

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: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet S Parts I-III Date/Time Prepared: 5/30/2019 12:40 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/30/2019 Time: 12:40 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ESKENAZI HEALTH ( 15-0024 ) for the cost reporting period beginning 01/01/2018 and ending 12/31/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	1,661,457	-92,421	0	0	1.00
2.00 Subprovider - IPF	0	11,049	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	1,672,506	-92,421	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: 15-0024		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 12:40 pm			
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 720 ESKENAZI AVENUE	PO Box:						1.00	
2.00	City: INDIANAPOLIS	State: IN	Zip Code: 46202	County: MARI ON				2.00	
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital -Based Component Identification:									
3.00	Hospital	ESKENAZI HEALTH	150024	26900	1	07/01/1966	N	P	P
4.00	Subprovider - IPF	PSYCHIATRIC UNIT	15S024	26900	4	01/01/1984	N	P	P
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital -Based SNF								
10.00	Hospital -Based NF								
11.00	Hospital -Based OLTC								
12.00	Hospital -Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital -Based Hospice								
15.00	Hospital -Based Health Clinic - RHC								
16.00	Hospital -Based Health Clinic - FQHC								
17.00	Hospital -Based (CMHC) I								
17.10	Hospital -Based (CORF) I								
18.00	Renal Dialysis								
19.00	Other								
					From:		To:		
					1.00		2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)				01/01/2018		12/31/2018		20.00
21.00	Type of Control (see instructions)				9				21.00
					1.00	2.00	3.00		
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.			Y	N				22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)			Y	Y				22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.			N	N				22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.			N	N		Y		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 days	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.	11,074	2,368	97	40	31,156	487		24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 15-0024		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 12:40 pm		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.									25.00
						Urban/Rural	S	Date of Geogr		
						1.00		2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.									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.									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.									35.00
						Beginning:	Ending:			
						1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.									36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.									37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPSS final rule? Enter "Y" for yes or "N" for no. (see instructions)									37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.									38.00
						Y/N	Y/N			
						1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)									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)									40.00
						V	XVII	XIX		
						1.00	2.00	3.00		
<b>Prospective Payment System (PPS)-Capital</b>										
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)									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.									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.									47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.									48.00
<b>Teaching Hospitals</b>										
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.									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.									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.									58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.									59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code				
				1.00	2.00	3.00				
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)									60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)									60.01
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)									60.02

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		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
						1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
		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)			0.00	0.00	0.000000	64.00

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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	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		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	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			Y	N	0	71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 12:40 pm		
		1.00	2.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00
		1.00	2.00	3.00		
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	1	1	0		
		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
<b>Transplant Center Information</b>						
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
<b>All Providers</b>						
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				140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/30/2019 12:40 pm
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		1.00	2.00	3.00						
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.										
141.00	Name:	Contractor's Name:		Contractor's Number:				141.00		
142.00	Street:	PO Box:						142.00		
143.00	City:	State:		Zip Code:				143.00		
								1.00		
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00	
								1.00		
								2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.							Y	145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.							N	146.00	
								1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00	
		Part A	Part B	Title V	Title XIX					
		1.00	2.00	3.00	4.00					
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital	N	N	N	N			155.00		
156.00	Subprovider - IPF	N	N	N	N			156.00		
157.00	Subprovider - IRF	N	N	N	N			157.00		
158.00	SUBPROVIDER							158.00		
159.00	SNF	N	N	N	N			159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N			160.00		
161.00	CMHC		N	N	N			161.00		
161.10	CORF		N	N	N			161.10		
								1.00		
Multi campus										
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus			
		0	1.00	2.00	3.00	4.00	5.00			
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)							0.00	166.00	
								1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							N	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	
							Beginni ng	Endi ng		
							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)								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. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0024		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part II Date/Time Prepared: 5/30/2019 12:40 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	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		09/30/2019		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	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.	Y					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.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/30/2019	Y	04/30/2019		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	Y		Y			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: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/30/2019 12:40 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			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			Y	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
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			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.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
					Y/N
					Date
					1.00
					2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			N	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.			N	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
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LESLIE		MALLORY	41.00
42.00	Enter the employer/company name of the cost report preparer.	ESKENAZI HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-880-3786		LESLIE.MALLORY@ESKENAZIHEALTH.EDU	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/30/2019 12:40 pm
		3.00		
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER OF REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0024

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2019 12:40 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	192	70,080	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)		192	70,080	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	72	26,280	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	15	5,475	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
11.01 NEONATAL INTENSIVE CARE UNIT	34.01	37	13,505	0.00	0	11.01
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		316	115,340	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	20	7,300		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0		0	21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		336				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: 15-0024

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2019 12:40 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	11,228	8,995	45,848			1.00
2.00 HMO and other (see instructions)	5,238	29,978				2.00
3.00 HMO IPF Subprovider	19	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	11,228	8,995	45,848			7.00
8.00 INTENSIVE CARE UNIT	4,855	615	19,042			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	432	282	2,537			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
11.01 NEONATAL INTENSIVE CARE UNIT	0	538	5,949			11.01
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		4,327	4,836			13.00
14.00 Total (see instructions)	16,515	14,757	78,212	179.81	4,249.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,092	781	6,904	0.37	44.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				180.18	4,293.00	27.00
28.00 Observation Bed Days		383	5,778			28.00
29.00 Ambulance Trips	19,960					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	487	1,207			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: 15-0024

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2019 12:40 pm

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	2,861	2,179	18,038	1.00
2.00 HMO and other (see instructions)				805	5,026		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
11.01 NEONATAL INTENSIVE CARE UNIT							11.01
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	10.00		0	2,861	2,179	18,038	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00		0	234	195	724	16.00
17.00 SUBPROVIDER - IRF	0.00		0	0	0	0	17.00
18.00 SUBPROVIDER	0.00		0		0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY	0.00						20.00
21.00 OTHER LONG TERM CARE	0.00					0	21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00						23.00
24.00 HOSPICE	0.00						24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC	0.00						25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	10.00						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: 15-0024

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/30/2019 12:40 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	267,421,705	0	267,421,705	8,930,972.00	29.94
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		3,853,166	0	3,853,166	36,269.00	106.24
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	15,145,238	15,145,238	374,012.00	40.49
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		51,305,913	783,445	52,089,358	2,211,544.00	23.55
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		15,658,117	0	15,658,117	376,092.00	41.63
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		3,613,060	0	3,613,060	23,777.00	151.96
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		13,475,833	0	13,475,833	282,146.00	47.76
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		64,494,061	0	64,494,061		
18.00	Wage-related costs (other) (see instructions)		82,920	0	82,920		
19.00	Excluded areas		15,956,419	0	15,956,419		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		1,023,192	0	1,023,192		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	3,305,731	0	3,305,731	93,443.00	35.38
27.00	Administrative & General	5.00	48,126,626	-1,006,602	47,120,024	1,519,229.00	31.02

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0024

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/30/2019 12:40 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	3,897,779	0	3,897,779	34,608.00	112.63	28.00
29.00	Maintenance & Repairs	1,972,689	0	1,972,689	53,467.00	36.90	29.00
30.00	Operation of Plant	4,494,096	0	4,494,096	179,660.00	25.01	30.00
31.00	Laundry & Linen Service	175,360	0	175,360	10,148.00	17.28	31.00
32.00	Housekeeping	3,809,228	0	3,809,228	234,081.00	16.27	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	4,298,007	-2,202,857	2,095,150	107,262.00	19.53	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	1,089,730	2,202,857	3,292,587	182,956.00	18.00	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	3,007,534	0	3,007,534	62,157.00	48.39	38.00
39.00	Central Services and Supply	495,472	0	495,472	25,169.00	19.69	39.00
40.00	Pharmacy	7,845,610	-484,104	7,361,506	157,872.00	46.63	40.00
41.00	Medical Records & Medical Records Library	3,181,897	0	3,181,897	99,971.00	31.83	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0024

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/30/2019 12:40 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	267,466,318	-15,145,238	252,321,080	8,555,299.00	29.49	1.00
2.00	Excluded area salaries (see instructions)	51,305,913	783,445	52,089,358	2,211,544.00	23.55	2.00
3.00	Subtotal salaries (line 1 minus line 2)	216,160,405	-15,928,683	200,231,722	6,343,755.00	31.56	3.00
4.00	Subtotal other wages & related costs (see inst.)	32,747,010	0	32,747,010	682,015.00	48.02	4.00
5.00	Subtotal wage-related costs (see inst.)	64,576,981	0	64,576,981	0.00	32.25	5.00
6.00	Total (sum of lines 3 thru 5)	313,484,396	-15,928,683	297,555,713	7,025,770.00	42.35	6.00
7.00	Total overhead cost (see instructions)	85,699,759	-1,490,706	84,209,053	2,760,023.00	30.51	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2019 12:40 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions		5,953,838	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		19,533,932	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		23,813	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		32,743,332	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		136,655	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		1,307,873	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,160,716	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		19,082,425	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		328,027	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		1,120,142	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		81,390,753	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	LIFE SERVICES - EAP		82,920	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 15-0024

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	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	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet S-10 Date/Time Prepared: 5/30/2019 12:40 pm
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.271702	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		189,986,171	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		737,640,720	6.00	
7.00	Medicaid cost (line 1 times line 6)		200,418,459	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)		10,432,288	8.00	
<b>Children's Health Insurance Program (CHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone CHIP		1,496,335	9.00	
10.00	Stand-alone CHIP charges		5,462,388	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		1,484,142	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
<b>Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		121,584,000	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		10,432,288	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
<b>Uncompensated Care (see instructions for each line)</b>					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	132,030,360	176,897	132,207,257	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	35,872,913	176,897	36,049,810	21.00
22.00	Payments received from patients for amounts previously written off as charity care	56,867	384	57,251	22.00
23.00	Cost of charity care (line 21 minus line 22)	35,816,046	176,513	35,992,559	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		122,972,428	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,429,742	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		2,199,604	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		120,772,824	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		33,584,080	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		69,576,639	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		80,008,927	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0024		Period: From 01/01/2018 To 12/31/2018		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		54,556,969	54,556,969	0	54,556,969	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,305,731	5,869,641	9,175,372	0	9,175,372	4.00
5.01	00540	NONPATIENT TELEPHONES	261,627	2,117,471	2,379,098	0	2,379,098	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	2,820,668	3,950,780	6,771,448	0	6,771,448	5.02
5.03	00570	ADMINISTRATIVE	4,840,713	3,229,322	8,070,035	0	8,070,035	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	6,596,100	5,304,701	11,900,801	0	11,900,801	5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	33,607,518	105,502,579	139,110,097	-18,354,915	120,755,182	5.05
6.00	00600	MAINTENANCE & REPAIRS	1,972,689	4,229,053	6,201,742	0	6,201,742	6.00
7.00	00700	OPERATION OF PLANT	4,494,096	18,007,566	22,501,662	0	22,501,662	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	175,360	1,546,285	1,721,645	0	1,721,645	8.00
9.00	00900	HOUSEKEEPING	3,809,228	2,649,779	6,459,007	0	6,459,007	9.00
10.00	01000	DIETARY	4,298,007	5,470,369	9,768,376	-5,171,806	4,596,570	10.00
11.00	01100	CAFETERIA	1,089,730	1,304,672	2,394,402	5,171,806	7,566,208	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,007,534	2,585,094	5,592,628	0	5,592,628	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	495,472	1,146,556	1,642,028	0	1,642,028	14.00
15.00	01500	PHARMACY	7,845,610	24,316,194	32,161,804	-500,708	31,661,096	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,181,897	1,804,810	4,986,707	0	4,986,707	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	15,176,166	15,176,166	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-AMBULANCE	1,015,408	394,206	1,409,614	0	1,409,614	23.00
23.01	02301	PARAMEDICAL PRGM-PHARMACY	0	0	0	500,708	500,708	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	28,122,181	11,814,698	39,936,879	-2,110,339	37,826,540	30.00
31.00	03100	INTENSIVE CARE UNIT	11,293,254	6,478,811	17,772,065	-20,090	17,751,975	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,331,281	1,620,018	3,951,299	-16,222	3,935,077	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	3,664,355	1,702,627	5,366,982	-309	5,366,673	34.01
40.00	04000	SUBPROVIDER - IPF	2,481,148	896,157	3,377,305	320,046	3,697,351	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	2,235,283	2,235,283	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	6,631,855	25,133,753	31,765,608	-12,703,300	19,062,308	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	662,032	1,229,787	1,891,819	-18,721	1,873,098	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,393,581	7,936,624	14,330,205	-2,248,397	12,081,808	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	169,682	559,030	728,712	0	728,712	56.00
57.00	05700	CT SCAN	1,059,426	703,942	1,763,368	-1,991	1,761,377	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	4,810,397	9,136,632	13,947,029	-384	13,946,645	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	161	2,272,350	2,272,511	0	2,272,511	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,449,375	1,863,248	5,312,623	-269	5,312,354	65.00
65.01	03560	PULMONARY FUNCTION TESTING	201,049	95,439	296,488	0	296,488	65.01
66.00	06600	PHYSICAL THERAPY	3,718,918	1,208,283	4,927,201	-557,827	4,369,374	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,888,064	641,939	2,530,003	343,605	2,873,608	67.00
68.00	06800	SPEECH PATHOLOGY	678,032	236,204	914,236	124,155	1,038,391	68.00
69.00	06900	ELECTROCARDIOLOGY	1,888,586	963,470	2,852,056	-16,816	2,835,240	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	654,759	654,759	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	14,339,740	14,339,740	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	247,025	247,025	73.00
73.01	07301	RETAIL PHARMACIES	5,404,297	28,909,602	34,313,899	0	34,313,899	73.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0024

