAL CARE			49,113		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS				3,423,942	0 30.00
31.00 03100	INTENSIVE CARE UNIT				575,420	0 31.00
32.01 03201	NICU				142,277	0 32.01
40.00 04000	SUBPROVIDER - IPF				497,390	0 40.00
41.00 04100	SUBPROVIDER - IRF				478,069	0 41.00
43.00 04300	NURSERY				31,935	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM				4,321,795	0 50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC				2,090,650	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC				1,361,243	0 55.00
57.00 05700	CT SCAN				376,898	0 57.00
58.00 05800	MRI				86,863	0 58.00
59.00 05900	CARDIAC CATHETERIZATION				1,343,285	0 59.00
60.00 06000	LABORATORY				846,190	0 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.				28,732	0 63.00
65.00 06500	RESPIRATORY THERAPY				332,265	0 65.00
66.00 06600	PHYSICAL THERAPY				3,078,785	0 66.00
69.00 06900	ELECTROCARDIOLOGY				1,502,012	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY				211,058	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT				720,178	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				1,078,509	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				564,489	0 73.00
74.00 07400	RENAL DIALYSIS				0	0 74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	CLINICAL PSYCH				2,186	0 90.01
90.02 09002	OP INSTITUTES				475,585	0 90.02
90.03 09003	MARC				0	0 90.03
90.04 09004	BARIATRIC CLINIC				147,818	0 90.04
90.05 09005	PAIN MANAGEMENT				318,696	0 90.05
91.00 09100	EMERGENCY				862,135	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES				0	0 95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	24,898,405	0 118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet B
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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM - PASTORAL CARE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00	23.00			
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			5,255	0
190.01	19001	AUXILIARY			130,738	0
190.02	19002	FIRST MED CLINICS			218,167	0
190.03	19003	EAP			0	0
191.00	19100	RESEARCH			7,381	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES			0	0
192.01	19201	NON REIMBURSEABLE COST			5,080,205	0
192.02	19202	FOUNDATION			9,968	0
192.03	19203	BIO MED SERVICES - OUTREACH			13	0
192.04	19204	OUTREACH PROGRAMS			359,816	0
192.05	19205	PHASE III REHAB			53,153	0
192.06	19206	AFFILIATES			0	0
192.07	19207	NON-ALLOWABLE MEALS			13,288	0
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH			109	0
200.00		Cross Foot Adjustments	0	412,295	49,113	461,408
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	0	412,295	49,113	31,237,906

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 9/25/2018 8:33 am
Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
1.00	00100			1.00
2.00	00200			2.00
4.00	00400			4.00
5.01	00590			5.01
5.02	00560			5.02
5.03	00591			5.03
6.00	00600			6.00
6.01	00601			6.01
6.02	00602			6.02
6.03	00603			6.03
6.04	00604			6.04
6.05	00605			6.05
6.06	00606			6.06
6.07	00607			6.07
6.08	00608			6.08
6.09	00609			6.09
6.10	00610			6.10
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
11.01	01101			11.01
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
21.00	02100			21.00
22.00	02200			22.00
23.00	02300			23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	3,423,942		30.00
31.00	03100	575,420		31.00
32.01	03201	142,277		32.01
40.00	04000	497,390		40.00
41.00	04100	478,069		41.00
43.00	04300	31,935		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	4,321,795		50.00
54.00	05400	2,090,650		54.00
55.00	05500	1,361,243		55.00
57.00	05700	376,898		57.00
58.00	05800	86,863		58.00
59.00	05900	1,343,285		59.00
60.00	06000	846,190		60.00
63.00	06300	28,732		63.00
65.00	06500	332,265		65.00
66.00	06600	3,078,785		66.00
69.00	06900	1,502,012		69.00
70.00	07000	211,058		70.00
71.00	07100	720,178		71.00
72.00	07200	1,078,509		72.00
73.00	07300	564,489		73.00
74.00	07400	0		74.00
OUTPATIENT SERVICE COST CENTERS				
90.01	09001	2,186		90.01
90.02	09002	475,585		90.02
90.03	09003	0		90.03
90.04	09004	147,818		90.04
90.05	09005	318,696		90.05
91.00	09100	862,135		91.00
92.00	09200			92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	0		95.00
SPECIAL PURPOSE COST CENTERS				
118.00		24,898,405		118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	5,255		190.00
190.01	19001	130,738		190.01
190.02	19002	218,167		190.02
190.03	19003	0		190.03
191.00	19100	7,381		191.00
192.00	19200	0		192.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet B Part II Date/Time Prepared: 9/25/2018 8:33 am
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Cost Center Description			Total	
			26.00	
192.01	19201	NON REIMBURSEABLE COST	5,080,205	192.01
192.02	19202	FOUNDATION	9,968	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	13	192.03
192.04	19204	OUTREACH PROGRAMS	359,816	192.04
192.05	19205	PHASE III REHAB	53,153	192.05
192.06	19206	AFFILIATES	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	13,288	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	109	192.08
200.00		Cross Foot Adjustments	461,408	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	31,237,906	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1
Date/Time Prepared:
9/25/2018 8:33 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMINISTRATIVE AND GENERAL - SHARED (TOTAL COST)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	771,791				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		6,842,151			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,882	811	92,598,624		4.00
5.01 00590	ADMINISTRATIVE AND GENERAL - SHARED	136,016	471,616	2,351,546	100	5.01
5.02 00560	ADMINISTRATIVE AND GENERAL- HOSPITAL	16,507	65,155	1,177,737	100	-50,990,128 5.02
5.03 00591	ADMINISTRATIVE AND GENERAL - SBS	0	0	0	0	5.03
6.00 00600	MAINTENANCE & REPAIRS	112,096	246,876	1,915,402	0	6.00
6.01 00601	MOB I	0	0	0	0	6.01
6.02 00602	MOB II	0	0	0	0	6.02
6.03 00603	BETT MED PARK	0	0	0	0	6.03
6.04 00604	NW CLINICS	0	0	0	0	6.04
6.05 00605	CPMP I	0	0	0	0	6.05
6.06 00606	CPMP II	0	0	0	0	6.06
6.07 00607	BETT PLAZA	0	0	0	0	6.07
6.08 00608	HEART INSTITUTE	0	0	0	0	6.08
6.09 00609	53RD STREET	0	0	0	0	6.09
6.10 00610	ELDRI DGE	0	0	0	0	6.10
7.00 00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	2,727	756	73,758	0	8.00
9.00 00900	HOUSEKEEPING	6,377	255,862	0	0	9.00
10.00 01000	DIETARY	13,658	23,403	0	0	10.00
11.00 01100	CAFETERIA	7,424	0	0	0	11.00
11.01 01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
13.00 01300	NURSING ADMINISTRATION	3,694	202,231	1,665,604	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	33,783	554,244	590,304	0	14.00
15.00 01500	PHARMACY	10,196	149,582	5,714,884	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	7,317	0	0	0	16.00
17.00 01700	SOCIAL SERVICE	2,866	0	0	0	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	17,446	0	1,138,254	0	22.00
23.00 02300	PARAMED ED PRGM - PASTORAL CARE	686	0	244,289	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	93,722	221,653	22,585,115	0	30.00
31.00 03100	INTENSIVE CARE UNIT	3,317	281,881	3,674,550	0	31.00
32.01 03201	NI CU	2,448	34,918	1,217,453	0	32.01
40.00 04000	SUBPROVIDER - I PF	19,845	23,483	1,253,230	0	40.00
41.00 04100	SUBPROVIDER - I RF	18,333	1,429	1,906,334	0	41.00
43.00 04300	NURSERY	0	0	1,883,382	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	45,135	1,896,691	6,411,616	0	50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	46,239	419,790	5,651,821	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	1,632	185,049	2,160,461	0	55.00
57.00 05700	CT SCAN	1,710	259,270	730,210	0	57.00
58.00 05800	MRI	2,562	13,254	285,195	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	10,423	829,807	2,271,104	0	59.00
60.00 06000	LABORATORY	17,362	266,247	3,187,530	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	338	1,305	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	4,901	35,657	2,097,274	0	65.00
66.00 06600	PHYSICAL THERAPY	63,782	104,478	10,725,834	0	66.00
69.00 06900	ELECTROCARDIOLOGY	7,645	106,640	2,362,730	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	5,230	63,815	608,642	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	790	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
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	CLINICAL PSYCH	0	0	103,409	0	90.01
90.02 09002	OP INSTITUTES	3,880	26,434	1,380,460	0	90.02
90.03 09003	MARC	0	0	0	0	90.03
90.04 09004	BARIATRIC CLINIC	1,655	6,982	304,038	0	90.04
90.05 09005	PAIN MANAGEMENT	0	21,365	757,344	0	90.05
91.00 09100	EMERGENCY	22,183	64,646	5,896,285	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	746,807	6,835,330	92,325,795	100	-50,990,128 118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
9/25/2018 8:33 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMINISTRATIVE AND GENERAL - SHARED (TOTAL COST)	Reconciliation		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	257	0	0	0	190.00
190.01	19001	AUXILIARY	5,995	2,715	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	190.03
191.00	19100	RESEARCH	100	466	244,913	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	10,437	223	26,494	0	192.01
192.02	19202	FOUNDATION	426	1,096	1,422	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	5,292	0	0	0	192.04
192.05	19205	PHASE III REHAB	2,477	2,224	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	97	0	0	192.08
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)	12,083,250	7,603,647	4,024,502	22,231,258	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.656117	1.111295	0.043462	222,312.580000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			46,022	2,915,310	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000497	29,153.100000	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: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
9/25/2018 8:33 am