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

Worksheet A  
Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
74.00	07400	RENAL DIALYSIS	0	1,899,804	1,899,804	-2,400	1,897,404	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	4,900,367	2,017,115	6,917,482	-1,941,103	4,976,379	90.01
90.02	09002	OB/GYN CLINIC	715,306	359,175	1,074,481	161,296	1,235,777	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	593,989	629,998	1,223,987	145,950	1,369,937	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	1,621,090	1,141,924	2,763,014	433,600	3,196,614	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	1,408,177	1,831,464	3,239,641	636,533	3,876,174	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	306,807	431,671	738,478	28,134	766,612	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	4,345,118	6,600,360	10,945,478	98,037	11,043,515	90.17
90.18	09018	PSYCHIATRIC CLINIC	20,190,284	14,164,517	34,354,801	365,835	34,720,636	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	889,060	334,762	1,223,822	11,507	1,235,329	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	328,051	397,313	725,364	27,283	752,647	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	114,456	93,932	208,388	884	209,272	90.24
90.25	09025	WOUND/OSTOMY CLINIC	167,817	116,908	284,725	1,417	286,142	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	2,443,190	3,256,595	5,699,785	33,188	5,732,973	90.26
90.27	09027	TRANSGENDER CLINIC	132,100	64,816	196,916	1,495	198,411	90.27
91.00	09100	EMERGENCY	12,528,268	6,242,725	18,770,993	1,638,977	20,409,970	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CD	1,263,206	363,248	1,626,454	0	1,626,454	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	17,104,304	11,107,563	28,211,867	-32,693	28,179,174	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	236,716,652	398,442,551	635,159,203	-1,000,861	634,158,342	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	152,827	174,878	327,705	0	327,705	190.00
190.01	19001	RETAIL SPA	99,549	83,964	183,513	0	183,513	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	747,861	1,726,125	2,473,986	0	2,473,986	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	554,500	554,109	1,108,609	1,340,603	2,449,212	193.01
193.02	19302	RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303	UNUSED SPACE	0	0	0	0	0	193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305	LV BEAUTY	0	0	0	0	0	193.05
193.06	19306	LV DAYCARE	0	0	0	0	0	193.06
193.07	19307	MIDTOWN NRCCS	7,012,353	5,539,553	12,551,906	-427,057	12,124,849	193.07

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0024

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

Worksheet A  
Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR	5,821,387	3,820,623	9,642,010	0	9,642,010	193.08
193.09	19309	DME	155,732	562,767	718,499	87,315	805,814	193.09
193.10	19310	PROFESSIONAL BILLING	1,228,571	1,553,094	2,781,665	0	2,781,665	193.10
193.11	19311	FQHC	14,932,273	31,809,119	46,741,392	0	46,741,392	193.11
200.00		TOTAL (SUM OF LINES 118 through 199)	267,421,705	444,266,783	711,688,488	0	711,688,488	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0024

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

Worksheet A  
Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	4,527,902	59,084,871	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-5,919	9,169,453	4.00
5.01	00540	NONPATIENT TELEPHONES	5,343	2,384,441	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	-33	6,771,415	5.02
5.03	00570	ADMINISTRATIVE	0	8,070,035	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	4	11,900,805	5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	-11,761,563	108,993,619	5.05
6.00	00600	MAINTENANCE & REPAIRS	-12,370	6,189,372	6.00
7.00	00700	OPERATION OF PLANT	-1,354,397	21,147,265	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,721,645	8.00
9.00	00900	HOUSEKEEPING	0	6,459,007	9.00
10.00	01000	DIETARY	-2,901,118	1,695,452	10.00
11.00	01100	CAFETERIA	-1,342,672	6,223,536	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-4,360,885	1,231,743	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,642,028	14.00
15.00	01500	PHARMACY	-9,271	31,651,825	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-15,749	4,970,958	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	15,176,166	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-AMBULANCE	-333,014	1,076,600	23.00
23.01	02301	PARAMEDICAL PRGM-PHARMACY	0	500,708	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-1,098,754	36,727,786	30.00
31.00	03100	INTENSIVE CARE UNIT	0	17,751,975	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	3,935,077	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	-253,095	5,113,578	34.01
40.00	04000	SUBPROVIDER - IPF	0	3,697,351	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	2,235,283	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	19,062,308	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	-53,241	1,819,857	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	200	12,082,008	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	728,712	56.00
57.00	05700	CT SCAN	0	1,761,377	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	13,946,645	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	2,272,511	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	5,312,354	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	296,488	65.01
66.00	06600	PHYSICAL THERAPY	-356	4,369,018	66.00
67.00	06700	OCCUPATIONAL THERAPY	284	2,873,892	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,038,391	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,835,240	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	654,759	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,339,740	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	247,025	73.00
73.01	07301	RETAIL PHARMACIES	-5,600	34,308,299	73.01
74.00	07400	RENAL DIALYSIS	0	1,897,404	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0024

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

Worksheet A  
Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 MEDICINE CLINIC	-2,446,496	2,529,883	90.01
90.02	09002 OB/GYN CLINIC	0	1,235,777	90.02
90.03	09003 ORTHO CLINIC	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	-314,825	1,055,112	90.07
90.08	09008 ENT CLINIC	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	90.09
90.10	09010 SPECIALTY CLINIC	-41,413	3,155,201	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	0	3,876,174	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	-332,701	433,911	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	90.16
90.17	09017 CHC CLINIC	-1,803,599	9,239,916	90.17
90.18	09018 PSYCHIATRIC CLINIC	-7,246,976	27,473,660	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	90.19
90.20	09020 DIETARY CLINIC	-11,854	1,223,475	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	90.21
90.22	09022 OP BURN CLINIC	0	752,647	90.22
90.23	09023 BARIATRIC CLINIC	0	0	90.23
90.24	09024 PLASTICS CLINIC	0	209,272	90.24
90.25	09025 WOUND/OSTOMY CLINIC	0	286,142	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	-2,368,435	3,364,538	90.26
90.27	09027 TRANSGENDER CLINIC	-16,362	182,049	90.27
91.00	09100 EMERGENCY	-784,264	19,625,706	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	0	1,626,454	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	-2,528,233	25,650,941	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	-36,869,462	597,288,880	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	327,705	190.00
190.01	19001 RETAIL SPA	0	183,513	190.01
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	2,473,986	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	0	2,449,212	193.01
193.02	19302 RENTAL SPACE	0	0	193.02
193.03	19303 UNUSED SPACE	0	0	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	193.04
193.05	19305 LV BEAUTY	0	0	193.05
193.06	19306 LV DAYCARE	0	0	193.06
193.07	19307 MIDTOWN NRCCS	0	12,124,849	193.07
193.08	19308 RESTRICTED AND OTHER GRANT COST CTR	0	9,642,010	193.08
193.09	19309 DME	0	805,814	193.09
193.10	19310 PROFESSIONAL BILLING	0	2,781,665	193.10
193.11	19311 FQHC	-19,228,332	27,513,060	193.11

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0024		Period: From 01/01/2018 To 12/31/2018	Worksheet A Date/Time Prepared: 5/30/2019 12:40 pm
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Cost Center	Description	Adjustments	Net Expenses		
		(See A-8)	For Allocation		
200.00	TOTAL (SUM OF LINES 118 through 199)	-56,097,794	655,590,694		200.00

RECLASSIFICATIONS

Provider CCN: 15-0024

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

Worksheet A-6  
Date/Time Prepared:  
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - CAFETERIA RECLASS</b>					
1.00	CAFETERIA	11.00	2,202,857	2,968,949	1.00
	O		2,202,857	2,968,949	
<b>B - INTERNS AND RESIDENTS EXPENSE</b>					
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	15,176,166	1.00
	O		0	15,176,166	
<b>E - NON REIMBURSEABLE PSYCH PROGRAMS</b>					
1.00	SUBPROVIDER - IPF	40.00	126,617	193,448	1.00
2.00	PSYCHIATRIC CLINIC	90.18	1,348,350	322,971	2.00
3.00	MIDTOWN NRCCS	193.07	492,229	752,035	3.00
	O		1,967,196	1,268,454	
<b>G - THERAPY ADMINISTRATION RECLASS</b>					
1.00	OCCUPATIONAL THERAPY	67.00	269,671	73,934	1.00
2.00	SPEECH PATHOLOGY	68.00	96,843	27,312	2.00
3.00	DME	193.09	22,243	65,072	3.00
	O		388,757	166,318	
<b>I - SPECIALTY CLINIC ADMIN RECLASS</b>					
1.00	OB/GYN CLINIC	90.02	119,443	8,797	1.00
2.00	OPHTHALMOLOGY CLINIC	90.07	104,947	7,729	2.00
3.00	SPECIALTY CLINIC	90.10	318,924	23,488	3.00
4.00	ENDOSCOPY CLINIC	90.12	511,774	37,691	4.00
5.00	OCCUPATIONAL THERAPY CLINIC	90.13	20,212	1,489	5.00
6.00	DIETARY CLINIC	90.20	8,255	608	6.00
7.00	OP BURN CLINIC	90.22	19,573	1,442	7.00
8.00	PLASTICS CLINIC	90.24	1,662	122	8.00
9.00	WOUND/OSTOMY CLINIC	90.25	4,207	310	9.00
	O		1,108,997	81,676	
<b>K - PICC LINE EXPENSE</b>					
1.00	ADULTS & PEDIATRICS	30.00	0	158,146	1.00
	O		0	158,146	
<b>N - PHARMACY ED RECLASS</b>					
1.00	PARAMED ED PRGM-PHARMACY	23.01	484,104	16,604	1.00
	O		484,104	16,604	
<b>P - SUPPLY &amp; IMPLANTS</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	654,759	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	14,339,740	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	247,025	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
	O		0	15,241,524	
<b>Q - FAMILY BEGINNINGS</b>					
1.00	NURSERY	43.00	1,555,370	679,913	1.00
	O		1,555,370	679,913	
<b>R - HEALTH CONNECTIONS</b>					
1.00	OB/GYN CLINIC	90.02	20,033	18,217	1.00
2.00	OPHTHALMOLOGY CLINIC	90.07	17,602	16,006	2.00
3.00	SPECIALTY CLINIC	90.10	53,490	48,640	3.00
4.00	ENDOSCOPY CLINIC	90.12	85,834	78,053	4.00
5.00	OCCUPATIONAL THERAPY CLINIC	90.13	3,390	3,083	5.00

RECLASSIFICATIONS

Provider CCN: 15-0024

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

Worksheet A-6

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Increases						
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
6.00	CHC CLINIC	90.17	52,822	48,033		6.00
7.00	PSYCHIATRIC CLINIC	90.18	135,588	123,296		7.00
8.00	DIETARY CLINIC	90.20	1,385	1,259		8.00
9.00	OP BURN CLINIC	90.22	3,283	2,985		9.00
10.00	PLASTICS CLINIC	90.24	279	253		10.00
11.00	WOUND/OSTOMY CLINIC	90.25	706	642		11.00
12.00	WCOE/SENIOR CARE CLINIC	90.26	17,694	16,090		12.00
13.00	TRANSGENDER CLINIC	90.27	783	712		13.00
			392,889	357,269		
U - TRAUMA ONCALL						
1.00	EMERGENCY	91.00	0	1,680,000		1.00
			0	1,680,000		
V - MD WISE MEDICAL MANAGEMENT						
1.00	OTHER NON-REIMBURSABLE COST CENTERS	193.01	1,006,602	334,001		1.00
			1,006,602	334,001		
500.00	Grand Total: Increases		9,106,772	38,129,020		500.00

RECLASSIFICATIONS

Provider CCN: 15-0024

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

Worksheet A-6

Date/Time Prepared:  
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - CAFETERIA RECLASS</b>							
1.00	DIETARY	10.00	2,202,857	2,968,949	0		1.00
	O		2,202,857	2,968,949			
<b>B - INTERNS AND RESIDENTS EXPENSE</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	15,176,166	0		1.00
	O		0	15,176,166			
<b>E - NON REIMBURSEABLE PSYCH PROGRAMS</b>							
1.00	PSYCHIATRIC CLINIC	90.18	618,846	945,483	0		1.00
2.00	MIDTOWN NRCCS	193.07	1,348,350	322,971	0		2.00
3.00		0.00	0	0	0		3.00
	O		1,967,196	1,268,454			
<b>G - THERAPY ADMINISTRATION RECLASS</b>							
1.00	PHYSICAL THERAPY	66.00	388,757	166,318	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	O		388,757	166,318			
<b>I - SPECIALTY CLINIC ADMIN RECLASS</b>							
1.00	MEDICINE CLINIC	90.01	1,108,997	81,676	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
9.00		0.00	0	0	0		9.00
	O		1,108,997	81,676			
<b>K - PICC LINE EXPENSE</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	158,146	0		1.00
	O		0	158,146			
<b>N - PHARMACY ED RECLASS</b>							
1.00	PHARMACY	15.00	484,104	16,604	0		1.00
	O		484,104	16,604			
<b>P - SUPPLY &amp; IMPLANTS</b>							
1.00	ADULTS & PEDIATRICS	30.00	0	33,202	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	20,090	0		2.00
3.00	BURN INTENSIVE CARE UNIT	33.00	0	16,222	0		3.00
4.00	NEONATAL INTENSIVE CARE UNIT	34.01	0	309	0		4.00
5.00	SUBPROVIDER - IPF	40.00	0	19	0		5.00
6.00	OPERATING ROOM	50.00	0	12,703,300	0		6.00
7.00	ANESTHESIOLOGY	53.00	0	18,721	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,248,397	0		8.00
9.00	CT SCAN	57.00	0	1,991	0		9.00
10.00	LABORATORY	60.00	0	384	0		10.00
11.00	RESPIRATORY THERAPY	65.00	0	269	0		11.00
12.00	PHYSICAL THERAPY	66.00	0	2,752	0		12.00
13.00	ELECTROCARDIOLOGY	69.00	0	16,816	0		13.00
14.00	RENAL DIALYSIS	74.00	0	2,400	0		14.00
15.00	MEDICINE CLINIC	90.01	0	272	0		15.00
16.00	OB/GYN CLINIC	90.02	0	5,194	0		16.00
17.00	OPHTHALMOLOGY CLINIC	90.07	0	334	0		17.00
18.00	SPECIALTY CLINIC	90.10	0	10,942	0		18.00
19.00	ENDOSCOPY CLINIC	90.12	0	76,819	0		19.00
20.00	OCCUPATIONAL THERAPY CLINIC	90.13	0	40	0		20.00
21.00	CHC CLINIC	90.17	0	2,818	0		21.00
22.00	PSYCHIATRIC CLINIC	90.18	0	41	0		22.00
23.00	WOUND/OSTOMY CLINIC	90.25	0	4,448	0		23.00
24.00	EMERGENCY	91.00	0	41,023	0		24.00
25.00	AMBULANCE SERVICES	95.00	0	32,693	0		25.00
26.00	PLASTICS CLINIC	90.24	0	1,432	0		26.00
27.00	WCOE/SENIOR CARE CLINIC	90.26	0	596	0		27.00
	O		0	15,241,524			
<b>Q - FAMILY BEGINNINGS</b>							
1.00	ADULTS & PEDIATRICS	30.00	1,555,370	679,913	0		1.00
	O		1,555,370	679,913			
<b>R - HEALTH CONNECTIONS</b>							
1.00	MEDICINE CLINIC	90.01	392,889	357,269	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

RECLASSIFICATIONS

Provider CCN: 15-0024

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

Worksheet A-6

Date/Time Prepared:  
5/30/2019 12:40 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.		
6.00	7.00	8.00	9.00	10.00			
7.00	0.00	0	0	0	0		7.00
8.00	0.00	0	0	0	0		8.00
9.00	0.00	0	0	0	0		9.00
10.00	0.00	0	0	0	0		10.00
11.00	0.00	0	0	0	0		11.00
12.00	0.00	0	0	0	0		12.00
13.00	0.00	0	0	0	0		13.00
0		392,889	357,269				
<b>U - TRAUMA ONCALL</b>							
1.00	5.05	0	1,680,000		0		1.00
		0	1,680,000				
<b>V - MD WISE MEDICAL MANAGEMENT</b>							
1.00	5.05	1,006,602	334,001		0		1.00
		1,006,602	334,001				
500.00	<b>Grand Total: Decreases</b>						500.00
		9,106,772	38,129,020				

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0024

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	9,722,914	1,913,137	0	1,913,137	13,137	1.00
2.00	Land Improvements	77,372,026	50,939	0	50,939	3,105	2.00
3.00	Buildings and Fixtures	434,507,336	5,447,176	0	5,447,176	2,608,765	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	240,467,871	1,115,585	0	1,115,585	550,033	5.00
6.00	Movable Equipment	262,840,841	15,375,656	0	15,375,656	5,776,516	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,024,910,988	23,902,493	0	23,902,493	8,951,556	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	1,024,910,988	23,902,493	0	23,902,493	8,951,556	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	11,622,914	0				1.00
2.00	Land Improvements	77,419,860	0				2.00
3.00	Buildings and Fixtures	437,345,747	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	241,033,423	0				5.00
6.00	Movable Equipment	272,439,981	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	1,039,861,925	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	1,039,861,925	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0024

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	54,556,969	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	54,556,969	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	54,556,969				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	54,556,969				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0024

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	54,556,969	0	54,556,969	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	54,556,969	0	54,556,969	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	59,084,871	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	59,084,871	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	59,084,871	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	59,084,871	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0024

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

Worksheet A-8

Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	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	-44,349,464				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	48,685,790				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	UTILIZATION REVIEW-SNF	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 CABLE TV COSTS	A	-2,202	0	AMBULANCE SERVICES	95.00	9	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0024

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

Worksheet A-8

Date/Time Prepared:  
5/30/2019 12:40 pm

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	
33.01	CABLE TV COSTS	A		0	95.00	9 33.01
33.02	NON ALLOWABLE ADVERTISING	A	-1,852	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.02
33.03	NON ALLOWABLE ADVERTISING	A	-33	PURCHASING RECEIVING AND STORES	5.02	0 33.03
33.04	NON ALLOWABLE ADVERTISING	A	-3,086,064	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.04
33.05	NON ALLOWABLE ADVERTISING	A	-3,190	DIETARY	10.00	0 33.05
33.06	NON ALLOWABLE ADVERTISING	A	-24,422	CAFETERIA	11.00	0 33.06
33.07	NON ALLOWABLE ADVERTISING	A	-669	PSYCHIATRIC CLINIC	90.18	0 33.07
33.08	NON ALLOWABLE ADVERTISING	A		NEONATAL INTENSIVE CARE UNIT	34.01	0 33.08
33.09	NON ALLOWABLE ADVERTISING	A		OCCUPATIONAL THERAPY	67.00	0 33.09
33.10	NON ALLOWABLE ADVERTISING	A		PSYCHIATRIC CLINIC	90.18	0 33.10
33.11	NON ALLOWABLE ADVERTISING	A		AMBULANCE SERVICES	95.00	0 33.11
33.12	NON ALLOWABLE ADVERTISING	A		OTHER NON-REIMBURSABLE COST CENTERS	193.01	9 33.12
33.13	NON ALLOWABLE ADVERTISING	A		RESTRICTED AND OTHER GRANT COST CTR	193.08	0 33.13
33.14	NON ALLOWABLE ADVERTISING	A		FQHC	193.11	0 33.14
33.15	PARKING LOT	A	-2,114,127	CAP REL COSTS-BLDG & FIXT	1.00	9 33.15
33.16	PARKING LOT	A	-731,674	OPERATION OF PLANT	7.00	0 33.16
33.17	IUMG SERVICES	A	-12,149,193	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.17
33.18	IUHP SERVICES	A	-448,781	NURSING ADMINISTRATION	13.00	0 33.18
33.19	IUHP SERVICES	A	-1,047,265	ADULTS & PEDIATRICS	30.00	0 33.19
33.20	IUHP SERVICES	A	-253,095	NEONATAL INTENSIVE CARE UNIT	34.01	0 33.20
33.21	IUHP SERVICES	A	284	OCCUPATIONAL THERAPY	67.00	0 33.21
33.22	IUHP SERVICES	A	121,680	MEDICINE CLINIC	90.01	0 33.22
33.23	IUHP SERVICES	A	-226,786	OPHTHALMOLOGY CLINIC	90.07	0 33.23
33.24	IUMG SERVICES	A	-41,413	SPECIALTY CLINIC	90.10	0 33.24
33.25	IUMG SERVICES	A	-332,701	OCCUPATIONAL THERAPY CLINIC	90.13	0 33.25
33.26	IUMG SERVICES	A	-2,268,675	CHC CLINIC	90.17	0 33.26
33.27	IUMG SERVICES	A	-43,668	PSYCHIATRIC CLINIC	90.18	0 33.27
33.28	IUMG SERVICES	A	-1,690,346	WCOE/SENIOR CARE CLINIC	90.26	0 33.28
33.29	IUMG SERVICES	A	-16,362	TRANSGENDER CLINIC	90.27	0 33.29
33.30	IUMG SERVICES	A	-19,228,332	FQHC	193.11	0 33.30
33.31	HEALTH CONNECTIONS	A	-2,542,976	MEDICINE CLINIC	90.01	0 33.31
33.32	MI SCCELLANEOUS REVENUE	B	-4,067	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.32
33.33	MI SCCELLANEOUS REVENUE	B	5,343	NONPATIENT TELEPHONES	5.01	0 33.33
33.34	MI SCCELLANEOUS REVENUE	B	4	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0 33.34
33.35	MI SCCELLANEOUS REVENUE	B	-2,653,381	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.35
33.36	MI SCCELLANEOUS REVENUE	B	-12,370	MAINTENANCE & REPAIRS	6.00	0 33.36
33.37	MI SCCELLANEOUS REVENUE	B	-622,723	OPERATION OF PLANT	7.00	0 33.37
33.38	MI SCCELLANEOUS REVENUE	B	-2,897,928	DIETARY	10.00	0 33.38
33.39	MI SCCELLANEOUS REVENUE	B	-1,318,250	CAFETERIA	11.00	0 33.39
33.40	MI SCCELLANEOUS REVENUE	B	-3,912,104	NURSING ADMINISTRATION	13.00	0 33.40
33.41	MI SCCELLANEOUS REVENUE	B	-9,271	PHARMACY	15.00	0 33.41
33.42	MI SCCELLANEOUS REVENUE	B	-15,749	MEDICAL RECORDS & LIBRARY	16.00	0 33.42
33.43	MI SCCELLANEOUS REVENUE	B	-333,014	PARAMED ED PRGM-AMBULANCE	23.00	0 33.43
33.44	MI SCCELLANEOUS REVENUE	B	-51,489	ADULTS & PEDIATRICS	30.00	0 33.44
33.45	MI SCCELLANEOUS REVENUE	B	200	RADIOLOGY-DIAGNOSTIC	54.00	0 33.45
33.46	MI SCCELLANEOUS REVENUE	B	-356	PHYSICAL THERAPY	66.00	0 33.46
33.47	MI SCCELLANEOUS REVENUE	B	-5,600	RETAIL PHARMACIES	73.01	0 33.47
33.48	MI SCCELLANEOUS REVENUE	B	-25,200	MEDICINE CLINIC	90.01	0 33.48
33.49	MI SCCELLANEOUS REVENUE	B	-88,039	OPHTHALMOLOGY CLINIC	90.07	0 33.49
33.50	MI SCCELLANEOUS REVENUE	B	476,245	CHC CLINIC	90.17	0 33.50
33.51	MI SCCELLANEOUS REVENUE	B	-38,535	PSYCHIATRIC CLINIC	90.18	0 33.51
33.52	MI SCCELLANEOUS REVENUE	B	-11,854	DIETARY CLINIC	90.20	0 33.52
33.54	MI SCCELLANEOUS REVENUE	B	-218,080	WCOE/SENIOR CARE CLINIC	90.26	0 33.54
33.55	MI SCCELLANEOUS REVENUE	B	-40,009	EMERGENCY	91.00	0 33.55
33.56	MI SCCELLANEOUS REVENUE	B	-2,526,031	AMBULANCE SERVICES	95.00	0 33.56
33.57	MI SCCELLANEOUS REVENUE	B	0		0.00	0 33.57
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-56,097,794			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.

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0024

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

Worksheet A-8

Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	5.00

B. Amount Received - if cost cannot be determined.  
 (3) Additional adjustments may be made on lines 33 thru 49 and subscribers 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: 15-0024  
 Period: From 01/01/2018 To 12/31/2018  
 Worksheet A-8-1  
 Date/Time Prepared: 5/30/2019 12:40 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HHC CAPITAL COSTS	6,642,029	0 1.00
2.00	5.05	OTHER ADMINISTRATIVE AND GEN	HHC OPERATING COSTS	42,043,761	0 2.00
3.00	0.00			0	0 3.00
4.00	0.00			0	0 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			48,685,790	0 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	G	HEALTH AND HOSP	100.00		0.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	FINANCIAL				100.00

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

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

Provider CCN: 15-0024

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

Worksheet A-8-1

Date/Time Prepared:  
5/30/2019 12:40 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>			
1.00	6,642,029	9	1.00
2.00	42,043,761	0	2.00
3.00	0	0	3.00
4.00	0	0	4.00
5.00	48,685,790		5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0024

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

Worksheet A-8-2

Date/Time Prepared:  
5/30/2019 12:40 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	35,916,686	35,916,686	0	0	0	1.00
2.00	53.00	ANESTHESIOLOGY	53,241	53,241	0	0	0	2.00
3.00	90.17	CHC CLINIC	11,169	11,169	0	0	0	3.00
4.00	90.18	PSYCHIATRIC CLINIC	7,164,104	7,164,104	0	0	0	4.00
5.00	90.26	WCOE/SENIOR CARE CLINIC	460,009	460,009	0	0	0	5.00
6.00	91.00	EMERGENCY	1,708,470	715,785	964,215	171,400	17,520	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			45,313,679	44,320,994	964,215		17,520	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	5.05	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	2.00
3.00	90.17	CHC CLINIC	0	0	0	0	0	3.00
4.00	90.18	PSYCHIATRIC CLINIC	0	0	0	0	0	4.00
5.00	90.26	WCOE/SENIOR CARE CLINIC	0	0	0	0	0	5.00
6.00	91.00	EMERGENCY	1,443,715	72,186	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			1,443,715	72,186	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	5.05	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	35,916,686		1.00
2.00	53.00	ANESTHESIOLOGY	0	0	0	53,241		2.00
3.00	90.17	CHC CLINIC	0	0	0	11,169		3.00
4.00	90.18	PSYCHIATRIC CLINIC	0	0	0	7,164,104		4.00
5.00	90.26	WCOE/SENIOR CARE CLINIC	0	0	0	460,009		5.00
6.00	91.00	EMERGENCY	0	1,443,715	0	744,255		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	1,443,715	0	44,349,464		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	59,084,871	59,084,871			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	9,169,453	438,038	0	9,607,491	4.00
5.01 00540	NONPATIENT TELEPHONES	2,384,441	15,289	0	9,517	2,409,247 5.01
5.02 00560	PURCHASING RECEIVING AND STORES	6,771,415	755,286	0	102,605	17,677 5.02
5.03 00570	ADMITTING	8,070,035	126,455	0	176,086	42,585 5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	11,900,805	717,342	0	239,940	80,348 5.04
5.05 00591	OTHER ADMINISTRATION AND GENERAL	108,993,619	4,917,002	0	1,185,902	347,909 5.05
6.00 00600	MAINTENANCE & REPAIRS	6,189,372	384,288	0	71,759	1,607 6.00
7.00 00700	OPERATION OF PLANT	21,147,265	6,721,277	0	163,477	34,952 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,721,645	12,142	0	6,379	0 8.00
9.00 00900	HOUSEKEEPING	6,459,007	487,162	0	138,564	5,624 9.00
10.00 01000	DIETARY	1,695,452	455,696	0	76,213	20,087 10.00
11.00 01100	CAFETERIA	6,223,536	1,077,420	0	119,771	2,410 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	1,231,743	118,607	0	109,402	4,821 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,642,028	15,215	0	18,023	7,633 14.00
15.00 01500	PHARMACY	31,651,825	535,064	0	267,782	33,746 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,970,958	103,207	0	115,745	24,506 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0 18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	15,176,166	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-AMBULANCE	1,076,600	0	0	36,936	0 23.00
23.01 02301	PARAMED ED PRGM-PHARMACY	500,708	0	0	17,610	0 23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	36,727,786	6,105,032	0	966,394	151,858 30.00
31.00 03100	INTENSIVE CARE UNIT	17,751,975	2,225,026	0	410,803	79,947 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	3,935,077	961,404	0	84,803	40,978 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
34.01 02060	NEONATAL INTENSIVE CARE UNIT	5,113,578	764,244	0	133,295	10,044 34.01
40.00 04000	SUBPROVIDER - I PF	3,697,351	630,904	0	94,860	33,746 40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	2,235,283	325,503	0	56,578	11,651 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	19,062,308	2,405,343	0	241,240	83,964 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	1,819,857	239,953	0	24,082	14,061 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	12,082,008	1,416,138	0	232,573	46,602 54.00
54.01 03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	728,712	166,509	0	6,172	4,017 56.00
57.00 05700	CT SCAN	1,761,377	126,640	0	38,538	4,017 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	13,946,645	773,980	0	174,983	29,729 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	2,272,511	75,592	0	6	2,812 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	5,312,354	112,832	0	125,474	9,240 65.00
65.01 03560	PULMONARY FUNCTION TESTING	296,488	312,472	0	7,313	2,812 65.01
66.00 06600	PHYSICAL THERAPY	4,369,018	0	0	121,138	24,105 66.00
67.00 06700	OCCUPATIONAL THERAPY	2,873,892	0	0	78,490	2,410 67.00
68.00 06800	SPEECH PATHOLOGY	1,038,391	0	0	28,187	803 68.00
69.00 06900	ELECTROCARDIOLOGY	2,835,240	598,846	0	68,699	24,506 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	654,759	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	14,339,740	0	0	0	0 72.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2019 12:40 pm