Cost Center Description			ADMINISTRATIVE AND GENERAL - HOSPITAL (ACCUM. COST)	ADMINISTRATIVE AND GENERAL - SBS (GROSS CHARGES)	MAINTENANCE & REPAIRS (SQUARE FEET)	MOB I (SQUARE FEET)	MOB II (SQUARE FEET)	
			5.02	5.03	6.00	6.01	6.02	
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
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL	263,411,003					5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS	8,140,120	1,112,256,300				5.03
6.00	00600	MAINTENANCE & REPAIRS	9,326,524	0	504,290			6.00
6.01	00601	MOB I	614,663	0	0	39,263		6.01
6.02	00602	MOB II	692,605	0	0	0	34,028	6.02
6.03	00603	BETT MED PARK	508,931	0	0	0	0	6.03
6.04	00604	NW CLINICS	251,570	0	0	0	0	6.04
6.05	00605	CPMP I	451,289	0	0	0	0	6.05
6.06	00606	CPMP II	615,771	0	0	0	0	6.06
6.07	00607	BETT PLAZA	739,986	0	0	0	0	6.07
6.08	00608	HEART INSTITUTE	1,196,944	0	0	0	0	6.08
6.09	00609	53RD STREET	190,932	0	0	0	0	6.09
6.10	00610	ELDRIDGE	168,212	0	0	0	0	6.10
7.00	00700	OPERATION OF PLANT	2,454,087	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	261,417	0	2,727	0	0	8.00
9.00	00900	HOUSEKEEPING	4,583,555	0	6,377	809	175	9.00
10.00	01000	DIETARY	2,348,316	0	13,658	0	0	10.00
11.00	01100	CAFETERIA	116,231	0	7,424	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	2,584,720	0	3,694	0	68	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,671,166	0	33,783	0	0	14.00
15.00	01500	PHARMACY	7,531,217	0	10,196	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,675,721	0	7,317	0	0	16.00
17.00	01700	SOCIAL SERVICE	44,870	0	2,866	245	0	17.00
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	3,270,551	0	17,446	0	0	22.00
23.00	02300	PARAMED PRGM - PASTORAL CARE	285,332	0	686	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,076,300	88,947,395	93,722	0	68	30.00
31.00	03100	INTENSIVE CARE UNIT	5,261,240	15,963,692	3,317	0	0	31.00
32.01	03201	NICU	1,554,530	4,512,201	2,448	0	0	32.01
40.00	04000	SUBPROVIDER - I PF	1,998,326	4,149,961	19,845	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	2,810,191	6,455,709	18,333	0	0	41.00
43.00	04300	NURSERY	2,427,052	3,075,695	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,005,333	105,521,462	45,135	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,968,856	102,042,371	46,239	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,571,514	55,326,136	1,632	3,474	44	55.00
57.00	05700	CT SCAN	1,635,445	61,058,901	1,710	0	0	57.00
58.00	05800	MRI	685,970	17,859,552	2,562	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,704,970	123,692,259	10,423	0	0	59.00
60.00	06000	LABORATORY	8,825,840	69,926,200	17,362	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,516,686	4,286,792	338	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,937,134	29,504,017	4,901	0	0	65.00
66.00	06600	PHYSICAL THERAPY	14,123,924	49,249,910	63,782	133	0	66.00
69.00	06900	ELECTROCARDIOLOGY	3,329,148	25,562,382	7,645	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	963,742	8,968,772	5,230	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,811,850	66,047,987	790	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,309,832	90,202,019	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,221,220	89,077,738	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	118,305	557,061	0	0	0	90.01
90.02	09002	OP INSTITUTES	2,624,541	14,860,105	3,880	0	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	396,130	400,821	1,655	0	0	90.04
90.05	09005	PAIN MANAGEMENT	1,069,496	5,564,967	0	0	0	90.05
91.00	09100	EMERGENCY	8,261,797	69,442,195	22,183	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	256,934,102	1,112,256,300	479,306	4,661	355	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,246	0	257	0	0	190.00
190.01	19001	AUXILIARY	194,647	0	5,995	0	0	190.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE AND GENERAL - HOSPITAL (ACCUM. COST)	ADMINISTRATIVE AND GENERAL - SBS (GROSS CHAR GES)	MAINTENANCE & REPAIRS (SQUARE FEET)	MOB I (SQUARE FEET)	MOB II (SQUARE FEET)	
			5.02	5.03	6.00	6.01	6.02	
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	291,577	0	100	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	501,395	0	10,437	27,372	33,673	192.01
192.02	19202	FOUNDATION	13,074	0	426	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	4,334,409	0	5,292	7,230	0	192.04
192.05	19205	PHASE III REHAB	62,672	0	2,477	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	1,072,773	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	108	0	0	0	0	192.08
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)	50,990,128	9,715,852	11,131,915	733,647	826,677	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.193576	0.008735	22.074431	18.685454	24.294023	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,262,747	100,832	2,234,494	736,664	797,210	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.012387	0.000091	4.430970	18.762295	23.428059	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: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
9/25/2018 8:33 am

Cost Center Description		BETT MED PARK (SQUARE FEET)	NW CLINICS (SQUARE FEET)	CPMP I (SQUARE FEET)	CPMP II (SQUARE FEET)	BETT PLAZA (SQUARE FEET)	
		6.03	6.04	6.05	6.06	6.07	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00560						5.02
5.03	00591						5.03
6.00	00600						6.00
6.01	00601						6.01
6.02	00602						6.02
6.03	00603	22,943					6.03
6.04	00604	0	10,225				6.04
6.05	00605	0	0	51,357			6.05
6.06	00606	0	0	0	46,854		6.06
6.07	00607	0	0	0	0	56,557	6.07
6.08	00608	0	0	0	0	0	6.08
6.09	00609	0	0	0	0	0	6.09
6.10	00610	0	0	0	0	0	6.10
7.00	00700	0	0	0	0	0	7.00
8.00	00800	0	0	0	0	0	8.00
9.00	00900	26	0	49	0	0	9.00
10.00	01000	0	0	1,305	0	0	10.00
11.00	01100	0	0	0	0	0	11.00
11.01	01101	0	0	0	0	0	11.01
13.00	01300	0	0	144	0	0	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	0	0	0	0	2,119	16.00
17.00	01700	0	0	0	242	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	0	0	0	0	30.00
31.00	03100	0	0	0	0	0	31.00
32.01	03201	0	0	0	0	0	32.01
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	16,914	0	0	50.00
54.00	05400	0	0	0	0	1,170	54.00
55.00	05500	0	0	12,280	1,276	0	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	0	0	60.00
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	10,621	66.00
69.00	06900	0	0	0	0	0	69.00
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
74.00	07400	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	141	1,645	3,078	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	0	0	0	0	0	90.04
90.05	09005	0	0	0	0	6,254	90.05
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		26	0	30,833	3,163	23,242	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	0	0	0	0	0	190.01
190.02	19002	3,384	4,048	0	0	0	190.02
190.03	19003	0	0	0	0	0	190.03
191.00	19100	0	0	0	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
9/25/2018 8:33 am

Cost Center Description		BETT MED PARK (SQUARE FEET)	NW CLINICS (SQUARE FEET)	CPMP I (SQUARE FEET)	CPMP II (SQUARE FEET)	BETT PLAZA (SQUARE FEET)	
		6.03	6.04	6.05	6.06	6.07	
192.00	19200	0	0	0	0	0	192.00
192.01	19201	19,533	6,177	20,524	43,691	33,315	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	0	0	0	0	192.04
192.05	19205	0	0	0	0	0	192.05
192.06	19206	0	0	0	0	0	192.06
192.07	19207	0	0	0	0	0	192.07
192.08	19208	0	0	0	0	0	192.08
200.00							200.00
201.00							201.00
202.00							202.00
202.00		607,448	300,268	538,648	734,969	883,230	202.00
203.00							203.00
204.00							204.00
204.00		26.476398	29.366064	10.488307	15.686366	15.616635	204.00
204.00		614,050	322,302	663,188	757,621	953,471	204.00
205.00							205.00
205.00		26.764155	31.520978	12.913293	16.169825	16.858585	205.00
206.00							206.00
206.00							206.00
207.00							207.00
207.00							207.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 16-0033		Period: From 07/01/2017 To 06/30/2018		Worksheet B-1	
Date/Time Prepared: 9/25/2018 8:33 am							
Cost Center Description		HEART INSTITUTE (SQUARE FEET)	53RD STREET (SQUARE FEET)	ELDRIDGE (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		6.08	6.09	6.10	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	ADMINISTRATIVE AND GENERAL - SHARED					5.01
5.02	00560	ADMINISTRATIVE AND GENERAL- HOSPITAL					5.02
5.03	00591	ADMINISTRATIVE AND GENERAL - SBS					5.03
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MOB I					6.01
6.02	00602	MOB II					6.02
6.03	00603	BETT MED PARK					6.03
6.04	00604	NW CLINICS					6.04
6.05	00605	CPMP I					6.05
6.06	00606	CPMP II					6.06
6.07	00607	BETT PLAZA					6.07
6.08	00608	HEART INSTITUTE	75,097				6.08
6.09	00609	53RD STREET	0	13,636			6.09
6.10	00610	ELDRIDGE	0	0	7,560		6.10
7.00	00700	OPERATION OF PLANT	0	0	0	504,290	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	2,727	1,376,977
9.00	00900	HOUSEKEEPING	0	0	0	6,377	0
10.00	01000	DIETARY	0	0	0	13,658	0
11.00	01100	CAFETERIA	0	0	0	7,424	0
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	0	3,694	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	33,783	0
15.00	01500	PHARMACY	0	0	0	10,196	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	7,317	0
17.00	01700	SOCIAL SERVICE	0	0	0	2,866	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	17,446	0
23.00	02300	PARAMED ED PRGM - PASTORAL CARE	0	0	0	686	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	93,722	583,284
31.00	03100	INTENSIVE CARE UNIT	0	0	0	3,317	73,221
32.01	03201	NI CU	0	0	0	2,448	6,446
40.00	04000	SUBPROVIDER - I PF	0	0	0	19,845	32,159
41.00	04100	SUBPROVIDER - I RF	0	0	0	18,333	48,782
43.00	04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	45,135	208,020
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	46,239	76,629
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	1,632	32,003
57.00	05700	CT SCAN	0	0	0	1,710	14,409
58.00	05800	MRI	0	0	0	2,562	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	10,423	38,951
60.00	06000	LABORATORY	0	0	0	17,362	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	338	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	4,901	0
66.00	06600	PHYSICAL THERAPY	0	0	0	63,782	3,297
69.00	06900	ELECTROCARDIOLOGY	31,192	0	0	7,645	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,230	19,083
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	790	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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	0	0	0	0	0
90.02	09002	OP INSTITUTES	0	0	0	3,880	7,414
90.03	09003	MARC	0	0	0	0	0
90.04	09004	BARIATRIC CLINIC	0	0	0	1,655	0
90.05	09005	PAIN MANAGEMENT	0	0	0	0	0
91.00	09100	EMERGENCY	0	0	0	22,183	233,279
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	31,192	0	0	479,306	1,376,977
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	257	0
190.01	19001	AUXILIARY	0	0	0	5,995	0
190.02	19002	FIRST MED CLINICS	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
9/25/2018 8:33 am