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
73.00	07300 DRUGS CHARGED TO PATIENTS	247,025	0	0	0	0	73.00
73.01	07301 RETAIL PHARMACIES	34,308,299	949,817	0	196,587	10,445	73.01
74.00	07400 RENAL DIALYSIS	1,897,404	133,673	0	0	1,205	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	2,529,883	1,405,328	0	123,623	51,825	90.01
90.02	09002 OB/GYN CLINIC	1,235,777	473,872	0	31,094	24,908	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	1,055,112	336,053	0	26,065	9,642	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	3,155,201	939,304	0	72,516	50,218	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	3,876,174	616,800	0	72,962	20,891	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	433,911	63,042	0	12,019	5,223	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	9,239,916	1,933,655	0	159,979	118,514	90.17
90.18	09018 PSYCHIATRIC CLINIC	27,473,660	3,401,618	0	765,910	247,875	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	1,223,475	0	0	32,691	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	752,647	105,354	0	12,765	0	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	209,272	629	0	4,234	3,214	90.24
90.25	09025 WOUND/OSTOMY CLINIC	286,142	13,364	0	6,283	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	3,364,538	283,413	0	89,517	64,680	90.26
90.27	09027 TRANSGENDER CLINIC	182,049	444	0	4,834	0	90.27
91.00	09100 EMERGENCY	19,625,706	2,610,091	0	455,728	94,811	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART) -CD	1,626,454	214,595	0	45,950	4,017	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	25,650,941	57,267	0	622,186	28,122	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	597,288,880	47,658,227	0	8,484,282	1,936,797	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	327,705	34,723	0	5,559	2,009	190.00
190.01	19001 RETAIL SPA	183,513	26,653	0	3,621	0	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,473,986	482,868	0	27,204	51,423	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	2,449,212	4,602,679	0	56,787	16,471	193.01
193.02	19302 RENTAL SPACE	0	0	0	0	0	193.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
193.03 19303 UNUSED SPACE	0	0	0	0	0	193.03
193.04 19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05 19305 LV BEAUTY	0	0	0	0	0	193.05
193.06 19306 LV DAYCARE	0	0	0	0	0	193.06
193.07 19307 MIDTOWN NRCCS	12,124,849	439,371	0	223,939	14,463	193.07
193.08 19308 RESTRICTED AND OTHER GRANT COST CTR	9,642,010	445,960	0	211,759	55,039	193.08
193.09 19309 DME	805,814	72,926	0	6,474	3,616	193.09
193.10 19310 PROFESSIONAL BILLING	2,781,665	77,183	0	44,690	14,463	193.10
193.11 19311 FOHC	27,513,060	5,244,281	0	543,176	314,966	193.11
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	655,590,694	59,084,871	0	9,607,491	2,409,247	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description			PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5A.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES	7,646,983					5.02
5.03	00570	ADMINISTRATIVE	2,872	8,418,033				5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	14,717	0	12,953,152			5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	183,250	0	0	115,627,682	115,627,682	5.05
6.00	00600	MAINTENANCE & REPAIRS	180,558	0	0	6,827,584	1,462,059	6.00
7.00	00700	OPERATION OF PLANT	195,814	0	0	28,262,785	6,052,193	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	11,846	0	0	1,752,012	375,176	8.00
9.00	00900	HOUSEKEEPING	54,383	0	0	7,144,740	1,529,975	9.00
10.00	01000	DIETARY	9,871	0	0	2,257,319	483,382	10.00
11.00	01100	CAFETERIA	25,127	0	0	7,448,264	1,594,971	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	13,461	0	0	1,478,034	316,506	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	62,818	0	0	1,745,717	373,828	14.00
15.00	01500	PHARMACY	192,584	0	0	32,681,001	6,998,310	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,743	0	0	5,220,159	1,117,845	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	15,176,166	3,249,824	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-AMBULANCE	13,282	0	0	1,126,818	241,297	23.00
23.01	02301	PARAMEDICAL PRGM-PHARMACY	0	0	0	518,318	110,993	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,005,994	654,484	860,419	46,471,967	9,951,508	30.00
31.00	03100	INTENSIVE CARE UNIT	422,140	461,619	606,869	21,958,379	4,702,167	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	193,660	157,027	206,436	5,579,385	1,194,770	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	176,251	117,256	154,151	6,468,819	1,385,233	34.01
40.00	04000	SUBPROVIDER - IPF	31,409	61,776	81,214	4,631,260	991,738	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	74,844	24,756	32,546	2,761,161	591,275	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	580,263	745,546	980,135	24,098,799	5,160,517	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	142,688	176,417	231,928	2,648,986	567,254	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	458,754	685,805	901,596	15,823,476	3,388,439	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	6,102	24,264	31,898	967,674	207,218	56.00
57.00	05700	CT SCAN	35,537	452,808	595,286	3,014,203	645,461	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	223,275	860,347	1,131,058	17,140,017	3,670,363	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	20,281	159,130	209,200	2,739,532	586,643	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	236,018	431,286	566,991	6,794,195	1,454,909	65.00
65.01	03560	PULMONARY FUNCTION TESTING	7,538	9,902	13,017	649,542	139,093	65.01
66.00	06600	PHYSICAL THERAPY	46,127	108,292	142,367	4,811,047	1,030,238	66.00
67.00	06700	OCCUPATIONAL THERAPY	18,307	63,946	84,067	3,121,112	668,355	67.00
68.00	06800	SPEECH PATHOLOGY	5,743	18,219	23,952	1,115,295	238,829	68.00
69.00	06900	ELECTROCARDIOLOGY	89,920	131,586	172,989	3,921,786	839,811	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	98,894	273,814	359,970	1,387,437	297,106	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	322,887	180,391	237,152	15,080,170	3,229,268	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	44,691	743,257	977,125	2,012,098	430,871	73.00
73.01	07301	RETAIL PHARMACIES	60,485	225,780	296,822	36,048,235	7,719,369	73.01
74.00	07400	RENAL DIALYSIS	17,948	36,840	48,431	2,135,501	457,296	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description		PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		5.02	5.03	5.04	5A.04	5.05	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	117,381	43,485	57,167	4,328,692	926,946	90.01
90.02	09002 OB/GYN CLINIC	71,434	0	57,807	1,894,892	405,772	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	34,101	47,561	62,526	1,571,060	336,427	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	183,430	121,617	159,884	4,682,170	1,002,640	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	130,124	178,439	234,586	5,129,976	1,098,533	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	24,589	7,278	9,568	555,630	118,983	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	125,099	0	130,921	11,708,084	2,507,169	90.17
90.18	09018 PSYCHIATRIC CLINIC	120,970	0	116,296	32,126,329	6,879,532	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	3,949	2,974	3,910	1,266,999	271,315	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	30,871	0	4,563	906,200	194,054	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	2,872	530	697	221,448	47,421	90.24
90.25	09025 WOUND/OSTOMY CLINIC	23,692	23	30	329,534	70,566	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	90,100	0	34,551	3,926,799	840,885	90.26
90.27	09027 TRANSGENDER CLINIC	1,077	0	2,210	190,614	40,818	90.27
91.00	09100 EMERGENCY	615,801	1,170,915	1,539,552	26,112,604	5,591,753	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART				0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART) -CD	179	32,805	43,127	1,967,127	421,241	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	148,252	0	1,182,778	27,689,546	5,929,439	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	7,010,003	8,410,175	12,585,792	583,254,379	100,137,584	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,949	0	0	373,945	80,077	190.00
190.01	19001 RETAIL SPA	18,128	0	0	231,915	49,662	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	5,923	7,858	10,330	3,059,592	655,181	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	4,128	0	0	7,129,277	1,526,663	193.01
193.02	19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303 UNUSED SPACE	0	0	0	0	0	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305 LV BEAUTY	0	0	0	0	0	193.05
193.06	19306 LV DAYCARE	0	0	0	0	0	193.06
193.07	19307 MIDTOWN NRCCS	103,920	0	77,912	12,984,454	2,780,491	193.07
193.08	19308 RESTRICTED AND OTHER GRANT COST CTR	50,973	0	0	10,405,741	2,228,285	193.08
193.09	19309 DME	76,459	0	3,221	968,510	207,397	193.09
193.10	19310 PROFESSIONAL BILLING	2,333	0	0	2,920,334	625,360	193.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description			PURCHASING RECEIVING AND STORES 5.02	ADMINISTRATIVE 5.03	CASHIERING/ACC OUNTS RECEIVABLE 5.04	Subtotal 5A.04	OTHER ADMINISTRATIVE AND GENERAL 5.05	
193.11	19311	FQHC	371,167	0	275,897	34,262,547	7,336,982	193.11
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)	7,646,983	8,418,033	12,953,152	655,590,694	115,627,682	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part I Date/Time Prepared: 5/30/2019 12:40 pm		
Cost Center Description				MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
				6.00	7.00	8.00	9.00	10.00
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS	8,289,643					6.00
7.00	00700	OPERATION OF PLANT	1,346,360	35,661,338				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,989	10,218	2,139,395			8.00
9.00	00900	HOUSEKEEPING	93,288	479,138	0	9,247,141		9.00
10.00	01000	DIETARY	87,745	450,665	0	354,074	3,633,185	10.00
11.00	01100	CAFETERIA	218,103	1,120,196	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	25,028	128,548	346,224	21,608	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,599	18,484	0	0	0	14.00
15.00	01500	PHARMACY	108,474	557,132	0	348,316	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	36,019	184,996	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	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-AMBULANCE	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,207,295	6,200,782	622,550	2,171,944	2,326,933	30.00
31.00	03100	INTENSIVE CARE UNIT	447,859	2,300,245	285,020	763,146	941,653	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	193,991	996,354	103,780	329,772	125,456	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	153,829	790,080	18,741	262,095	0	34.01
40.00	04000	SUBPROVIDER - I PF	126,990	652,232	0	216,396	239,143	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	67,314	345,729	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	484,213	2,486,963	171,933	825,011	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	48,298	248,065	0	82,311	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	286,348	1,470,709	60,725	473,737	0	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	35,013	179,830	0	57,110	0	56.00
57.00	05700	CT SCAN	26,630	136,776	0	43,427	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	155,789	800,145	0	265,477	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15,215	78,147	0	25,940	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	22,711	116,646	0	38,725	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	4,761	24,454	0	8,136	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	62,658	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	122,013	626,668	0	205,407	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
73.01	07301	RETAIL PHARMACIES	81,024	416,146	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	37,062	190,354	23,850	45,857	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	217,708	1,118,167	0	384,505	0	90.01
90.02	09002 OB/GYN CLINIC	95,442	490,198	0	155,535	0	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	65,421	336,009	0	99,481	0	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	182,494	937,304	0	293,688	0	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	131,662	676,228	42,902	199,966	0	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	37,911	194,717	0	0	0	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	9,970	51,205	0	0	0	90.17
90.18	09018 PSYCHIATRIC CLINIC	74,489	382,583	0	58,854	0	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	238	1,225	0	0	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	21,735	111,633	0	35,661	0	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	75	383	0	0	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	75	383	0	0	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	48,112	247,108	0	77,715	0	90.26
90.27	09027 TRANSGENDER CLINIC	0	0	0	158	0	90.27
91.00	09100 EMERGENCY	608,029	3,122,893	403,844	888,250	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	45,124	231,762	0	73,594	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	4,381	22,503	59,826	7,449	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	6,979,826	28,934,003	2,139,395	8,876,003	3,633,185	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	32,927	169,114	0	5,494	0	190.00
190.01	19001 RETAIL SPA	5,372	27,593	0	9,140	0	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	444,029	2,280,574	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	161,683	830,417	0	38,567	0	193.01
193.02	19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303 UNUSED SPACE	488,788	2,510,461	0	17,698	0	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305 LV BEAUTY	0	0	0	0	0	193.05
193.06	19306 LV DAYCARE	0	0	0	0	0	193.06
193.07	19307 MIDTOWN NRCCS	6,885	35,361	0	37,404	0	193.07
193.08	19308 RESTRICTED AND OTHER GRANT COST CTR	22,525	115,690	0	113,376	0	193.08
193.09	19309 DME	8,815	45,273	0	24,989	0	193.09
193.10	19310 PROFESSIONAL BILLING	15,387	79,027	0	0	0	193.10
193.11	19311 FQHC	123,406	633,825	0	124,470	0	193.11