Cost Center Description			HEART INSTITUTE (SQUARE FEET)	53RD STREET (SQUARE FEET)	ELDRIDGE (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
			6.08	6.09	6.10	7.00	8.00	
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	100	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	43,905	13,636	7,560	10,437	0	192.01
192.02	19202	FOUNDATION	0	0	0	426	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	5,292	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	2,477	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,428,644	227,892	200,774	2,929,139	388,058	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	19.023982	16.712526	26.557407	5.808442	0.281819	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,408,922	269,678	216,785	30,399	59,056	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	18.761362	19.776914	28.675265	0.060281	0.042888	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: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS)	EMPLOYEE CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING HOURS)	
		9.00	10.00	11.00	11.01	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00560						5.02
5.03	00591						5.03
6.00	00600						6.00
6.01	00601						6.01
6.02	00602						6.02
6.03	00603						6.03
6.04	00604						6.04
6.05	00605						6.05
6.06	00606						6.06
6.07	00607						6.07
6.08	00608						6.08
6.09	00609						6.09
6.10	00610						6.10
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	432,024					10.00
11.00	01100	13,658	757,343				11.00
11.01	01101	7,424	588,413	588,413			11.01
11.01	01101	0	0	588,413	139,015		11.01
13.00	01300	3,694	0	0	3,494	1,210,230	13.00
14.00	01400	33,783	0	0	1,851	0	14.00
15.00	01500	10,196	0	0	6,513	0	15.00
16.00	01600	7,317	0	0	0	0	16.00
17.00	01700	2,866	0	0	2	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	17,446	0	0	0	0	22.00
23.00	02300	686	0	0	462	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	93,722	155,179	0	39,120	611,211	30.00
31.00	03100	3,317	13,751	0	5,449	51,896	31.00
32.01	03201	2,448	0	0	1,679	32,191	32.01
40.00	04000	0	0	0	4,419	45,764	40.00
41.00	04100	0	0	0	3,364	51,485	41.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	45,135	0	0	9,667	136,453	50.00
54.00	05400	46,239	0	0	9,850	19,180	54.00
55.00	05500	1,632	0	0	2,771	16,689	55.00
57.00	05700	1,710	0	0	1,153	17	57.00
58.00	05800	2,562	0	0	423	3	58.00
59.00	05900	10,423	0	0	3,308	27,892	59.00
60.00	06000	17,362	0	0	6,721	0	60.00
63.00	06300	338	0	0	0	0	63.00
65.00	06500	4,901	0	0	3,666	0	65.00
66.00	06600	63,782	0	0	15,672	39	66.00
69.00	06900	7,645	0	0	3,989	25,987	69.00
70.00	07000	5,230	0	0	985	1,874	70.00
71.00	07100	790	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
74.00	07400	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	0	0	0	152	0	90.01
90.02	09002	3,880	0	0	2,336	33,439	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	1,655	0	0	602	5,164	90.04
90.05	09005	0	0	0	1,253	15,382	90.05
91.00	09100	22,183	0	0	9,770	135,564	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		432,024	757,343	588,413	138,671	1,210,230	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	0	0	0	0	0	190.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
9/25/2018 8:33 am