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
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)	8,289,643	35,661,338	2,139,395	9,247,141	3,633,185	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00560						5.02
5.03	00570						5.03
5.04	00580						5.04
5.05	00591						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	10,381,534					11.00
12.00	01200		0				12.00
13.00	01300	153,913	0	2,469,861			13.00
14.00	01400	62,323	0	0	2,203,951		14.00
15.00	01500	390,922	0	0	0	41,084,155	15.00
16.00	01600	247,548	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	79,964	0	0	0	0	23.00
23.01	02301	43,244	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	1,740,242	0	981,065	0	0	30.00
31.00	03100	739,690	0	417,001	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	154,683	0	87,203	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
34.01	02060	211,249	0	119,092	0	0	34.01
40.00	04000	228,023	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	90,901	0	51,246	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	475,913	0	268,297	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	47,645	0	0	0	0	53.00
54.00	05400	436,628	0	0	0	0	54.00
54.01	03470	0	0	0	0	0	54.01
55.00	05500	0	0	0	0	0	55.00
56.00	05600	8,969	0	0	0	0	56.00
57.00	05700	65,998	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	391,903	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	22	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	241,338	0	0	0	0	65.00
65.01	03560	13,842	0	0	0	0	65.01
66.00	06600	225,698	0	0	0	0	66.00
67.00	06700	139,955	0	0	0	0	67.00
68.00	06800	43,660	0	0	0	0	68.00
69.00	06900	124,979	0	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	516,756	0	71.00
72.00	07200	0	0	0	1,687,195	0	72.00
73.00	07300	0	0	0	0	41,084,155	73.00
73.01	07301	341,968	0	0	0	0	73.01
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	12.00	13.00	14.00	15.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	343,055	0	0	0	0	90.01
90.02	09002 OB/GYN CLINIC	79,209	0	0	0	0	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	77,114	0	0	0	0	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	205,004	0	0	0	0	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	143,763	0	0	0	0	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	28,536	0	0	0	0	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	476,004	0	0	0	0	90.17
90.18	09018 PSYCHIATRIC CLINIC	238,579	0	0	0	0	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	70,809	0	0	0	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	36,779	0	0	0	0	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	8,573	0	0	0	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	10,660	0	0	0	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	241,343	0	0	0	0	90.26
90.27	09027 TRANSGENDER CLINIC	12,205	0	0	0	0	90.27
91.00	09100 EMERGENCY	898,721	0	506,655	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	69,715	0	39,302	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	9,641,289	0	2,469,861	2,203,951	41,084,155	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	22,209	0	0	0	0	190.00
190.01	19001 RETAIL SPA	10,393	0	0	0	0	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	62,908	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	40,335	0	0	0	0	193.01
193.02	19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303 UNUSED SPACE	0	0	0	0	0	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305 LV BEAUTY	0	0	0	0	0	193.05
193.06	19306 LV DAYCARE	0	0	0	0	0	193.06
193.07	19307 MIDTOWN NRCCS	0	0	0	0	0	193.07
193.08	19308 RESTRICTED AND OTHER GRANT COST CTR	0	0	0	0	0	193.08
193.09	19309 DME	17,685	0	0	0	0	193.09
193.10	19310 PROFESSIONAL BILLING	148,785	0	0	0	0	193.10

COST ALLOCATION - GENERAL SERVICE COSTS

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From 01/01/2018  
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Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	12.00	13.00	14.00	15.00	
193.11	19311 FQHC	437,930	0	0	0	0	193.11
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)	10,381,534	0	2,469,861	2,203,951	41,084,155	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
	16.00	17.00	18.00	19.00	20.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00560 PURCHASING RECEIVING AND STORES						5.02
5.03 00570 ADMIN TTING						5.03
5.04 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05 00591 OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	6,806,567					16.00
17.00 01700 SOCIAL SERVICE	0	0				17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0			18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00 02000 NURSING SCHOOL	0	0	0		0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00 02300 PARAMED ED PRGM-AMBULANCE	0	0	0			23.00
23.01 02301 PARAMED ED PRGM-PHARMACY	0	0	0			23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	452,216	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	318,956	0	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	108,498	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 02060 NEONATAL INTENSIVE CARE UNIT	81,018	0	0	0	0	34.01
40.00 04000 SUBPROVIDER - I PF	42,684	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	17,105	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	515,136	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	121,896	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	473,857	0	0	0	0	54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	16,765	0	0	0	0	56.00
57.00 05700 CT SCAN	312,868	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	594,457	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	109,951	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	297,997	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	6,841	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	74,825	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	44,184	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	12,589	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	90,919	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	189,192	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	124,641	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	513,554	0	0	0	0	73.00
73.01 07301 RETAIL PHARMACIES	156,003	0	0	0	0	73.01

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74.00	07400	RENAL DIALYSIS	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	74.00
			16.00	17.00	18.00	19.00	20.00	
75.00	07500	ASC (NON-DISTINCT PART)	25,454	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	30,046	0	0	0	0	90.01
90.02	09002	OB/GYN CLINIC	30,382	0	0	0	0	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	32,862	0	0	0	0	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	84,031	0	0	0	0	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	123,293	0	0	0	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	5,029	0	0	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	68,809	0	0	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	61,123	0	0	0	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	2,055	0	0	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	2,398	0	0	0	0	90.22
90.23	09023	BARITRIC CLINIC	0	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	366	0	0	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	16	0	0	0	0	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	18,159	0	0	0	0	90.26
90.27	09027	TRANSGENDER CLINIC	1,161	0	0	0	0	90.27
91.00	09100	EMERGENCY	807,848	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	22,667	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	621,640	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,613,491	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	RETAIL SPA	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,429	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	0	0	0	0	0	193.01
193.02	19302	RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303	UNUSED SPACE	0	0	0	0	0	193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305	LV BEAUTY	0	0	0	0	0	193.05
193.06	19306	LV DAYCARE	0	0	0	0	0	193.06

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL		
					(SPECIFY)				
			16.00	17.00	18.00	19.00	20.00		
193.07	19307	MIDTOWN NRCCS	40,949	0	0	0	0	0	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR	0	0	0	0	0	0	193.08
193.09	19309	DME	1,693	0	0	0	0	0	193.09
193.10	19310	PROFESSIONAL BILLING	0	0	0	0	0	0	193.10
193.11	19311	FQHC	145,005	0	0	0	0	0	193.11
200.00		Cross Foot Adjustments					0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,806,567	0	0	0	0	0	202.00

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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM-AMBULANCE	PARAMED PRGM-PHARMACY	Subtotal	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00	23.00	23.01	24.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00560	PURCHASING RECEIVING AND STORES					5.02
5.03 00570	ADMINISTRATIVE					5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05 00591	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)					18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	18,425,990				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0			22.00
23.00 02300	PARAMED PRGM-AMBULANCE			1,448,079		23.00
23.01 02301	PARAMED PRGM-PHARMACY				672,555	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	4,921,906	0	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	659,674	0	0	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	98,035	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.01 02060	NEONATAL INTENSIVE CARE UNIT	220,808	0	0	0	34.01
40.00 04000	SUBPROVIDER - IPF	33,900	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	305,099	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	2,471,947	0	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	663,339	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	794,358	0	0	0	54.00
54.01 03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	916	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	65,051	0	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01 03560	PULMONARY FUNCTION TESTING	67,800	0	0	0	65.01
66.00 06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	393,972	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	672,555	73.00
73.01 07301	RETAIL PHARMACIES	1,832	0	0	0	73.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED PRGM-AMBULANCE	PARAMED PRGM-PHARMACY	Subtotal	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	23.01	24.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	2,915,374	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	524,075	0	0	0	7,873,194	90.01
90.02	09002	OB/GYN CLINIC	325,256	0	0	0	3,476,686	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	54,057	0	0	0	2,572,431	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	356,407	0	0	0	7,743,738	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	916	0	0	0	7,547,239	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	0	0	0	940,806	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	2,084,388	0	0	0	16,905,629	90.17
90.18	09018	PSYCHIATRIC CLINIC	454,442	0	0	0	40,275,931	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	0	0	0	0	1,612,641	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	916	0	0	0	1,309,376	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	30,235	0	0	0	308,501	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	0	0	0	411,234	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	43,062	0	0	0	5,443,183	90.26
90.27	09027	TRANSGENER CLINIC	0	0	0	0	244,956	90.27
91.00	09100	EMERGENCY	1,938,710	0	0	0	40,879,307	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0	0	0	0	2,870,532	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	1,448,079	0	35,782,863	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,511,101	0	1,448,079	672,555	556,507,781	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	683,766	190.00
190.01	19001	RETAIL SPA	0	0	0	0	334,075	190.01
191.00	19100	RESEARCH	652,345	0	0	0	652,345	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	6,507,713	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	0	0	0	0	9,726,942	193.01
193.02	19302	RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303	UNUSED SPACE	0	0	0	0	3,016,947	193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305	LV BEAUTY	0	0	0	0	0	193.05
193.06	19306	LV DAYCARE	0	0	0	0	0	193.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM-AMBULANCE	PARAMED ED PRGM-PHARMACY	Subtotal	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
193.07	19307	MIDTOWN NRCCS	2,749	0	0	0	15,888,293	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR	0	0	0	0	12,885,617	193.08
193.09	19309	DME	0	0	0	0	1,274,362	193.09
193.10	19310	PROFESSIONAL BILLING	0	0	0	0	3,788,893	193.10
193.11	19311	FQHC	1,259,795	0	0	0	44,323,960	193.11
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)	18,425,990	0	1,448,079	672,555	655,590,694	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00560	PURCHASING RECEIVING AND STORES		5.02
5.03	00570	ADMINITTING		5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL		5.05
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-AMBULANCE		23.00
23.01	02301	PARAMED ED PRGM-PHARMACY		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	-4,921,906	72,126,502
31.00	03100	INTENSIVE CARE UNIT	-659,674	32,874,116
32.00	03200	CORONARY CARE UNIT	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	-98,035	8,873,892
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0
34.01	02060	NEONATAL INTENSIVE CARE UNIT	-220,808	9,490,156
40.00	04000	SUBPROVIDER - I PF	-33,900	7,128,466
41.00	04100	SUBPROVIDER - I RF	0	0
42.00	04200	SUBPROVIDER	0	0
43.00	04300	NURSERY	-305,099	3,924,731
44.00	04400	SKILLED NURSING FACILITY	0	0
45.00	04500	NURSING FACILITY	0	0
46.00	04600	OTHER LONG TERM CARE	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	-2,471,947	34,486,782
51.00	05100	RECOVERY ROOM	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0
53.00	05300	ANESTHESIOLOGY	-663,339	3,764,455
54.00	05400	RADIOLOGY-DIAGNOSTIC	-794,358	22,413,919
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0
56.00	05600	RADIOISOTOPE	-916	1,472,579
57.00	05700	CT SCAN	0	4,245,363
58.00	05800	MRI	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0
60.00	06000	LABORATORY	-65,051	23,018,151
60.01	06001	BLOOD LABORATORY	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,555,450
64.00	06400	INTRAVENOUS THERAPY	0	0
65.00	06500	RESPIRATORY THERAPY	0	8,966,521
65.01	03560	PULMONARY FUNCTION TESTING	-67,800	809,318
66.00	06600	PHYSICAL THERAPY	0	6,179,159
67.00	06700	OCCUPATIONAL THERAPY	0	4,036,264
68.00	06800	SPEECH PATHOLOGY	0	1,410,373
69.00	06900	ELECTROCARDIOLOGY	-393,972	5,931,583
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,390,491
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	20,121,274
73.00	07300	DRUGS CHARGED TO PATIENTS	0	44,713,233
73.01	07301	RETAIL PHARMACIES	-1,832	44,762,745

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
74.00	07400	RENAL DIALYSIS	0	2,915,374	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	MEDICINE CLINIC	-524,075	7,349,119	90.01
90.02	09002	OB/GYN CLINIC	-325,256	3,151,430	90.02
90.03	09003	ORTHO CLINIC	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	-54,057	2,518,374	90.07
90.08	09008	ENT CLINIC	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	90.09
90.10	09010	SPECIALTY CLINIC	-356,407	7,387,331	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	-916	7,546,323	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	940,806	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	90.16
90.17	09017	CHC CLINIC	-2,084,388	14,821,241	90.17
90.18	09018	PSYCHIATRIC CLINIC	-454,442	39,821,489	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	90.19
90.20	09020	DIETARY CLINIC	0	1,612,641	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	90.21
90.22	09022	OP BURN CLINIC	-916	1,308,460	90.22
90.23	09023	BARITRIC CLINIC	0	0	90.23
90.24	09024	PLASTICS CLINIC	-30,235	278,266	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	411,234	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	-43,062	5,400,121	90.26
90.27	09027	TRANSGENDER CLINIC	0	244,956	90.27
91.00	09100	EMERGENCY	-1,938,710	38,940,597	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0	2,870,532	92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	35,782,863	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-16,511,101	539,996,680	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	683,766	190.00
190.01	19001	RETAIL SPA	0	334,075	190.01
191.00	19100	RESEARCH	-652,345	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,507,713	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	0	9,726,942	193.01
193.02	19302	RENTAL SPACE	0	0	193.02
193.03	19303	UNUSED SPACE	0	3,016,947	193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	193.04
193.05	19305	LV BEAUTY	0	0	193.05
193.06	19306	LV DAYCARE	0	0	193.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0024