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS)	EMPLOYEE CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING HOURS)	
		9.00	10.00	11.00	11.01	13.00	
190.02	19002 FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003 EAP	0	0	0	0	0	190.03
191.00	19100 RESEARCH	0	0	0	339	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 NON REIMBURSEABLE COST	0	0	0	0	0	192.01
192.02	19202 FOUNDATION	0	0	0	1	0	192.02
192.03	19203 BIO MED SERVICES - OUTREACH	0	0	0	4	0	192.03
192.04	19204 OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205 PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206 AFFILIATES	0	0	0	0	0	192.06
192.07	19207 NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208 ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
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)	5,669,200	3,376,632	3,066,609	3,066,609	3,316,771	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	13.122419	4.458524	5.211661	22.059555	2.740612	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	488,450	382,972	456,956	456,956	380,948	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.130608	0.505678	0.776591	3.287099	0.314773	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: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	14.00	15.00	16.00	17.00	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
5.01 00590 ADMINISTRATIVE AND GENERAL - SHARED						5.01
5.02 00560 ADMINISTRATIVE AND GENERAL- HOSPITAL						5.02
5.03 00591 ADMINISTRATIVE AND GENERAL - SBS						5.03
6.00 00600 MAINTENANCE & REPAIRS						6.00
6.01 00601 MOB I						6.01
6.02 00602 MOB II						6.02
6.03 00603 BETT MED PARK						6.03
6.04 00604 NW CLINICS						6.04
6.05 00605 CPMP I						6.05
6.06 00606 CPMP II						6.06
6.07 00607 BETT PLAZA						6.07
6.08 00608 HEART INSTITUTE						6.08
6.09 00609 53RD STREET						6.09
6.10 00610 ELDRI DGE						6.10
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
11.01 01101 EMPLOYEE CAFETERIA						11.01
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	50,209,508					14.00
15.00 01500 PHARMACY	229,778	23,939,962				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	1,112,256,300			16.00
17.00 01700 SOCIAL SERVICE	0	0	0	71,612		17.00
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	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM - PASTORAL CARE	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	1,850,119	0	88,947,395	54,863	0	30.00
31.00 03100 INTENSIVE CARE UNIT	616,899	0	15,963,692	4,896	0	31.00
32.01 03201 NICU	67,365	0	4,512,201	2,421	0	32.01
40.00 04000 SUBPROVIDER - IPF	12,705	0	4,149,961	3,641	0	40.00
41.00 04100 SUBPROVIDER - IRF	82,199	0	6,455,709	5,791	0	41.00
43.00 04300 NURSERY	0	0	3,075,695	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	4,015,898	0	105,521,462	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	643,238	0	102,042,371	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	85,089	8,718,742	55,326,136	0	0	55.00
57.00 05700 CT SCAN	165,704	0	61,058,901	0	0	57.00
58.00 05800 MRI	8,882	0	17,859,552	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	672,118	0	123,692,259	0	0	59.00
60.00 06000 LABORATORY	117,734	0	69,926,200	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	4,286,792	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	284,866	0	29,504,017	0	0	65.00
66.00 06600 PHYSICAL THERAPY	75,885	0	49,249,910	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	62,199	0	25,562,382	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	85,709	0	8,968,772	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	15,799,482	0	66,047,987	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	24,309,832	0	90,202,019	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	15,221,220	89,077,738	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 CLINICAL PSYCH	0	0	557,061	0	0	90.01
90.02 09002 OP INSTITUTES	185,535	0	14,860,105	0	0	90.02
90.03 09003 MARC	0	0	0	0	0	90.03
90.04 09004 BARIATRIC CLINIC	615	0	400,821	0	0	90.04
90.05 09005 PAIN MANAGEMENT	61,497	0	5,564,967	0	0	90.05
91.00 09100 EMERGENCY	776,160	0	69,442,195	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	50,209,508	23,939,962	1,112,256,300	71,612	0 118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)		
	14.00	15.00	16.00	17.00	21.00		
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	AUXILIARY	0	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	192.08
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	8,195,083	9,588,348	4,720,380	179,495	0 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.163218	0.400516	0.004244	2.506493	0.000000 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,548,992	548,689	236,945	70,055	0 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.030851	0.022919	0.000213	0.978258	0.000000 205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1
Date/Time Prepared:
9/25/2018 8:33 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM - PASTORAL CARE (PATIENT DAYS)		
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	22.00	23.00		
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	
5.01 00590 ADMINISTRATIVE AND GENERAL - SHARED			5.01	
5.02 00560 ADMINISTRATIVE AND GENERAL- HOSPITAL			5.02	
5.03 00591 ADMINISTRATIVE AND GENERAL - SBS			5.03	
6.00 00600 MAINTENANCE & REPAIRS			6.00	
6.01 00601 MOB I			6.01	
6.02 00602 MOB II			6.02	
6.03 00603 BETT MED PARK			6.03	
6.04 00604 NW CLINICS			6.04	
6.05 00605 CPMP I			6.05	
6.06 00606 CPMP II			6.06	
6.07 00607 BETT PLAZA			6.07	
6.08 00608 HEART INSTITUTE			6.08	
6.09 00609 53RD STREET			6.09	
6.10 00610 ELDRI DGE			6.10	
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	
11.01 01101 EMPLOYEE CAFETERIA			11.01	
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	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV			21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	38,649		22.00	
23.00 02300 PARAMED PRGM - PASTORAL CARE		69,191	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS	19,501	54,863	30.00	
31.00 03100 INTENSIVE CARE UNIT	1,031	4,896	31.00	
32.01 03201 NICU	1,049	0	32.01	
40.00 04000 SUBPROVIDER - IPF	1,049	3,641	40.00	
41.00 04100 SUBPROVIDER - IRF	0	5,791	41.00	
43.00 04300 NURSERY	0	0	43.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	1,049	0	50.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	513	0	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00	
57.00 05700 CT SCAN	0	0	57.00	
58.00 05800 MRI	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00	
60.00 06000 LABORATORY	370	0	60.00	
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	
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00	
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	359	0	73.00	
74.00 07400 RENAL DIALYSIS	0	0	74.00	
OUTPATIENT SERVICE COST CENTERS				
90.01 09001 CLINICAL PSYCH	0	0	90.01	
90.02 09002 OP INSTITUTES	0	0	90.02	
90.03 09003 MARC	0	0	90.03	
90.04 09004 BARIATRIC CLINIC	0	0	90.04	
90.05 09005 PAIN MANAGEMENT	0	0	90.05	
91.00 09100 EMERGENCY	2,547	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART			92.00	
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0	95.00	
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	27,468	69,191	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet B-1
Date/Time Prepared:
9/25/2018 8:33 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM - PASTORAL CARE (PATIENT DAYS)			
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
	22.00	23.00			
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	AUXILIARY	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	190.02
190.03	19003	EAP	0	0	190.03
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11,181	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	192.01
192.02	19202	FOUNDATION	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	192.05
192.06	19206	AFFILIATES	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	192.08
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,619,030	378,887	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	119.512277	5.475958	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	412,295	49,113	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	10.667676	0.709818	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 9/25/2018 8:33 am	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		47,418,999	0	47,418,999	30.00
31.00	03100 INTENSIVE CARE UNIT		7,107,043	0	7,107,043	31.00
32.01	03201 NICU		2,158,536	0	2,158,536	32.01
40.00	04000 SUBPROVIDER - I PF		3,255,455	0	3,255,455	40.00
41.00	04100 SUBPROVIDER - I RF		4,237,841	0	4,237,841	41.00
43.00	04300 NURSERY		2,936,790	0	2,936,790	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		23,802,622	0	23,802,622	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		26,275,931	0	26,275,931	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		19,626,617	0	19,626,617	55.00
57.00	05700 CT SCAN		2,871,219	0	2,871,219	57.00
58.00	05800 MRI		1,166,401	0	1,166,401	58.00
59.00	05900 CARDIAC CATHETERIZATION		9,112,465	0	9,112,465	59.00
60.00	06000 LABORATORY		12,321,294	0	12,321,294	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		1,879,777	0	1,879,777	63.00
65.00	06500 RESPIRATORY THERAPY	0	4,216,958	0	4,216,958	65.00
66.00	06600 PHYSICAL THERAPY	0	20,640,079	0	20,640,079	66.00
69.00	06900 ELECTROCARDIOLOGY		5,381,615	0	5,381,615	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,527,393	0	1,527,393	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		22,341,037	0	22,341,037	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		34,154,154	0	34,154,154	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		25,420,175	0	25,420,175	73.00
74.00	07400 RENAL DIALYSIS		0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01	09001 CLINICAL PSYCH		151,789	0	151,789	90.01
90.02	09002 OP INSTITUTES		3,735,456	0	3,735,456	90.02
90.03	09003 MARC		0	0	0	90.03
90.04	09004 BARIATRIC CLINIC		573,410	0	573,410	90.04
90.05	09005 PAIN MANAGEMENT		1,526,253	0	1,526,253	90.05
91.00	09100 EMERGENCY		12,451,470	0	12,451,470	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		3,790,814	0	3,790,814	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		0	0	0	95.00
200.00	Subtotal (see instructions)		300,081,593	0	300,081,593	200.00
201.00	Less Observation Beds		3,790,814		3,790,814	201.00
202.00	Total (see instructions)		296,290,779	0	296,290,779	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 16-0033		Period: From 07/01/2017 To 06/30/2018		Worksheet C Part I Date/Time Prepared: 9/25/2018 8:33 am		
			Title XVIII			Hospital		PPS	
Cost Center Description	Charges			Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient							
	6.00	7.00	8.00						
	9.00	10.00							
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	81,262,860		81,262,860				30.00
31.00	03100	INTENSIVE CARE UNIT	15,963,692		15,963,692				31.00
32.01	03201	NI CU	4,512,201		4,512,201				32.01
40.00	04000	SUBPROVIDER - I PF	4,149,961		4,149,961				40.00
41.00	04100	SUBPROVIDER - I RF	6,455,709		6,455,709				41.00
43.00	04300	NURSERY	3,075,695		3,075,695				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	58,017,983	47,503,479	105,521,462	0.225571	0.000000		50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,589,923	87,452,448	102,042,371	0.257500	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	463,703	54,862,433	55,326,136	0.354744	0.000000		55.00
57.00	05700	CT SCAN	20,726,145	40,332,756	61,058,901	0.047024	0.000000		57.00
58.00	05800	MRI	4,890,162	12,969,390	17,859,552	0.065310	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	46,859,618	76,832,641	123,692,259	0.073670	0.000000		59.00
60.00	06000	LABORATORY	40,272,649	29,653,551	69,926,200	0.176204	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,319,255	967,537	4,286,792	0.438504	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	25,949,517	3,554,500	29,504,017	0.142928	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	19,186,235	30,063,675	49,249,910	0.419089	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	11,060,656	14,501,726	25,562,382	0.210529	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	584,883	8,383,889	8,968,772	0.170301	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	35,494,402	30,553,585	66,047,987	0.338255	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	58,889,596	31,312,423	90,202,019	0.378641	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	64,892,947	24,184,791	89,077,738	0.285371	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000		74.00
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	CLINICAL PSYCH	14,698	542,363	557,061	0.272482	0.000000		90.01
90.02	09002	OP INSTITUTES	208,000	14,652,105	14,860,105	0.251375	0.000000		90.02
90.03	09003	MARC	0	0	0	0.000000	0.000000		90.03
90.04	09004	BARITRIC CLINIC	0	400,821	400,821	1.430589	0.000000		90.04
90.05	09005	PAIN MANAGEMENT	5,805	5,559,162	5,564,967	0.274261	0.000000		90.05
91.00	09100	EMERGENCY	13,774,887	55,667,308	69,442,195	0.179307	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,094,118	2,590,417	7,684,535	0.493304	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
200.00		Subtotal (see instructions)	539,715,300	572,541,000	1,112,256,300				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	539,715,300	572,541,000	1,112,256,300				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 9/25/2018 8:33 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.01	03201 NICU			32.01
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.225571		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.257500		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.354744		55.00
57.00	05700 CT SCAN	0.047024		57.00
58.00	05800 MRI	0.065310		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.073670		59.00
60.00	06000 LABORATORY	0.176204		60.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0.438504		63.00
65.00	06500 RESPIRATORY THERAPY	0.142928		65.00
66.00	06600 PHYSICAL THERAPY	0.419089		66.00
69.00	06900 ELECTROCARDIOLOGY	0.210529		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.170301		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.338255		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.378641		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.285371		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
OUTPATIENT SERVICE COST CENTERS				
90.01	09001 CLINICAL PSYCH	0.272482		90.01
90.02	09002 OP INSTITUTES	0.251375		90.02
90.03	09003 MARC	0.000000		90.03
90.04	09004 BARIATRIC CLINIC	1.430589		90.04
90.05	09005 PAIN MANAGEMENT	0.274261		90.05
91.00	09100 EMERGENCY	0.179307		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.493304		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
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: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 9/25/2018 8:33 am	
			Title XIX	Hospital	Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		47,418,999	0	47,418,999	30.00
31.00	03100 INTENSIVE CARE UNIT		7,107,043	0	7,107,043	31.00
32.01	03201 NICU		2,158,536	0	2,158,536	32.01
40.00	04000 SUBPROVIDER - I PF		3,255,455	0	3,255,455	40.00
41.00	04100 SUBPROVIDER - I RF		4,237,841	0	4,237,841	41.00
43.00	04300 NURSERY		2,936,790	0	2,936,790	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		23,802,622	0	23,802,622	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		26,275,931	0	26,275,931	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		19,626,617	0	19,626,617	55.00
57.00	05700 CT SCAN		2,871,219	0	2,871,219	57.00
58.00	05800 MRI		1,166,401	0	1,166,401	58.00
59.00	05900 CARDIAC CATHETERIZATION		9,112,465	0	9,112,465	59.00
60.00	06000 LABORATORY		12,321,294	0	12,321,294	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		1,879,777	0	1,879,777	63.00
65.00	06500 RESPIRATORY THERAPY	0	4,216,958	0	4,216,958	65.00
66.00	06600 PHYSICAL THERAPY	0	20,640,079	0	20,640,079	66.00
69.00	06900 ELECTROCARDIOLOGY		5,381,615	0	5,381,615	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,527,393	0	1,527,393	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		22,341,037	0	22,341,037	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		34,154,154	0	34,154,154	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		25,420,175	0	25,420,175	73.00
74.00	07400 RENAL DIALYSIS		0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01	09001 CLINICAL PSYCH		151,789	0	151,789	90.01
90.02	09002 OP INSTITUTES		3,735,456	0	3,735,456	90.02
90.03	09003 MARC		0	0	0	90.03
90.04	09004 BARIATRIC CLINIC		573,410	0	573,410	90.04
90.05	09005 PAIN MANAGEMENT		1,526,253	0	1,526,253	90.05
91.00	09100 EMERGENCY		12,451,470	0	12,451,470	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		3,790,814	0	3,790,814	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		0	0	0	95.00
200.00	Subtotal (see instructions)		300,081,593	0	300,081,593	200.00
201.00	Less Observation Beds		3,790,814		3,790,814	201.00
202.00	Total (see instructions)		296,290,779	0	296,290,779	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 9/25/2018 8:33 am
		Title XIX	Hospital	Cost