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
193.07	19307	MIDTOWN NRCCS	-2,749	15,885,544	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR	0	12,885,617	193.08
193.09	19309	DME	0	1,274,362	193.09
193.10	19310	PROFESSIONAL BILLING	0	3,788,893	193.10
193.11	19311	FQHC	-1,259,795	43,064,165	193.11
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	-18,425,990	637,164,704	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2. 00			
<b>GENERAL SERVICE COST CENTERS</b>						
1. 00 00100	CAP REL COSTS-BLDG & FIXT					1. 00
2. 00 00200	CAP REL COSTS-MVBLE EQUIP					2. 00
4. 00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,050	438,038	0	439,088	439,088 4. 00
5. 01 00540	NONPATIENT TELEPHONES	41,563	15,289	0	56,852	435 5. 01
5. 02 00560	PURCHASING RECEIVING AND STORES	7,611	755,286	0	762,897	4,688 5. 02
5. 03 00570	ADMITTING	0	126,455	0	126,455	8,045 5. 03
5. 04 00580	CASHIERING/ACCOUNTS RECEIVABLE	7,948	717,342	0	725,290	10,963 5. 04
5. 05 00591	OTHER ADMINISTRATIVE AND GENERAL	3,876,528	4,917,002	0	8,793,530	54,311 5. 05
6. 00 00600	MAINTENANCE & REPAIRS	77,691	384,288	0	461,979	3,279 6. 00
7. 00 00700	OPERATION OF PLANT	670,630	6,721,277	0	7,391,907	7,469 7. 00
8. 00 00800	LAUNDRY & LINEN SERVICE	0	12,142	0	12,142	291 8. 00
9. 00 00900	HOUSEKEEPING	13,539	487,162	0	500,701	6,331 9. 00
10. 00 01000	DIETARY	27,959	455,696	0	483,655	3,482 10. 00
11. 00 01100	CAFETERIA	0	1,077,420	0	1,077,420	5,472 11. 00
12. 00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12. 00
13. 00 01300	NURSING ADMINISTRATION	19,928	118,607	0	138,535	4,999 13. 00
14. 00 01400	CENTRAL SERVICES & SUPPLY	7,532	15,215	0	22,747	823 14. 00
15. 00 01500	PHARMACY	362,970	535,064	0	898,034	12,235 15. 00
16. 00 01600	MEDICAL RECORDS & LIBRARY	0	103,207	0	103,207	5,288 16. 00
17. 00 01700	SOCIAL SERVICE	0	0	0	0	0 17. 00
18. 00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0 18. 00
19. 00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19. 00
20. 00 02000	NURSING SCHOOL	0	0	0	0	0 20. 00
21. 00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	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-AMBULANCE	0	0	0	0	1,688 23. 00
23. 01 02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	805 23. 01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30. 00 03000	ADULTS & PEDIATRICS	23,628	6,105,032	0	6,128,660	44,154 30. 00
31. 00 03100	INTENSIVE CARE UNIT	70,464	2,225,026	0	2,295,490	18,769 31. 00
32. 00 03200	CORONARY CARE UNIT	0	0	0	0	0 32. 00
33. 00 03300	BURN INTENSIVE CARE UNIT	2,769	961,404	0	964,173	3,875 33. 00
34. 00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34. 00
34. 01 02060	NEONATAL INTENSIVE CARE UNIT	12,731	764,244	0	776,975	6,090 34. 01
40. 00 04000	SUBPROVIDER - I PF	6,075	630,904	0	636,979	4,334 40. 00
41. 00 04100	SUBPROVIDER - I RF	0	0	0	0	0 41. 00
42. 00 04200	SUBPROVIDER	0	0	0	0	0 42. 00
43. 00 04300	NURSERY	0	325,503	0	325,503	2,585 43. 00
44. 00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44. 00
45. 00 04500	NURSING FACILITY	0	0	0	0	0 45. 00
46. 00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46. 00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50. 00 05000	OPERATING ROOM	228,203	2,405,343	0	2,633,546	11,022 50. 00
51. 00 05100	RECOVERY ROOM	0	0	0	0	0 51. 00
52. 00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52. 00
53. 00 05300	ANESTHESIOLOGY	18,098	239,953	0	258,051	1,100 53. 00
54. 00 05400	RADIOLOGY-DIAGNOSTIC	118,160	1,416,138	0	1,534,298	10,626 54. 00
54. 01 03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0 54. 01
55. 00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55. 00
56. 00 05600	RADIOISOTOPE	52,232	166,509	0	218,741	282 56. 00
57. 00 05700	CT SCAN	9,835	126,640	0	136,475	1,761 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	309,278	773,980	0	1,083,258	7,995 60. 00
60. 01 06001	BLOOD LABORATORY	0	0	0	0	0 60. 01
61. 00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61. 00
62. 00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62. 00
63. 00 06300	BLOOD STORING, PROCESSING & TRANS.	0	75,592	0	75,592	0 63. 00
64. 00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64. 00
65. 00 06500	RESPIRATORY THERAPY	6,060	112,832	0	118,892	5,733 65. 00
65. 01 03560	PULMONARY FUNCTION TESTING	0	312,472	0	312,472	334 65. 01
66. 00 06600	PHYSICAL THERAPY	9,284	0	0	9,284	5,535 66. 00
67. 00 06700	OCCUPATIONAL THERAPY	2,534	0	0	2,534	3,586 67. 00
68. 00 06800	SPEECH PATHOLOGY	0	0	0	0	1,288 68. 00
69. 00 06900	ELECTROCARDIOLOGY	10,625	598,846	0	609,471	3,139 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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
73.01 07301 RETAIL PHARMACIES	166,843	949,817	0	1,116,660	8,982	73.01
74.00 07400 RENAL DIALYSIS	0	133,673	0	133,673	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 MEDICINE CLINIC	7,720	1,405,328	0	1,413,048	5,648	90.01
90.02 09002 OB/GYN CLINIC	4,614	473,872	0	478,486	1,421	90.02
90.03 09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04 09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05 09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06 09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	6,682	336,053	0	342,735	1,191	90.07
90.08 09008 ENT CLINIC	0	0	0	0	0	90.08
90.09 09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10 09010 SPECIALTY CLINIC	16,413	939,304	0	955,717	3,313	90.10
90.11 09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12 09012 ENDOSCOPY CLINIC	5,238	616,800	0	622,038	3,334	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	63,042	0	63,042	549	90.13
90.14 09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15 09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16 09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17 09017 CHC CLINIC	332,575	1,933,655	0	2,266,230	7,309	90.17
90.18 09018 PSYCHIATRIC CLINIC	95,792	3,401,618	0	3,497,410	34,994	90.18
90.19 09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20 09020 DIETARY CLINIC	0	0	0	0	1,494	90.20
90.21 09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22 09022 OP BURN CLINIC	0	105,354	0	105,354	583	90.22
90.23 09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24 09024 PLASTICS CLINIC	0	629	0	629	193	90.24
90.25 09025 WOUND/OSTOMY CLINIC	0	13,364	0	13,364	287	90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	89	283,413	0	283,502	4,090	90.26
90.27 09027 TRANSGENDER CLINIC	0	444	0	444	221	90.27
91.00 09100 EMERGENCY	26,036	2,610,091	0	2,636,127	20,822	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CD	0	214,595	0	214,595	2,099	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	979,750	57,267	0	1,037,017	28,427	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	7,636,677	47,658,227	0	55,294,904	387,769	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	34,723	0	34,723	254	190.00
190.01 19001 RETAIL SPA	0	26,653	0	26,653	165	190.01
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	482,868	0	482,868	1,243	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301 OTHER NON-REIMBURSABLE COST CENTERS	0	4,602,679	0	4,602,679	2,595	193.01
193.02 19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03 19303 UNUSED SPACE	0	0	0	0	0	193.03
193.04 19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0	1.00	2.00	2A	4.00	
193.05 19305 LV BEAUTY	0	0	0	0	0	193.05
193.06 19306 LV DAYCARE	0	0	0	0	0	193.06
193.07 19307 MIDTOWN NRCCS	45,296	439,371	0	484,667	10,232	193.07
193.08 19308 RESTRICTED AND OTHER GRANT COST CTR	0	445,960	0	445,960	9,675	193.08
193.09 19309 DME	0	72,926	0	72,926	296	193.09
193.10 19310 PROFESSIONAL BILLING	0	77,183	0	77,183	2,042	193.10
193.11 19311 FOHC	372,675	5,244,281	0	5,616,956	24,817	193.11
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	8,054,648	59,084,871	0	67,139,519	439,088	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0024		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/30/2019 12:40 pm	
Cost Center Description			NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	57,287					5.01
5.02	00560	PURCHASING RECEIVING AND STORES	420	768,005				5.02
5.03	00570	ADMINITTING	1,013	288	135,801			5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,911	1,478	0	739,642		5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	8,272	18,404	0	0	8,874,517	5.05
6.00	00600	MAINTENANCE & REPAIRS	38	18,134	0	0	112,211	6.00
7.00	00700	OPERATION OF PLANT	831	19,666	0	0	464,499	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,190	0	0	28,794	8.00
9.00	00900	HOUSEKEEPING	134	5,462	0	0	117,424	9.00
10.00	01000	DIETARY	478	991	0	0	37,099	10.00
11.00	01100	CAFETERIA	57	2,524	0	0	122,412	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	115	1,352	0	0	24,291	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	181	6,309	0	0	28,691	14.00
15.00	01500	PHARMACY	802	19,342	0	0	537,112	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	583	577	0	0	85,793	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	249,420	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-AMBULANCE	0	1,334	0	0	18,519	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	8,519	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	3,611	101,033	10,596	49,175	763,991	30.00
31.00	03100	INTENSIVE CARE UNIT	1,901	42,397	7,473	34,684	360,886	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	974	19,450	2,542	11,798	91,697	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	239	17,701	1,898	8,810	106,315	34.01
40.00	04000	SUBPROVIDER - IPF	802	3,155	1,000	4,642	76,115	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	277	7,517	401	1,860	45,380	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,996	58,277	12,070	56,017	396,064	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	334	14,330	2,856	13,255	43,536	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,108	46,074	11,103	51,528	260,059	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	96	613	393	1,823	15,904	56.00
57.00	05700	CT SCAN	96	3,569	7,331	34,022	49,538	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	707	22,424	13,928	64,642	281,696	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	67	2,037	2,576	11,956	45,024	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	220	23,704	6,982	32,405	111,663	65.00
65.01	03560	PULMONARY FUNCTION TESTING	67	757	160	744	10,675	65.01
66.00	06600	PHYSICAL THERAPY	573	4,633	1,753	8,137	79,070	66.00
67.00	06700	OCCUPATIONAL THERAPY	57	1,839	1,035	4,805	51,295	67.00
68.00	06800	SPEECH PATHOLOGY	19	577	295	1,369	18,330	68.00
69.00	06900	ELECTROCARDIOLOGY	583	9,031	2,130	9,887	64,455	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	9,932	4,433	20,573	22,803	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	32,428	2,920	13,554	247,843	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,488	12,033	55,845	33,069	73.00
73.01	07301	RETAIL PHARMACIES	248	6,075	3,655	16,964	592,453	73.01
74.00	07400	RENAL DIALYSIS	29	1,803	596	2,768	35,097	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0024		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/30/2019 12:40 pm	
Cost Center Description		NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	
		5.01	5.02	5.03	5.04	5.05	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	1,232	11,789	704	3,267	71,142	90.01
90.02	09002 OB/GYN CLINIC	592	7,174	0	3,304	31,143	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	229	3,425	770	3,573	25,820	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	1,194	18,422	1,969	9,138	76,951	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	497	13,069	2,889	13,407	84,311	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	124	2,470	118	547	9,132	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	2,818	12,564	0	7,482	192,422	90.17
90.18	09018 PSYCHIATRIC CLINIC	5,894	12,149	0	6,647	527,996	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	0	397	48	223	20,823	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	0	3,100	0	261	14,893	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	76	288	9	40	3,639	90.24
90.25	09025 WOUND/OSTOMY CLINIC	0	2,379	0	2	5,416	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	1,538	9,049	0	1,975	64,537	90.26
90.27	09027 TRANSGENDER CLINIC	0	108	0	126	3,133	90.27
91.00	09100 EMERGENCY	2,254	61,846	18,477	87,329	429,161	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART) -CD	96	18	531	2,465	32,330	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	669	14,889	0	67,598	455,078	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	46,052	704,031	135,674	718,647	7,685,669	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	48	397	0	0	6,146	190.00
190.01	19001 RETAIL SPA	0	1,821	0	0	3,812	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,223	595	127	590	50,284	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	392	415	0	0	117,170	193.01
193.02	19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303 UNUSED SPACE	0	0	0	0	0	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305 LV BEAUTY	0	0	0	0	0	193.05
193.06	19306 LV DAYCARE	0	0	0	0	0	193.06
193.07	19307 MIDTOWN NRCCS	344	10,437	0	4,453	213,400	193.07
193.08	19308 RESTRICTED AND OTHER GRANT COST CTR	1,309	5,119	0	0	171,018	193.08
193.09	19309 DME	86	7,679	0	184	15,917	193.09
193.10	19310 PROFESSIONAL BILLING	344	234	0	0	47,996	193.10

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0024		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/30/2019 12:40 pm	
Cost Center Description			NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.05	
193.11	19311	FQHC	7,489	37,277	0	15,768	563,105	193.11
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)	57,287	768,005	135,801	739,642	8,874,517	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0024		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/30/2019 12:40 pm	
Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00570	ADMITTING					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS	595,641				6.00
7.00	00700	OPERATION OF PLANT	96,746	7,981,118			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	143	2,287	44,847		8.00
9.00	00900	HOUSEKEEPING	6,703	107,233	0	743,988	9.00
10.00	01000	DIETARY	6,305	100,860	0	28,487	661,357
11.00	01100	CAFETERIA	15,671	250,703	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,798	28,770	7,258	1,738	0
14.00	01400	CENTRAL SERVICES & SUPPLY	259	4,137	0	0	0
15.00	01500	PHARMACY	7,794	124,688	0	28,024	0
16.00	01600	MEDICAL RECORDS & LIBRARY	2,588	41,403	0	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-AMBULANCE	0	0	0	0	0
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	86,748	1,387,751	13,050	174,747	423,577
31.00	03100	INTENSIVE CARE UNIT	32,180	514,802	5,975	61,400	171,411
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	13,939	222,987	2,175	26,532	22,837
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	02060	NEONATAL INTENSIVE CARE UNIT	11,053	176,822	393	21,087	0
40.00	04000	SUBPROVIDER - I PF	9,125	145,972	0	17,410	43,532
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	4,837	77,375	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	34,792	556,590	3,604	66,377	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	3,470	55,518	0	6,622	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,575	329,149	1,273	38,115	0
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	2,516	40,246	0	4,595	0
57.00	05700	CT SCAN	1,913	30,611	0	3,494	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	11,194	179,075	0	21,359	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,093	17,490	0	2,087	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,632	26,106	0	3,116	0
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	342	5,473	0	655	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,041	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	8,767	140,250	0	16,526	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.01	07301	RETAIL PHARMACIES	5,822	93,135	0	0	0
74.00	07400	RENAL DIALYSIS	2,663	42,602	500	3,690	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0024		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/30/2019 12:40 pm	
Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	15,643	250,249	0	30,936	0	90.01
90.02	09002	OB/GYN CLINIC	6,858	109,708	0	12,514	0	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	4,701	75,200	0	8,004	0	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	13,113	209,772	0	23,629	0	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	9,460	151,342	899	16,088	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	2,724	43,578	0	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	716	11,460	0	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	5,352	85,623	0	4,735	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	17	274	0	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	1,562	24,984	0	2,869	0	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	5	86	0	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	5	86	0	0	0	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	3,457	55,304	0	6,253	0	90.26
90.27	09027	TRANSGENDER CLINIC	0	0	0	13	0	90.27
91.00	09100	EMERGENCY	43,689	698,913	8,466	71,465	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	3,242	51,869	0	5,921	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	315	5,036	1,254	599	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	501,527	6,475,519	44,847	714,128	661,357	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,366	37,848	0	442	0	190.00
190.01	19001	RETAIL SPA	386	6,175	0	735	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	31,905	510,400	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	11,617	185,850	0	3,103	0	193.01
193.02	19302	RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303	UNUSED SPACE	35,121	561,849	0	1,424	0	193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305	LV BEAUTY	0	0	0	0	0	193.05
193.06	19306	LV DAYCARE	0	0	0	0	0	193.06
193.07	19307	MIDTOWN NRCCS	495	7,914	0	3,009	0	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR	1,618	25,892	0	9,122	0	193.08
193.09	19309	DME	633	10,132	0	2,011	0	193.09
193.10	19310	PROFESSIONAL BILLING	1,106	17,687	0	0	0	193.10
193.11	19311	FQHC	8,867	141,852	0	10,014	0	193.11