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				
	9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	81,262,860		81,262,860		30.00
31.00	03100	INTENSIVE CARE UNIT	15,963,692		15,963,692		31.00
32.01	03201	NI CU	4,512,201		4,512,201		32.01
40.00	04000	SUBPROVIDER - I PF	4,149,961		4,149,961		40.00
41.00	04100	SUBPROVIDER - I RF	6,455,709		6,455,709		41.00
43.00	04300	NURSERY	3,075,695		3,075,695		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	58,017,983	47,503,479	105,521,462	0.225571	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,589,923	87,452,448	102,042,371	0.257500	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	463,703	54,862,433	55,326,136	0.354744	55.00
57.00	05700	CT SCAN	20,726,145	40,332,756	61,058,901	0.047024	57.00
58.00	05800	MRI	4,890,162	12,969,390	17,859,552	0.065310	58.00
59.00	05900	CARDIAC CATHETERIZATION	46,859,618	76,832,641	123,692,259	0.073670	59.00
60.00	06000	LABORATORY	40,272,649	29,653,551	69,926,200	0.176204	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,319,255	967,537	4,286,792	0.438504	63.00
65.00	06500	RESPIRATORY THERAPY	25,949,517	3,554,500	29,504,017	0.142928	65.00
66.00	06600	PHYSICAL THERAPY	19,186,235	30,063,675	49,249,910	0.419089	66.00
69.00	06900	ELECTROCARDIOLOGY	11,060,656	14,501,726	25,562,382	0.210529	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	584,883	8,383,889	8,968,772	0.170301	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	35,494,402	30,553,585	66,047,987	0.338255	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	58,889,596	31,312,423	90,202,019	0.378641	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	64,892,947	24,184,791	89,077,738	0.285371	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	14,698	542,363	557,061	0.272482	90.01
90.02	09002	OP INSTITUTES	208,000	14,652,105	14,860,105	0.251375	90.02
90.03	09003	MARC	0	0	0	0.000000	90.03
90.04	09004	BARIATRIC CLINIC	0	400,821	400,821	1.430589	90.04
90.05	09005	PAIN MANAGEMENT	5,805	5,559,162	5,564,967	0.274261	90.05
91.00	09100	EMERGENCY	13,774,887	55,667,308	69,442,195	0.179307	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,094,118	2,590,417	7,684,535	0.493304	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
200.00		Subtotal (see instructions)	539,715,300	572,541,000	1,112,256,300		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	539,715,300	572,541,000	1,112,256,300		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet C Part I Date/Time Prepared: 9/25/2018 8:33 am
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
32.01	03201 NICU			32.01
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
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
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
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
74.00	07400 RENAL DIALYSIS	0.000000		74.00
OUTPATIENT SERVICE COST CENTERS				
90.01	09001 CLINICAL PSYCH	0.000000		90.01
90.02	09002 OP INSTITUTES	0.000000		90.02
90.03	09003 MARC	0.000000		90.03
90.04	09004 BARIATRIC CLINIC	0.000000		90.04
90.05	09005 PAIN MANAGEMENT	0.000000		90.05
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
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: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part I Date/Time Prepared: 9/25/2018 8:33 am
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Cost Center Description		Title XVIII				Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)			
		1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	ADULTS & PEDIATRICS	3,423,942	0	3,423,942	59,630	57.42	30.00		
31.00	INTENSIVE CARE UNIT	575,420		575,420	4,896	117.53	31.00		
32.01	NICU	142,277		142,277	2,421	58.77	32.01		
40.00	SUBPROVIDER - 1PF	497,390	0	497,390	3,641	136.61	40.00		
41.00	SUBPROVIDER - 1RF	478,069	0	478,069	5,791	82.55	41.00		
43.00	NURSERY	31,935		31,935	3,447	9.26	43.00		
200.00	Total (lines 30 through 199)	5,149,033		5,149,033	79,826		200.00		
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)						
		6.00	7.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	ADULTS & PEDIATRICS	23,633	1,357,007						
31.00	INTENSIVE CARE UNIT	2,763	324,735						
32.01	NICU	0	0						
40.00	SUBPROVIDER - 1PF	711	97,130						
41.00	SUBPROVIDER - 1RF	3,116	257,226						
43.00	NURSERY	0	0						
200.00	Total (lines 30 through 199)	30,223	2,036,098						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part II Date/Time Prepared: 9/25/2018 8:33 am
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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)	Hospital 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	4,321,795	105,521,462	0.040957	25,142,044	1,029,743	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,090,650	102,042,371	0.020488	7,257,753	148,697	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,361,243	55,326,136	0.024604	248,502	6,114	55.00
57.00	05700 CT SCAN	376,898	61,058,901	0.006173	7,502,062	46,310	57.00
58.00	05800 MRI	86,863	17,859,552	0.004864	2,142,976	10,423	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,343,285	123,692,259	0.010860	25,632,450	278,368	59.00
60.00	06000 LABORATORY	846,190	69,926,200	0.012101	16,766,163	202,887	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	28,732	4,286,792	0.006702	1,661,106	11,133	63.00
65.00	06500 RESPIRATORY THERAPY	332,265	29,504,017	0.011262	12,931,579	145,635	65.00
66.00	06600 PHYSICAL THERAPY	3,078,785	49,249,910	0.062514	5,706,396	356,730	66.00
69.00	06900 ELECTROCARDIOLOGY	1,502,012	25,562,382	0.058759	6,074,852	356,952	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	211,058	8,968,772	0.023533	282,782	6,655	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	720,178	66,047,987	0.010904	16,896,081	184,235	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,078,509	90,202,019	0.011957	30,337,985	362,751	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	564,489	89,077,738	0.006337	27,297,489	172,984	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 CLINICAL PSYCH	2,186	557,061	0.003924	2,614	10	90.01
90.02	09002 OP INSTITUTES	475,585	14,860,105	0.032004	199,288	6,378	90.02
90.03	09003 MARC	0	0	0.000000	0	0	90.03
90.04	09004 BARIATRIC CLINIC	147,818	400,821	0.368788	0	0	90.04
90.05	09005 PAIN MANAGEMENT	318,696	5,564,967	0.057268	3,852	221	90.05
91.00	09100 EMERGENCY	862,135	69,442,195	0.012415	6,899,154	85,653	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	273,720	7,684,535	0.035620	897,859	31,982	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	20,023,092	996,836,182		193,882,987	3,443,861	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part III Date/Time Prepared: 9/25/2018 8:33 am
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	300,428	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	26,810	0	31.00	
32.01	03201	NICU	0	0	0	0	0	32.01	
40.00	04000	SUBPROVIDER - IPF	0	0	0	19,938	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	31,711	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	378,887	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	300,428	59,630	5.04	23,633	30.00	
31.00	03100	INTENSIVE CARE UNIT		26,810	4,896	5.48	2,763	31.00	
32.01	03201	NICU		0	2,421	0.00	0	32.01	
40.00	04000	SUBPROVIDER - IPF	0	19,938	3,641	5.48	711	40.00	
41.00	04100	SUBPROVIDER - IRF	0	31,711	5,791	5.48	3,116	41.00	
43.00	04300	NURSERY		0	3,447	0.00	0	43.00	
200.00		Total (lines 30 through 199)		378,887	79,826		30,223	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	119,110						30.00
31.00	03100	INTENSIVE CARE UNIT	15,141						31.00
32.01	03201	NICU	0						32.01
40.00	04000	SUBPROVIDER - IPF	3,896						40.00
41.00	04100	SUBPROVIDER - IRF	17,076						41.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	155,223						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 9/25/2018 8:33 am
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Cost Center Description	Title XVIII		Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
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
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES 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	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 CLINICAL PSYCH	0	0	0	0	0	90.01
90.02 09002 OP INSTITUTES	0	0	0	0	0	90.02
90.03 09003 MARC	0	0	0	0	0	90.03
90.04 09004 BARIATRIC CLINIC	0	0	0	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0	0	0	0	0	90.05
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	24,019	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00 Total (lines 50 through 199)	0	0	0	0	24,019	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 9/25/2018 8:33 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	105,521,462	0.000000	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	102,042,371	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55,326,136	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	61,058,901	0.000000	57.00
58.00	05800	MRI	0	0	0	17,859,552	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	123,692,259	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	69,926,200	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	4,286,792	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	29,504,017	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	49,249,910	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	25,562,382	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	8,968,772	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	66,047,987	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	90,202,019	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	89,077,738	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	557,061	0.000000	90.01
90.02	09002	OP INSTITUTES	0	0	0	14,860,105	0.000000	90.02
90.03	09003	MARC	0	0	0	0	0.000000	90.03
90.04	09004	BARITRIC CLINIC	0	0	0	400,821	0.000000	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	5,564,967	0.000000	90.05
91.00	09100	EMERGENCY	0	0	0	69,442,195	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	24,019	24,019	7,684,535	0.003126	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	24,019	24,019	996,836,182		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 9/25/2018 8:33 am
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Cost Center Description		Title XVIII			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	25,142,044	0	10,805,009	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	7,257,753	0	24,115,463	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	248,502	0	10,924,632	0	55.00
57.00	05700 CT SCAN	0.000000	7,502,062	0	12,277,552	0	57.00
58.00	05800 MRI	0.000000	2,142,976	0	3,101,439	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	25,632,450	0	38,498,630	0	59.00
60.00	06000 LABORATORY	0.000000	16,766,163	0	7,291,872	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	1,661,106	0	370,051	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	12,931,579	0	1,292,555	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	5,706,396	0	139,458	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	6,074,852	0	4,462,419	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	282,782	0	2,094,180	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	16,896,081	0	11,345,728	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	30,337,985	0	15,599,796	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	27,297,489	0	20,463,711	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 CLINICAL PSYCH	0.000000	2,614	0	26,250	0	90.01
90.02	09002 OP INSTITUTES	0.000000	199,288	0	7,658,957	0	90.02
90.03	09003 MARC	0.000000	0	0	0	0	90.03
90.04	09004 BARIATRIC CLINIC	0.000000	0	0	29,817	0	90.04
90.05	09005 PAIN MANAGEMENT	0.000000	3,852	0	1,630,067	0	90.05
91.00	09100 EMERGENCY	0.000000	6,899,154	0	8,186,182	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.003126	897,859	2,807	273,770	856	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		193,882,987	2,807	180,587,538	856	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 9/25/2018 8:33 am
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Title XVIII		Hospital		PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.225571	10,805,009	0	0	2,437,297	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.257500	24,115,463	0	0	6,209,732	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.354744	10,924,632	0	0	3,875,448	55.00
57.00	05700 CT SCAN	0.047024	12,277,552	0	0	577,340	57.00
58.00	05800 MRI	0.065310	3,101,439	0	0	202,555	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.073670	38,498,630	0	0	2,836,194	59.00
60.00	06000 LABORATORY	0.176204	7,291,872	0	0	1,284,857	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.438504	370,051	0	0	162,269	63.00
65.00	06500 RESPIRATORY THERAPY	0.142928	1,292,555	0	0	184,742	65.00
66.00	06600 PHYSICAL THERAPY	0.419089	139,458	0	0	58,445	66.00
69.00	06900 ELECTROCARDIOLOGY	0.210529	4,462,419	0	0	939,469	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.170301	2,094,180	0	0	356,641	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.338255	11,345,728	0	0	3,837,749	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.378641	15,599,796	0	0	5,906,722	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.285371	20,463,711	0	85,216	5,839,750	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 CLINICAL PSYCH	0.272482	26,250	0	0	7,153	90.01
90.02	09002 OP INSTITUTES	0.251375	7,658,957	0	0	1,925,270	90.02
90.03	09003 MARC	0.000000	0	0	0	0	90.03
90.04	09004 BARIATRIC CLINIC	1.430589	29,817	0	0	42,656	90.04
90.05	09005 PAIN MANAGEMENT	0.274261	1,630,067	0	0	447,064	90.05
91.00	09100 EMERGENCY	0.179307	8,186,182	0	0	1,467,840	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.493304	273,770	0	0	135,052	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.000000		0			95.00
200.00	Subtotal (see instructions)		180,587,538	0	85,216	38,734,245	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		180,587,538	0	85,216	38,734,245	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 9/25/2018 8:33 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
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
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
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	24,318		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
OUTPATIENT SERVICE COST CENTERS				
90.01 09001 CLINICAL PSYCH	0	0		90.01
90.02 09002 OP INSTITUTES	0	0		90.02
90.03 09003 MARC	0	0		90.03
90.04 09004 BARIATRIC CLINIC	0	0		90.04
90.05 09005 PAIN MANAGEMENT	0	0		90.05
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	0	24,318		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	24,318		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 16-0033 Component CCN: 16-S033		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part II Date/Time Prepared: 9/25/2018 8:33 am	
Title XVIII				Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,321,795	105,521,462	0.040957	6,482	265 50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,090,650	102,042,371	0.020488	5,959	122 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,361,243	55,326,136	0.024604	0	0 55.00
57.00	05700	CT SCAN	376,898	61,058,901	0.006173	12,728	79 57.00
58.00	05800	MRI	86,863	17,859,552	0.004864	2,140	10 58.00
59.00	05900	CARDIAC CATHETERIZATION	1,343,285	123,692,259	0.010860	0	0 59.00
60.00	06000	LABORATORY	846,190	69,926,200	0.012101	56,213	680 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	28,732	4,286,792	0.006702	262	2 63.00
65.00	06500	RESPIRATORY THERAPY	332,265	29,504,017	0.011262	22,697	256 65.00
66.00	06600	PHYSICAL THERAPY	3,078,785	49,249,910	0.062514	88,368	5,524 66.00
69.00	06900	ELECTROCARDIOLOGY	1,502,012	25,562,382	0.058759	2,516	148 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	211,058	8,968,772	0.023533	1,754	41 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	720,178	66,047,987	0.010904	7,069	77 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,078,509	90,202,019	0.011957	3,923	47 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	564,489	89,077,738	0.006337	170,712	1,082 73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0 74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	2,186	557,061	0.003924	0	0 90.01
90.02	09002	OP INSTITUTES	475,585	14,860,105	0.032004	175	6 90.02
90.03	09003	MARC	0	0	0.000000	0	0 90.03
90.04	09004	BARIATRIC CLINIC	147,818	400,821	0.368788	0	0 90.04
90.05	09005	PAIN MANAGEMENT	318,696	5,564,967	0.057268	0	0 90.05
91.00	09100	EMERGENCY	862,135	69,442,195	0.012415	69,379	861 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	7,684,535	0.000000	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)	19,749,372	996,836,182		450,377	9,200 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0033 Component CCN: 16-S033	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 9/25/2018 8:33 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
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
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES 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	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 CLINICAL PSYCH	0	0	0	0	0	90.01
90.02	09002 OP INSTITUTES	0	0	0	0	0	90.02
90.03	09003 MARC	0	0	0	0	0	90.03
90.04	09004 BARIATRIC CLINIC	0	0	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	0	0	90.05
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
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0033 Component CCN: 16-S033	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 9/25/2018 8:33 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	105,521,462	0.000000	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	102,042,371	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55,326,136	0.000000	55.00
57.00 05700 CT SCAN	0	0	0	61,058,901	0.000000	57.00
58.00 05800 MRI	0	0	0	17,859,552	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	123,692,259	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	69,926,200	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	4,286,792	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	29,504,017	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	49,249,910	0.000000	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	25,562,382	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	8,968,772	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	66,047,987	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	90,202,019	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	89,077,738	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 CLINICAL PSYCH	0	0	0	557,061	0.000000	90.01
90.02 09002 OP INSTITUTES	0	0	0	14,860,105	0.000000	90.02
90.03 09003 MARC	0	0	0	0	0.000000	90.03
90.04 09004 BARIATRIC CLINIC	0	0	0	400,821	0.000000	90.04
90.05 09005 PAIN MANAGEMENT	0	0	0	5,564,967	0.000000	90.05
91.00 09100 EMERGENCY	0	0	0	69,442,195	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	7,684,535	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	0	0	0	996,836,182		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 16-0033 Component CCN: 16-S033		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 9/25/2018 8:33 am	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	6,482	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	5,959	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
57.00	05700	CT SCAN	0.000000	12,728	0	0	57.00
58.00	05800	MRI	0.000000	2,140	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	56,213	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	262	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	22,697	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	88,368	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	2,516	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	1,754	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	7,069	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	3,923	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	170,712	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	0.000000	0	0	0	90.01
90.02	09002	OP INSTITUTES	0.000000	175	0	0	90.02
90.03	09003	MARC	0.000000	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0.000000	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0.000000	0	0	0	90.05
91.00	09100	EMERGENCY	0.000000	69,379	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)		450,377	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 16-0033 Component CCN: 16-S033	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 9/25/2018 8:33 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs PPS Services (see inst.)	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.225571	0	0	0	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.257500	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.354744	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0.047024	0	0	0	0	0	57.00
58.00 05800 MRI	0.065310	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.073670	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0.176204	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.438504	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.142928	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.419089	0	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0.210529	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.170301	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.338255	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.378641	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.285371	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01 09001 CLINICAL PSYCH	0.272482	0	0	0	0	0	90.01
90.02 09002 OP INSTITUTES	0.251375	0	0	0	0	0	90.02
90.03 09003 MARC	0.000000	0	0	0	0	0	90.03
90.04 09004 BARIATRIC CLINIC	1.430589	0	0	0	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0.274261	0	0	0	0	0	90.05
91.00 09100 EMERGENCY	0.179307	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.493304	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0.000000		0	0			95.00
200.00	Subtotal (see instructions)		0	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		0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 16-0033 Component CCN: 16-S033	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 9/25/2018 8:33 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
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
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
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
74.00 07400 RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS			
90.01 09001 CLINICAL PSYCH	0	0	90.01
90.02 09002 OP INSTITUTES	0	0	90.02
90.03 09003 MARC	0	0	90.03
90.04 09004 BARIATRIC CLINIC	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0	0	90.05
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 - line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 16-0033 Component CCN: 16-T033		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part II Date/Time Prepared: 9/25/2018 8:33 am	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,321,795	105,521,462	0.040957	4,596	188	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,090,650	102,042,371	0.020488	83,731	1,715	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,361,243	55,326,136	0.024604	51,979	1,279	55.00
57.00	05700	CT SCAN	376,898	61,058,901	0.006173	73,943	456	57.00
58.00	05800	MRI	86,863	17,859,552	0.004864	32,573	158	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,343,285	123,692,259	0.010860	0	0	59.00
60.00	06000	LABORATORY	846,190	69,926,200	0.012101	441,314	5,340	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	28,732	4,286,792	0.006702	2,206	15	63.00
65.00	06500	RESPIRATORY THERAPY	332,265	29,504,017	0.011262	372,029	4,190	65.00
66.00	06600	PHYSICAL THERAPY	3,078,785	49,249,910	0.062514	4,050,408	253,207	66.00
69.00	06900	ELECTROCARDIOLOGY	1,502,012	25,562,382	0.058759	12,892	758	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	211,058	8,968,772	0.023533	7,268	171	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	720,178	66,047,987	0.010904	191,867	2,092	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,078,509	90,202,019	0.011957	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	564,489	89,077,738	0.006337	914,946	5,798	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	2,186	557,061	0.003924	543	2	90.01
90.02	09002	OP INSTITUTES	475,585	14,860,105	0.032004	8,259	264	90.02
90.03	09003	MARC	0	0	0.000000	0	0	90.03
90.04	09004	BARIATRIC CLINIC	147,818	400,821	0.368788	0	0	90.04
90.05	09005	PAIN MANAGEMENT	318,696	5,564,967	0.057268	0	0	90.05
91.00	09100	EMERGENCY	862,135	69,442,195	0.012415	6,022	75	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	7,684,535	0.000000	449	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	19,749,372	996,836,182		6,255,025	275,708	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0033 Component CCN: 16-T033	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 9/25/2018 8:33 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
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
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES 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	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 CLINICAL PSYCH	0	0	0	0	0	90.01
90.02 09002 OP INSTITUTES	0	0	0	0	0	90.02
90.03 09003 MARC	0	0	0	0	0	90.03
90.04 09004 BARIATRIC CLINIC	0	0	0	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0	0	0	0	0	90.05
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
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 16-0033 Component CCN: 16-T033	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part IV Date/Time Prepared: 9/25/2018 8:33 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	Total Outpatient Cost (sum of col 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	105,521,462	0.000000	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	102,042,371	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55,326,136	0.000000	55.00
57.00 05700 CT SCAN	0	0	0	61,058,901	0.000000	57.00
58.00 05800 MRI	0	0	0	17,859,552	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	123,692,259	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	69,926,200	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	4,286,792	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	29,504,017	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	49,249,910	0.000000	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	25,562,382	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	8,968,772	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	66,047,987	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	90,202,019	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	89,077,738	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 CLINICAL PSYCH	0	0	0	557,061	0.000000	90.01
90.02 09002 OP INSTITUTES	0	0	0	14,860,105	0.000000	90.02
90.03 09003 MARC	0	0	0	0	0.000000	90.03
90.04 09004 BARIATRIC CLINIC	0	0	0	400,821	0.000000	90.04
90.05 09005 PAIN MANAGEMENT	0	0	0	5,564,967	0.000000	90.05
91.00 09100 EMERGENCY	0	0	0	69,442,195	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	7,684,535	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	0	0	0	996,836,182		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 16-0033 Component CCN: 16-T033		Period: From 07/01/2017 To 06/30/2018		Worksheet D Part IV Date/Time Prepared: 9/25/2018 8:33 am	
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	4,596	0	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	83,731	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	51,979	0	0	0	55.00
57.00	05700 CT SCAN	0.000000	73,943	0	0	0	57.00
58.00	05800 MRI	0.000000	32,573	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	441,314	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	2,206	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	372,029	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	4,050,408	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	12,892	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	7,268	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	191,867	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	0.000000	914,946	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 CLINICAL PSYCH	0.000000	543	0	0	0	90.01
90.02	09002 OP INSTITUTES	0.000000	8,259	0	0	0	90.02
90.03	09003 MARC	0.000000	0	0	0	0	90.03
90.04	09004 BARIATRIC CLINIC	0.000000	0	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0.000000	0	0	0	0	90.05
91.00	09100 EMERGENCY	0.000000	6,022	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	449	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		6,255,025	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 16-0033 Component CCN: 16-T033	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 9/25/2018 8:33 am
Title XVIII		Subprovider - IRF	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	0.225571	0	0	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.257500	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.354744	0	0	0	0	55.00
57.00 05700 CT SCAN	0.047024	0	0	0	0	57.00
58.00 05800 MRI	0.065310	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.073670	0	0	0	0	59.00
60.00 06000 LABORATORY	0.176204	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.438504	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.142928	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.419089	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0.210529	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.170301	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.338255	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.378641	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.285371	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 CLINICAL PSYCH	0.272482	0	0	0	0	90.01
90.02 09002 OP INSTITUTES	0.251375	0	0	0	0	90.02
90.03 09003 MARC	0.000000	0	0	0	0	90.03
90.04 09004 BARIATRIC CLINIC	1.430589	0	0	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0.274261	0	0	0	0	90.05
91.00 09100 EMERGENCY	0.179307	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.493304	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.000000		0			95.00
200.00	Subtotal (see instructions)		0		0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0	201.00
202.00	Net Charges (line 200 - line 201)		0		0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 16-0033 Component CCN: 16-T033	Period: From 07/01/2017 To 06/30/2018	Worksheet D Part V Date/Time Prepared: 9/25/2018 8:33 am
	Title XVIII	Subprovider - IRF	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
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
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
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
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
74.00 07400 RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS			
90.01 09001 CLINICAL PSYCH	0	0	90.01
90.02 09002 OP INSTITUTES	0	0	90.02
90.03 09003 MARC	0	0	90.03
90.04 09004 BARIATRIC CLINIC	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0	0	90.05
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 - line 201)	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 9/25/2018 8:33 am
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)		59,630	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		59,630	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)		54,863	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)		23,633	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)		47,418,999	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)		47,418,999	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)		47,418,999	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)		795.22	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		18,793,434	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)		18,793,434	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0033		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,107,043	4,896	1,451.60	2,763	4,010,771	43.00
44.00	CORONARY CARE UNIT						44.00
44.01	NICU	2,158,536	2,421	891.59	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					45,983,100	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					68,787,305	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,815,993	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,446,668	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,262,661	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					63,524,644	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					4,767	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					795.22	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,790,814	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0033		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 9/25/2018 8:33 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,423,942	47,418,999	0.072206	3,790,814	273,720	90.00
91.00	Nursing School cost	0	47,418,999	0.000000	3,790,814	0	91.00
92.00	Allied health cost	300,428	47,418,999	0.006336	3,790,814	24,019	92.00