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0024			Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/30/2019 12:40 pm	
Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		6.00	7.00	8.00	9.00	10.00		
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)	595,641	7,981,118	44,847	743,988	661,357		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0024		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/30/2019 12:40 pm	
Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,474,259					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	21,857	0	230,713			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,850	0	0	71,997		14.00
15.00	01500	PHARMACY	55,514	0	0	0	1,683,545	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	35,154	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	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-AMBULANCE	11,355	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	6,141	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	247,132	0	91,643	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	105,042	0	38,952	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	21,966	0	8,146	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	29,999	0	11,125	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	32,381	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	12,909	0	4,787	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	67,583	0	25,062	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	6,766	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	62,005	0	0	0	0	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,274	0	0	0	0	56.00
57.00	05700	CT SCAN	9,372	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	55,653	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	34,272	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,966	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	32,051	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,875	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	6,200	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	17,748	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	16,881	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	55,116	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,683,545	73.00
73.01	07301	RETAIL PHARMACIES	48,562	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	12.00	13.00	14.00	15.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	48,716	0	0	0	0	90.01
90.02	09002 OB/GYN CLINIC	11,248	0	0	0	0	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	10,951	0	0	0	0	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	29,112	0	0	0	0	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	20,415	0	0	0	0	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	4,052	0	0	0	0	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	67,596	0	0	0	0	90.17
90.18	09018 PSYCHIATRIC CLINIC	33,880	0	0	0	0	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	10,055	0	0	0	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	5,223	0	0	0	0	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	1,217	0	0	0	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	1,514	0	0	0	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	34,272	0	0	0	0	90.26
90.27	09027 TRANSGENDER CLINIC	1,733	0	0	0	0	90.27
91.00	09100 EMERGENCY	127,625	0	47,327	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART) -CD	9,900	0	3,671	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	1,369,139	0	230,713	71,997	1,683,545	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,154	0	0	0	0	190.00
190.01	19001 RETAIL SPA	1,476	0	0	0	0	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	8,933	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	5,728	0	0	0	0	193.01
193.02	19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303 UNUSED SPACE	0	0	0	0	0	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305 LV BEAUTY	0	0	0	0	0	193.05
193.06	19306 LV DAYCARE	0	0	0	0	0	193.06
193.07	19307 MIDTOWN NRCCS	0	0	0	0	0	193.07
193.08	19308 RESTRICTED AND OTHER GRANT COST CTR	0	0	0	0	0	193.08
193.09	19309 DME	2,511	0	0	0	0	193.09
193.10	19310 PROFESSIONAL BILLING	21,129	0	0	0	0	193.10

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0024		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/30/2019 12:40 pm	
Cost Center Description			CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.00	12.00	13.00	14.00	15.00	
193.11	19311	FQHC	62,189	0	0	0	0	193.11
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)	1,474,259	0	230,713	71,997	1,683,545	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/30/2019 12:40 pm
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		16.00	17.00	18.00	19.00	20.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00570	ADMINISTRATIVE					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	274,593				16.00
17.00	01700	SOCIAL SERVICE	0	0			17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-AMBULANCE	0	0	0		23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	18,203	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	12,839	0	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	4,367	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	3,261	0	0		34.01
40.00	04000	SUBPROVIDER - I PF	1,718	0	0		40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0		42.00
43.00	04300	NURSERY	689	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		44.00
45.00	04500	NURSING FACILITY	0	0	0		45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	20,735	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	4,907	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,074	0	0		54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	675	0	0		56.00
57.00	05700	CT SCAN	12,594	0	0		57.00
58.00	05800	MRI	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	23,928	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,426	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	11,995	0	0		65.00
65.01	03560	PULMONARY FUNCTION TESTING	275	0	0		65.01
66.00	06600	PHYSICAL THERAPY	3,012	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,778	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	507	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	3,660	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,615	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,017	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,672	0	0		73.00
73.01	07301	RETAIL PHARMACIES	6,279	0	0		73.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
					16.00			
74.00	07400	RENAL DIALYSIS	1,025	0	0			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0			75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	0	0			90.00
90.01	09001	MEDICINE CLINIC	1,209	0	0			90.01
90.02	09002	OB/GYN CLINIC	1,223	0	0			90.02
90.03	09003	ORTHO CLINIC	0	0	0			90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0			90.04
90.05	09005	DENTISTRY CLINIC	0	0	0			90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0			90.06
90.07	09007	OPHTHALMOLOGY CLINIC	1,323	0	0			90.07
90.08	09008	ENT CLINIC	0	0	0			90.08
90.09	09009	GERIATRIC CLINIC	0	0	0			90.09
90.10	09010	SPECIALTY CLINIC	3,382	0	0			90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0			90.11
90.12	09012	ENDOSCOPY CLINIC	4,963	0	0			90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	202	0	0			90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0			90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0			90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0			90.16
90.17	09017	CHC CLINIC	2,770	0	0			90.17
90.18	09018	PSYCHIATRIC CLINIC	2,460	0	0			90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0			90.19
90.20	09020	DIETARY CLINIC	83	0	0			90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0			90.21
90.22	09022	OP BURN CLINIC	97	0	0			90.22
90.23	09023	BARIATRIC CLINIC	0	0	0			90.23
90.24	09024	PLASTICS CLINIC	15	0	0			90.24
90.25	09025	WOUND/OSTOMY CLINIC	1	0	0			90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	731	0	0			90.26
90.27	09027	TRANSGENDER CLINIC	47	0	0			90.27
91.00	09100	EMERGENCY	33,130	0	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	912	0	0			92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0			94.00
95.00	09500	AMBULANCE SERVICES	25,022	0	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0			97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0			98.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	266,821	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
190.01	19001	RETAIL SPA	0	0	0			190.01
191.00	19100	RESEARCH	0	0	0			191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	219	0	0			192.00
193.00	19300	NONPAID WORKERS	0	0	0			193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	0	0	0			193.01
193.02	19302	RENTAL SPACE	0	0	0			193.02
193.03	19303	UNUSED SPACE	0	0	0			193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0			193.04
193.05	19305	LV BEAUTY	0	0	0			193.05
193.06	19306	LV DAYCARE	0	0	0			193.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
					(SPECIFY)			
			16.00	17.00	18.00	19.00	20.00	
193.07	19307	MIDTOWN NRCCS	1,648	0	0	0		193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR	0	0	0	0		193.08
193.09	19309	DME	68	0	0	0		193.09
193.10	19310	PROFESSIONAL BILLING	0	0	0	0		193.10
193.11	19311	FQHC	5,837	0	0	0		193.11
200.00		Cross Foot Adjustments					0	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	274,593	0	0	0	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM-AMBULANCE	PARAMED ED PRGM-PHARMACY	Subtotal	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00560	PURCHASING RECEIVING AND STORES					5.02
5.03 00570	ADMINISTRATIVE					5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05 00591	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)					18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	249,420				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0			22.00
23.00 02300	PARAMED ED PRGM-AMBULANCE			32,896		23.00
23.01 02301	PARAMED ED PRGM-PHARMACY				15,465	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS				9,544,071	30.00
31.00 03100	INTENSIVE CARE UNIT				3,704,201	31.00
32.00 03200	CORONARY CARE UNIT				0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT				1,417,458	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT				0	34.00
34.01 02060	NEONATAL INTENSIVE CARE UNIT				1,171,768	34.01
40.00 04000	SUBPROVIDER - IPF				977,165	40.00
41.00 04100	SUBPROVIDER - IRF				0	41.00
42.00 04200	SUBPROVIDER				0	42.00
43.00 04300	NURSERY				484,120	43.00
44.00 04400	SKILLED NURSING FACILITY				0	44.00
45.00 04500	NURSING FACILITY				0	45.00
46.00 04600	OTHER LONG TERM CARE				0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM				3,943,735	50.00
51.00 05100	RECOVERY ROOM				0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				0	52.00
53.00 05300	ANESTHESIOLOGY				410,745	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC				2,384,987	54.00
54.01 03470	NUCLEAR MEDICINE - THERAPEUTIC				0	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC				0	55.00
56.00 05600	RADIOISOTOPE				287,158	56.00
57.00 05700	CT SCAN				290,776	57.00
58.00 05800	MRI				0	58.00
59.00 05900	CARDIAC CATHETERIZATION				0	59.00
60.00 06000	LABORATORY				1,765,859	60.00
60.01 06001	BLOOD LABORATORY				0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL				0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.				162,351	63.00
64.00 06400	INTRAVENOUS THERAPY				0	64.00
65.00 06500	RESPIRATORY THERAPY				376,720	65.00
65.01 03560	PULMONARY FUNCTION TESTING				327,450	65.01
66.00 06600	PHYSICAL THERAPY				150,518	66.00
67.00 06700	OCCUPATIONAL THERAPY				91,845	67.00
68.00 06800	SPEECH PATHOLOGY				28,585	68.00
69.00 06900	ELECTROCARDIOLOGY				885,647	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY				0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT				82,237	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				356,878	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				1,809,652	73.00
73.01 07301	RETAIL PHARMACIES				1,898,835	73.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM-AMBULANCE	PARAMED PRGM-PHARMACY	Subtotal	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
74.00 07400 RENAL DIALYSIS			23.00	23.01	24.00	74.00
75.00 07500 ASC (NON-DISTINCT PART)					224,446	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC					0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER					0	89.00
90.00 09000 CLINIC					0	90.00
90.01 09001 MEDICINE CLINIC					1,853,583	90.01
90.02 09002 OB/GYN CLINIC					663,671	90.02
90.03 09003 ORTHO CLINIC					0	90.03
90.04 09004 PEDIATRICS CLINIC					0	90.04
90.05 09005 DENTISTRY CLINIC					0	90.05
90.06 09006 DERMATOLOGY CLINIC					0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC					477,922	90.07
90.08 09008 ENT CLINIC					0	90.08
90.09 09009 GERIATRIC CLINIC					0	90.09
90.10 09010 SPECIALTY CLINIC					1,345,712	90.10
90.11 09011 NEUROLOGY CLINIC					0	90.11
90.12 09012 ENDOSCOPY CLINIC					942,712	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC					126,538	90.13
90.14 09014 URGENT VISIT CLINIC					0	90.14
90.15 09015 SENIOR CARE CLINIC					0	90.15
90.16 09016 WOMENS VISIT CLINIC					0	90.16
90.17 09017 CHC CLINIC					2,571,367	90.17
90.18 09018 PSYCHIATRIC CLINIC					4,217,140	90.18
90.19 09019 ORAL SURGERY CLINIC					0	90.19
90.20 09020 DIETARY CLINIC					33,414	90.20
90.21 09021 CENTER OF EXCELLENCE					0	90.21
90.22 09022 OP BURN CLINIC					158,926	90.22
90.23 09023 BARIATRIC CLINIC					0	90.23
90.24 09024 PLASTICS CLINIC					6,197	90.24
90.25 09025 WOUND/OSTOMY CLINIC					23,054	90.25
90.26 09026 WCOE/SENIOR CARE CLINIC					464,708	90.26
90.27 09027 TRANSGENDER CLINIC					5,825	90.27
91.00 09100 EMERGENCY					4,286,631	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CD					327,649	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS					0	94.00
95.00 09500 AMBULANCE SERVICES					1,635,904	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED					0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD					0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS					0	98.00
99.00 09900 CMHC					0	99.00
99.10 09910 CORF					0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM					0	100.00
101.00 10100 HOME HEALTH AGENCY					0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION					0	105.00
106.00 10600 HEART ACQUISITION					0	106.00
107.00 10700 LIVER ACQUISITION					0	107.00
108.00 10800 LUNG ACQUISITION					0	108.00
109.00 10900 PANCREAS ACQUISITION					0	109.00
110.00 11000 INTESTINAL ACQUISITION					0	110.00
111.00 11100 ISLET ACQUISITION					0	111.00
113.00 11300 INTEREST EXPENSE					0	113.00
114.00 11400 UTILIZATION REVIEW-SNF					0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)					0	115.00
116.00 11600 HOSPICE					0	116.00
118.00					51,918,160	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN					85,378	190.00
190.01 19001 RETAIL SPA					41,223	190.01
191.00 19100 RESEARCH					0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES					1,088,387	192.00
193.00 19300 NONPAID WORKERS					0	193.00
193.01 19301 OTHER NON-REIMBURSABLE COST CENTERS					4,929,549	193.01
193.02 19302 RENTAL SPACE					0	193.02
193.03 19303 UNUSED SPACE					598,394	193.03
193.04 19304 SENIOR CONNECTIONS-NRCC					0	193.04
193.05 19305 LV BEAUTY					0	193.05
193.06 19306 LV DAYCARE					0	193.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM-AMBULANCE	PARAMED ED PRGM-PHARMACY	Subtotal	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
193.07	19307	MIDTOWN NRCCS			23.00	23.01	24.00	
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR					736,599	193.07
193.09	19309	DME					669,713	193.08
193.10	19310	PROFESSIONAL BILLING					112,443	193.09
193.11	19311	FQHC					167,721	193.10
200.00		Cross Foot Adjustments	249,420	0	32,896	15,465	6,494,171	193.11
201.00		Negative Cost Centers	0	0	0	0	297,781	200.00
202.00		TOTAL (sum lines 118 through 201)	249,420	0	32,896	15,465	0	201.00
							67,139,519	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/30/2019 12:40 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00560	PURCHASING RECEIVING AND STORES		5.02
5.03	00570	ADMINISTRATIVE		5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL		5.05
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-AMBULANCE		23.00
23.01	02301	PARAMED ED PRGM-PHARMACY		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	65.01
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
73.01	07301	RETAIL PHARMACIES	0	73.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0024

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
74.00	07400	RENAL DIALYSIS	0	224,446	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	MEDICINE CLINIC	0	1,853,583	90.01
90.02	09002	OB/GYN CLINIC	0	663,671	90.02
90.03	09003	ORTHO CLINIC	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	477,922	90.07
90.08	09008	ENT CLINIC	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	90.09
90.10	09010	SPECIALTY CLINIC	0	1,345,712	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0	942,712	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	126,538	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	90.16
90.17	09017	CHC CLINIC	0	2,571,367	90.17
90.18	09018	PSYCHIATRIC CLINIC	0	4,217,140	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	90.19
90.20	09020	DIETARY CLINIC	0	33,414	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	90.21
90.22	09022	OP BURN CLINIC	0	158,926	90.22
90.23	09023	BARIATRIC CLINIC	0	0	90.23
90.24	09024	PLASTICS CLINIC	0	6,197	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	23,054	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0	464,708	90.26
90.27	09027	TRANSGENDER CLINIC	0	5,825	90.27
91.00	09100	EMERGENCY	0	4,286,631	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0	327,649	92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	1,635,904	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	51,918,160	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	85,378	190.00
190.01	19001	RETAIL SPA	0	41,223	190.01
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,088,387	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	0	4,929,549	193.01
193.02	19302	RENTAL SPACE	0	0	193.02
193.03	19303	UNUSED SPACE	0	598,394	193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	193.04
193.05	19305	LV BEAUTY	0	0	193.05
193.06	19306	LV DAYCARE	0	0	193.06