93.00	All other Medical Education	0	47,418,999	0.000000	3,790,814	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0033 Component CCN: 16-S033	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 9/25/2018 8:33 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,641	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,641	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)		3,641	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)		711	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,255,455	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,255,455	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,255,455	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)		894.11	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		635,712	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)		635,712	41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1
					Component CCN: 16-S033		Date/Time Prepared: 9/25/2018 8:33 am
					Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
44.01	NICU	0	0	0.00	0	0	44.01
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					119,938	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					755,650	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)					101,026	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					9,200	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					110,226	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					645,424	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: 16-0033 Component CCN: 16-S033		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 9/25/2018 8:33 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	497,390	3,255,455	0.152787	0	0	90.00
91.00	Nursing School cost	0	3,255,455	0.000000	0	0	91.00
92.00	Allied health cost	19,938	3,255,455	0.006124	0	0	92.00
93.00	All other Medical Education	0	3,255,455	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 16-0033 Component CCN: 16-T033	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1 Date/Time Prepared: 9/25/2018 8:33 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,791	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,791	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		5,791	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,116	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)		4,237,841	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,237,841	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)		4,237,841	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)		731.80	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,280,289	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)		2,280,289	41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet D-1
					Component CCN: 16-T033		Date/Time Prepared: 9/25/2018 8:33 am
					Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00 CORONARY CARE UNIT						44.00	
44.01 NICU	0	0	0.00	0	0	44.01	
45.00 BURN INTENSIVE CARE UNIT						45.00	
46.00 SURGICAL INTENSIVE CARE UNIT						46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1.00		
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,209,499	48.00	4,489,788
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					274,302	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					275,708	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					550,010	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,939,778	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: 16-0033 Component CCN: 16-T033		Period: From 07/01/2017 To 06/30/2018		Worksheet D-1 Date/Time Prepared: 9/25/2018 8:33 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	478,069	4,237,841	0.112810	0	0	90.00
91.00	Nursing School cost	0	4,237,841	0.000000	0	0	91.00
92.00	Allied health cost	31,711	4,237,841	0.007483	0	0	92.00
93.00	All other Medical Education	0	4,237,841	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 9/25/2018 8:33 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		30,137,198	30.00
31.00	03100	INTENSIVE CARE UNIT		8,021,683	31.00
32.01	03201	NICU		0	32.01
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.225571	25,142,044	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.257500	7,257,753	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.354744	248,502	55.00
57.00	05700	CT SCAN	0.047024	7,502,062	57.00
58.00	05800	MRI	0.065310	2,142,976	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.073670	25,632,450	59.00
60.00	06000	LABORATORY	0.176204	16,766,163	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.438504	1,661,106	63.00
65.00	06500	RESPIRATORY THERAPY	0.142928	12,931,579	65.00
66.00	06600	PHYSICAL THERAPY	0.419089	5,706,396	66.00
69.00	06900	ELECTROCARDIOLOGY	0.210529	6,074,852	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.170301	282,782	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.338255	16,896,081	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.378641	30,337,985	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.285371	27,297,489	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	CLINICAL PSYCH	0.272482	2,614	90.01
90.02	09002	OP INSTITUTES	0.251375	199,288	90.02
90.03	09003	MARC	0.000000	0	90.03
90.04	09004	BARIATRIC CLINIC	1.430589	0	90.04
90.05	09005	PAIN MANAGEMENT	0.274261	3,852	90.05
91.00	09100	EMERGENCY	0.179307	6,899,154	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.493304	897,859	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		193,882,987	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)		193,882,987	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 16-0033 Component CCN: 16-S033	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 9/25/2018 8:33 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
32.01	03201 NICU		0	32.01
40.00	04000 SUBPROVIDER - IPF		792,354	40.00
41.00	04100 SUBPROVIDER - IRF		0	41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.225571	6,482	1,462 50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.257500	5,959	1,534 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.354744	0	0 55.00
57.00	05700 CT SCAN	0.047024	12,728	599 57.00
58.00	05800 MRI	0.065310	2,140	140 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.073670	0	0 59.00
60.00	06000 LABORATORY	0.176204	56,213	9,905 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.438504	262	115 63.00
65.00	06500 RESPIRATORY THERAPY	0.142928	22,697	3,244 65.00
66.00	06600 PHYSICAL THERAPY	0.419089	88,368	37,034 66.00
69.00	06900 ELECTROCARDIOLOGY	0.210529	2,516	530 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.170301	1,754	299 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.338255	7,069	2,391 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.378641	3,923	1,485 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.285371	170,712	48,716 73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0 74.00
OUTPATIENT SERVICE COST CENTERS				
90.01	09001 CLINICAL PSYCH	0.272482	0	0 90.01
90.02	09002 OP INSTITUTES	0.251375	175	44 90.02
90.03	09003 MARC	0.000000	0	0 90.03
90.04	09004 BARIATRIC CLINIC	1.430589	0	0 90.04
90.05	09005 PAIN MANAGEMENT	0.274261	0	0 90.05
91.00	09100 EMERGENCY	0.179307	69,379	12,440 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.493304	0	0 92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			
200.00	Total (sum of lines 50 through 94 and 96 through 98)		450,377	119,938 200.00
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)		450,377	119,938 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 16-0033 Component CCN: 16-T033	Period: From 07/01/2017 To 06/30/2018	Worksheet D-3 Date/Time Prepared: 9/25/2018 8:33 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
32.01	03201 NICU		0	32.01
40.00	04000 SUBPROVIDER - IPF		0	40.00
41.00	04100 SUBPROVIDER - IRF		3,490,365	41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.225571	4,596	1,037 50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.257500	83,731	21,561 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.354744	51,979	18,439 55.00
57.00	05700 CT SCAN	0.047024	73,943	3,477 57.00
58.00	05800 MRI	0.065310	32,573	2,127 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.073670	0	0 59.00
60.00	06000 LABORATORY	0.176204	441,314	77,761 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.438504	2,206	967 63.00
65.00	06500 RESPIRATORY THERAPY	0.142928	372,029	53,173 65.00
66.00	06600 PHYSICAL THERAPY	0.419089	4,050,408	1,697,481 66.00
69.00	06900 ELECTROCARDIOLOGY	0.210529	12,892	2,714 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.170301	7,268	1,238 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.338255	191,867	64,900 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.378641	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.285371	914,946	261,099 73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0 74.00
OUTPATIENT SERVICE COST CENTERS				
90.01	09001 CLINICAL PSYCH	0.272482	543	148 90.01
90.02	09002 OP INSTITUTES	0.251375	8,259	2,076 90.02
90.03	09003 MARC	0.000000	0	0 90.03
90.04	09004 BARIATRIC CLINIC	1.430589	0	0 90.04
90.05	09005 PAIN MANAGEMENT	0.274261	0	0 90.05
91.00	09100 EMERGENCY	0.179307	6,022	1,080 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.493304	449	221 92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			
200.00	Total (sum of lines 50 through 94 and 96 through 98)		6,255,025	2,209,499 200.00
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)		6,255,025	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 9/25/2018 8:33 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		13,750,000	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		44,599,734	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		1,870,815	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		19,549,089	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		235.94	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)		11.57	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		11.57	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		18.33	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		11.57	12.00
13.00	Total allowable FTE count for the prior year.		11.57	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.		11.57	14.00
15.00	Sum of lines 12 through 14 divided by 3.		11.57	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		1.00	17.00
18.00	Adjusted rolling average FTE count		12.57	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.053276	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.049043	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.049043	21.00
22.00	IME payment adjustment (see instructions)		1,542,359	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		516,741	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).		3.08	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		6.76	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)		3.08	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.013054	26.00
27.00	IME payments adjustment factor. (see instructions)		0.003476	27.00
28.00	IME add-on adjustment amount (see instructions)		202,824	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		67,953	28.01
29.00	Total IME payment (sum of lines 22 and 28)		1,745,183	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		584,694	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.83	30.00
31.00	Percentage of Medicaid patient days (see instructions)		22.86	31.00
32.00	Sum of lines 30 and 31		28.69	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.88	33.00
34.00	Disproportionate share adjustment (see instructions)		1,878,862	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 9/25/2018 8:33 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0 35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000 35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,082,090	2,099,799 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		524,801	1,570,534 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,095,335	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)		65,939,929	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)		66,524,623	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,235,658	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).		669,325	52.00
53.00	Nursing and Allied Health Managed Care payment		104,333	53.00
54.00	Special add-on payments for new technologies		32,727	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		134,251	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		2,807	58.00
59.00	Total (sum of amounts on lines 49 through 58)		72,703,724	59.00
60.00	Primary payer payments		104,596	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		72,599,128	61.00
62.00	Deductibles billed to program beneficiaries		6,362,274	62.00
63.00	Coinurance billed to program beneficiaries		219,038	63.00
64.00	Allowable bad debts (see instructions)		300,110	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		195,072	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		59,698	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		66,212,888	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		14,333	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	MISC		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-152,947	70.93
70.94	HRR adjustment amount (see instructions)		-123,272	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part A Date/Time Prepared: 9/25/2018 8:33 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	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	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			167,757	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			65,754,579	71.00
71.01	Sequestration adjustment (see instructions)			1,315,092	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			63,966,356	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)			473,131	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (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	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	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 9/25/2018 8:33 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		24,318	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		38,733,389	2.00
3.00	OPPS payments		38,182,341	3.00
4.00	Outlier payment (see instructions)		247,109	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		856	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		24,318	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		85,216	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)		85,216	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)		85,216	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		60,898	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)		24,318	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)		38,430,306	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		221,427	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		6,256,376	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)		31,976,821	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		350,887	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)		32,327,708	30.00
31.00	Primary payer payments		20,934	31.00
32.00	Subtotal (line 30 minus line 31)		32,306,774	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)		370,702	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		240,956	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		45,738	36.00
37.00	Subtotal (see instructions)		32,547,730	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	MISC		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)		32,547,730	40.00
40.01	Sequestration adjustment (see instructions)		650,955	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		31,698,001	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		198,774	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
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: 16-0033 Component CCN: 16-S033	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 9/25/2018 8:33 am
		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)		0	2.00
3.00	OPPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment 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)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0033 Component CCN: 16-T033	Period: From 07/01/2017 To 06/30/2018	Worksheet E Part B Date/Time Prepared: 9/25/2018 8:33 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment 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)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet E-1
Part I
Date/Time Prepared:
9/25/2018 8:33 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		63,966,356		31,698,001	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		63,966,356		31,698,001	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		473,131		198,774	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		64,439,487		31,896,775	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: 16-0033
Component CCN: 16-S033

Period:
From 07/01/2017
To 06/30/2018

Worksheet E-1
Part I
Date/Time Prepared:
9/25/2018 8:33 am
PPS

Title XVIII

Subprovider -
IPF

		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		493,309		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		493,309		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		27,746		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		521,055		0	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: 16-0033
Component CCN: 16-T033

Period:
From 07/01/2017
To 06/30/2018

Worksheet E-1
Part I
Date/Time Prepared:
9/25/2018 8:33 am
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		5,069,912		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		5,069,912		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		12,079		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		5,081,991		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet E-1 Part II Date/Time Prepared: 9/25/2018 8:33 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 16-0033 Component CCN: 16-S033	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part II Date/Time Prepared: 9/25/2018 8:33 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			592,439 1.00
2.00	Net IPF PPS Outlier Payments			10,318 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			9.975342 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)			602,757 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)			602,757 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			602,757 18.00
19.00	Deductibles			90,804 19.00
20.00	Subtotal (line 18 minus line 19)			511,953 20.00
21.00	Coinsurance			8,554 21.00
22.00	Subtotal (line 20 minus line 21)			503,399 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			37,529 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			24,394 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			3,968 25.00
26.00	Subtotal (sum of lines 22 and 24)			527,793 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)			3,896 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	MISC			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)			531,689 31.00
31.01	Sequestration adjustment (see instructions)			10,634 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			493,309 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)			27,746 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			10,318 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: 16-0033 Component CCN: 16-T033	Period: From 07/01/2017 To 06/30/2018	Worksheet E-3 Part III Date/Time Prepared: 9/25/2018 8:33 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			4,877,406 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0402 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			266,306 3.00
4.00	Outlier Payments			101,541 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			15.865753 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			5,245,253 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			5,245,253 17.00
18.00	Primary payer payments			35,091 18.00
19.00	Subtotal (line 17 less line 18).			5,210,162 19.00
20.00	Deductibles			21,296 20.00
21.00	Subtotal (line 19 minus line 20)			5,188,866 21.00
22.00	Coinsurance			20,237 22.00
23.00	Subtotal (line 21 minus line 22)			5,168,629 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			5,168,629 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			17,076 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	MISC			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			5,185,705 32.00
32.01	Sequestration adjustment (see instructions)			103,714 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			5,069,912 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			12,079 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			101,541 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 9/25/2018 8:33 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			15.51	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			2.71	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			12.80	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			18.33	6.00
7.00	Enter the lesser of line 5 or line 6			12.80	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.	18.33	0.00	18.33	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.	12.80	0.00	12.80	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	12.80	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	12.80	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	12.80	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	12.80	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	1.00	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	13.80	0.00		17.00
18.00	Per resident amount	137,473.82	134,165.91		18.00
19.00	Approved amount for resident costs	1,897,139	0	1,897,139	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			5.53	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,897,139	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	30,223	9,651		26.00
27.00	Total Inpatient Days (see instructions)	71,612	71,612		27.00
28.00	Ratio of inpatient days to total inpatient days	0.422038	0.134768		28.00
29.00	Program direct GME amount	800,665	255,674		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		36,127		30.00
31.00	Net Program direct GME amount			1,020,212	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet E-4 Date/Time Prepared: 9/25/2018 8:33 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		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)		74,032,743	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		139,687	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		73,893,056	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		38,758,563	42.00
43.00	Primary payer payments (see instructions)		20,934	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		38,737,629	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		112,630,685	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.656065	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.343935	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		1,020,212	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		669,325	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		350,887	50.00

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

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet G

Date/Time Prepared:
9/25/2018 8:33 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	5,610,358	0	0	0	1.00
2.00	Temporary investments	415,439	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	139,138,723	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-88,192,149	0	0	0	6.00
7.00	Inventory	12,474,790	0	0	0	7.00
8.00	Prepaid expenses	1,925,407	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	71,372,568	0	0	0	11.00
FIXED ASSETS						
12.00	Land	7,256,804	0	0	0	12.00
13.00	Land improvements	19,954,448	0	0	0	13.00
14.00	Accumulated depreciation	-14,148,104	0	0	0	14.00
15.00	Buildings	327,997,121	0	0	0	15.00
16.00	Accumulated depreciation	-144,159,820	0	0	0	16.00
17.00	Leasehold improvements	14,590,467	0	0	0	17.00
18.00	Accumulated depreciation	-14,184,518	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	189,627,901	0	0	0	23.00
24.00	Accumulated depreciation	-156,664,424	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)	230,269,875	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	328,558,957	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	983,863	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	329,542,820	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	631,185,263	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	15,179,578	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,837,696	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	8,895,000	0	0	0	40.00
41.00	Deferred income	573,869	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	2,972,971	0	0	0	43.00
44.00	Other current liabilities	1,553,888	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	38,013,002	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	163,947,278	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	163,947,278	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	201,960,280	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	429,224,983				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	429,224,983	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	631,185,263	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet G-1

Date/Time Prepared:
9/25/2018 8:33 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		411,073,028		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		17,179,739			2.00
3.00	Total (sum of line 1 and line 2)		428,252,767		0	3.00
4.00	NONOPERATING	972,216		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		972,216		0	10.00
11.00	Subtotal (line 3 plus line 10)		429,224,983		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		429,224,983		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	NONOPERATING		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet G-2
Parts I & II
Date/Time Prepared:
9/25/2018 8:33 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	77,658,234		77,658,234	1.00
2.00	SUBPROVIDER - IPF	9,025,084		9,025,084	2.00
3.00	SUBPROVIDER - IRF	6,485,753		6,485,753	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	93,169,071		93,169,071	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	16,078,970		16,078,970	11.00
12.00	CORONARY CARE UNIT				12.00
12.01	NICU	4,694,337		4,694,337	12.01
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	20,773,307		20,773,307	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	113,942,378		113,942,378	17.00
18.00	Ancillary services	328,537,158	443,416,987	771,954,145	18.00
19.00	Outpatient services	0	90,825,149	90,825,149	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	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	SUPPLIES	90,775,868	63,499,315	154,275,183	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	533,255,404	597,741,451	1,130,996,855	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		343,901,373		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		343,901,373		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet G-3

Date/Time Prepared:
9/25/2018 8:33 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,130,996,855	1.00
2.00	Less contractual allowances and discounts on patients' accounts	784,308,203	2.00
3.00	Net patient revenues (line 1 minus line 2)	346,688,652	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	343,901,373	4.00
5.00	Net income from service to patients (line 3 minus line 4)	2,787,279	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	5,467,814	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	99,072	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	510,111	14.00
15.00	Revenue from rental of living quarters	729,397	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	INTERCOMPANY REVENUE	2,886,445	24.00
24.01	OUTREACH REVENUE	3,139,893	24.01
24.02	MISCELLANEOUS REVENUE	1,193,086	24.02
24.03	GRANT REVENUE	40,769	24.03
24.04	INTEREST INCOME - RELATED	248,280	24.04
24.05	SPONSOR REVENUE	77,593	24.05
24.06	OTHER (SPECIFY)	0	24.06
25.00	Total other income (sum of lines 6-24)	14,392,460	25.00
26.00	Total (line 5 plus line 25)	17,179,739	26.00
27.00	ROUNDING	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)	17,179,739	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 16-0033

Period:
From 07/01/2017
To 06/30/2018

Worksheet 1-5

Date/Time Prepared:
9/25/2018 8:33 am

		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	0	0	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	0		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 16-0033	Period: From 07/01/2017 To 06/30/2018	Worksheet L Parts I-III Date/Time Prepared: 9/25/2018 8:33 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,725,303	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		104,924	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)		171.88	3.00
4.00	Number of interns & residents (see instructions)		15.65	4.00
5.00	Indirect medical education percentage (see instructions)		2.60	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)		122,858	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.83	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		22.86	8.00
9.00	Sum of lines 7 and 8		28.69	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.98	10.00
11.00	Disproportionate share adjustment (see instructions)		282,573	11.00
12.00	Total prospective capital payments (see instructions)		5,235,658	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