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/30/2019 12:40 pm
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
193.07	19307	MIDTOWN NRCCS	0	736,599	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR	0	669,713	193.08
193.09	19309	DME	0	112,443	193.09
193.10	19310	PROFESSIONAL BILLING	0	167,721	193.10
193.11	19311	FQHC	0	6,494,171	193.11
200.00		Cross Foot Adjustments	0	297,781	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	67,139,519	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PATIENT PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,596,096	0			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		0			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	11,833	0	264,115,975		4.00
5.01 00540	NONPATIENT TELEPHONES	413	0	261,627	5,997	5.01
5.02 00560	PURCHASING RECEIVING AND STORES	20,403	0	2,820,668	44	42,606 5.02
5.03 00570	ADMITTING	3,416	0	4,840,713	106	16 5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	19,378	0	6,596,100	200	82 5.04
5.05 00591	OTHER ADMINISTRATIVE AND GENERAL	132,826	0	32,600,917	866	1,021 5.05
6.00 00600	MAINTENANCE & REPAIRS	10,381	0	1,972,689	4	1,006 6.00
7.00 00700	OPERATION OF PLANT	181,566	0	4,494,096	87	1,091 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	328	0	175,360	0	66 8.00
9.00 00900	HOUSEKEEPING	13,160	0	3,809,228	14	303 9.00
10.00 01000	DIETARY	12,310	0	2,095,151	50	55 10.00
11.00 01100	CAFETERIA	29,105	0	3,292,586	6	140 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	3,204	0	3,007,534	12	75 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	411	0	495,472	19	350 14.00
15.00 01500	PHARMACY	14,454	0	7,361,506	84	1,073 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,788	0	3,181,897	61	32 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0 18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	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-AMBULANCE	0	0	1,015,408	0	74 23.00
23.01 02301	PARAMED ED PRGM-PHARMACY	0	0	484,104	0	0 23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	164,919	0	26,566,811	378	5,605 30.00
31.00 03100	INTENSIVE CARE UNIT	60,106	0	11,293,254	199	2,352 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	25,971	0	2,331,281	102	1,079 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
34.01 02060	NEONATAL INTENSIVE CARE UNIT	20,645	0	3,664,355	25	982 34.01
40.00 04000	SUBPROVIDER - I PF	17,043	0	2,607,765	84	175 40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	8,793	0	1,555,370	29	417 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	64,977	0	6,631,855	209	3,233 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	6,482	0	662,032	35	795 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	38,255	0	6,393,581	116	2,556 54.00
54.01 03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	4,498	0	169,682	10	34 56.00
57.00 05700	CT SCAN	3,421	0	1,059,426	10	198 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	20,908	0	4,810,397	74	1,244 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	2,042	0	161	7	113 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	3,048	0	3,449,375	23	1,315 65.00
65.01 03560	PULMONARY FUNCTION TESTING	8,441	0	201,049	7	42 65.01
66.00 06600	PHYSICAL THERAPY	0	0	3,330,161	60	257 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	2,157,734	6	102 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	774,875	2	32 68.00
69.00 06900	ELECTROCARDIOLOGY	16,177	0	1,888,586	61	501 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	551 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,799 72.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:  
5/30/2019 12:40 pm

	Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PATIENT PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)		
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00					4.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	249	73.00
73.01	07301	RETAIL PHARMACIES	25,658	0	5,404,297	26	337	73.01
74.00	07400	RENAL DIALYSIS	3,611	0	0	3	100	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	37,963	0	3,398,482	129	654	90.01
90.02	09002	OB/GYN CLINIC	12,801	0	854,782	62	398	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	9,078	0	716,538	24	190	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	25,374	0	1,993,504	125	1,022	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	16,662	0	2,005,784	52	725	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	1,703	0	330,409	13	137	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	52,235	0	4,397,940	295	697	90.17
90.18	09018	PSYCHIATRIC CLINIC	91,890	0	21,055,376	617	674	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	0	0	898,701	0	22	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	2,846	0	350,907	0	172	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	17	0	116,397	8	16	90.24
90.25	09025	WOUND/OSTOMY CLINIC	361	0	172,731	0	132	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	7,656	0	2,460,884	161	502	90.26
90.27	09027	TRANSGENDER CLINIC	12	0	132,883	0	6	90.27
91.00	09100	EMERGENCY	70,508	0	12,528,268	236	3,431	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CD	5,797	0	1,263,206	10	1	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	1,547	0	17,104,304	70	826	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,287,421	0	233,238,199	4,821	39,057	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	938	0	152,827	5	22	190.00
190.01	19001	RETAIL SPA	720	0	99,549	0	101	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,044	0	747,861	128	33	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	124,335	0	1,561,101	41	23	193.01
193.02	19302	RENTAL SPACE	0	0	0	0	0	193.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PATIENT PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
193.03 19303 UNUSED SPACE	0	0	0	0	0	193.03
193.04 19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05 19305 LV BEAUTY	0	0	0	0	0	193.05
193.06 19306 LV DAYCARE	0	0	0	0	0	193.06
193.07 19307 MIDTOWN NRCCS	11,869	0	6,156,232	36	579	193.07
193.08 19308 RESTRICTED AND OTHER GRANT COST CTR	12,047	0	5,821,387	137	284	193.08
193.09 19309 DME	1,970	0	177,975	9	426	193.09
193.10 19310 PROFESSIONAL BILLING	2,085	0	1,228,571	36	13	193.10
193.11 19311 FOHC	141,667	0	14,932,273	784	2,068	193.11
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)	59,084,871	0	9,607,491	2,409,247	7,646,983	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	37.018369	0.000000	0.036376	401.742038	179.481364	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			439,088	57,287	768,005	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001662	9.552610	18.025748	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: 15-0024

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To 12/31/2018

Worksheet B-1

Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description			ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5.03	5.04	5A.05	5.05	6.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMINISTRATIVE	1,747,084,684					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	2,044,867,501				5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	0	0	-115,627,682	539,963,012		5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	6,827,584	1,112,532	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	28,262,785	180,692	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,752,012	267	8.00
9.00	00900	HOUSEKEEPING	0	0	0	7,144,740	12,520	9.00
10.00	01000	DIETARY	0	0	0	2,257,319	11,776	10.00
11.00	01100	CAFETERIA	0	0	0	7,448,264	29,271	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	1,478,034	3,359	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	1,745,717	483	14.00
15.00	01500	PHARMACY	0	0	0	32,681,001	14,558	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	5,220,159	4,834	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	15,176,166	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-AMBULANCE	0	0	0	1,126,818	0	23.00
23.01	02301	PARAMEDICAL PRGM-PHARMACY	0	0	0	518,318	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	135,841,389	135,841,389	0	46,471,967	162,028	30.00
31.00	03100	INTENSIVE CARE UNIT	95,811,326	95,811,326	0	21,958,379	60,106	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	32,591,683	32,591,683	0	5,579,385	26,035	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	24,337,144	24,337,144	0	6,468,819	20,645	34.01
40.00	04000	SUBPROVIDER - I/PF	12,821,840	12,821,840	0	4,631,260	17,043	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	5,138,224	5,138,224	0	2,761,161	9,034	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	154,741,896	154,741,896	0	24,098,799	64,985	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	36,616,304	36,616,304	0	2,648,986	6,482	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	142,342,209	142,342,209	0	15,823,476	38,430	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	5,036,023	5,036,023	0	967,674	4,699	56.00
57.00	05700	CT SCAN	93,982,668	93,982,668	0	3,014,203	3,574	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	178,569,304	178,569,304	0	17,140,017	20,908	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	33,028,126	33,028,126	0	2,739,532	2,042	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	89,515,477	89,515,477	0	6,794,195	3,048	65.00
65.01	03560	PULMONARY FUNCTION TESTING	2,055,109	2,055,109	0	649,542	0	65.01
66.00	06600	PHYSICAL THERAPY	22,476,578	22,476,578	0	4,811,047	639	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,272,363	13,272,363	0	3,121,112	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,781,546	3,781,546	0	1,115,295	0	68.00
69.00	06900	ELECTROCARDIOLOGY	27,311,233	27,311,233	0	3,921,786	16,375	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	56,831,431	56,831,431	0	1,387,437	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	37,441,112	37,441,112	0	15,080,170	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	154,266,621	154,266,621	0	2,012,098	0	73.00
73.01	07301	RETAIL PHARMACIES	46,861,734	46,861,734	0	36,048,235	10,874	73.01

COST ALLOCATION - STATISTICAL BASIS

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Cost Center Description			ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5.03	5.04	5A.05	5.05	6.00	
74.00	07400	RENAL DIALYSIS	7,646,242	7,646,242	0	2,135,501	4,974	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	9,025,457	9,025,457	0	4,328,692	29,218	90.01
90.02	09002	OB/GYN CLINIC	0	9,126,470	0	1,894,892	12,809	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	9,871,541	9,871,541	0	1,571,060	8,780	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	25,242,153	25,242,153	0	4,682,170	24,492	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	37,035,986	37,035,986	0	5,129,976	17,670	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	1,510,643	1,510,643	0	555,630	5,088	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	0	20,669,593	0	11,708,084	1,338	90.17
90.18	09018	PSYCHIATRIC CLINIC	0	18,360,632	0	32,126,329	9,997	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	617,328	617,328	0	1,266,999	32	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	0	720,399	0	906,200	2,917	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	110,072	110,072	0	221,448	10	90.24
90.25	09025	WOUND/OSTOMY CLINIC	4,808	4,808	0	329,534	10	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0	5,454,775	0	3,926,799	6,457	90.26
90.27	09027	TRANSGENER CLINIC	0	348,901	0	190,614	0	90.27
91.00	09100	EMERGENCY	242,909,366	242,909,366	0	26,112,604	81,602	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	6,808,815	6,808,815	0	1,967,127	6,056	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	186,734,831	0	27,689,546	588	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,745,453,751	1,986,869,352	-115,627,682	467,626,697	936,745	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	373,945	4,419	190.00
190.01	19001	RETAIL SPA	0	0	0	231,915	721	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,630,933	1,630,933	0	3,059,592	59,592	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	0	0	0	7,129,277	21,699	193.01
193.02	19302	RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303	UNUSED SPACE	0	0	0	0	65,599	193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305	LV BEAUTY	0	0	0	0	0	193.05
193.06	19306	LV DAYCARE	0	0	0	0	0	193.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description			ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5.03	5.04	5A.05	5.05	6.00	
193.07	19307	MIDTOWN NRCCS	0	12,300,609	0	12,984,454	924	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR	0	0	0	10,405,741	3,023	193.08
193.09	19309	DME	0	508,472	0	968,510	1,183	193.09
193.10	19310	PROFESSIONAL BILLING	0	0	0	2,920,334	2,065	193.10
193.11	19311	FOHC	0	43,558,135	0	34,262,547	16,562	193.11
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)	8,418,033	12,953,152		115,627,682	8,289,643	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.004818	0.006334		0.214140	7.451150	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	135,801	739,642		8,874,517	595,641	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000078	0.000362		0.016435	0.535392	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: 15-0024

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

Worksheet B-1

Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)		
		7.00	8.00	9.00	10.00	11.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00560	PURCHASING RECEIVING AND STORES					5.02	
5.03	00570	ADMITTING					5.03	
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04	
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL					5.05	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT	931,840				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	267	2,176,511			8.00	
9.00	00900	HOUSEKEEPING	12,520	0	175,032		9.00	
10.00	01000	DIETARY	11,776	0	6,702	297,591	10.00	
11.00	01100	CAFETERIA	29,271	0	0	0	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	3,359	352,231	409	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	483	0	0	0	14.00	
15.00	01500	PHARMACY	14,558	0	6,593	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	4,834	0	0	0	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00	
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00	
23.00	02300	PARAMED ED PRGM-AMBULANCE	0	0	0	0	23.00	
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.01	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	162,028	633,350	41,111	190,597	702,789	30.00
31.00	03100	INTENSIVE CARE UNIT	60,106	289,965	14,445	77,130	298,720	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	26,035	105,580	6,242	10,276	62,468	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	20,645	19,066	4,961	0	85,312	34.01
40.00	04000	SUBPROVIDER - I/PF	17,043	0	4,096	19,588	92,086	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	9,034	0	0	0	36,710	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	64,985	174,916	15,616	0	192,195	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	6,482	0	1,558	0	19,241	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	38,430	61,779	8,967	0	176,330	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	4,699	0	1,081	0	3,622	56.00
57.00	05700	CT SCAN	3,574	0	822	0	26,653	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	20,908	0	5,025	0	158,268	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,042	0	491	0	9	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,048	0	733	0	97,463	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	5,590	65.01
66.00	06600	PHYSICAL THERAPY	639	0	154	0	91,147	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,186	0	56,520	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	17,632	68.00
69.00	06900	ELECTROCARDIOLOGY	16,375	0	3,888	0	50,472	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
73.01	07301	RETAIL PHARMACIES	10,874	0	0	0	138,102	73.01
74.00	07400	RENAL DIALYSIS	4,974	24,264	868	0	0	74.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	29,218	0	7,278	0	138,541	90.01
90.02	09002 OB/GYN CLINIC	12,809	0	2,944	0	31,988	90.02
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	8,780	0	1,883	0	31,142	90.07
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	24,492	0	5,559	0	82,790	90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	17,670	43,646	3,785	0	58,058	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	5,088	0	0	0	11,524	90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017 CHC CLINIC	1,338	0	0	0	192,232	90.17
90.18	09018 PSYCHIATRIC CLINIC	9,997	0	1,114	0	96,349	90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	32	0	0	0	28,596	90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	2,917	0	675	0	14,853	90.22
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	10	0	0	0	3,462	90.24
90.25	09025 WOUND/OSTOMY CLINIC	10	0	0	0	4,305	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	6,457	0	1,471	0	97,465	90.26
90.27	09027 TRANSGENDER CLINIC	0	0	3	0	4,929	90.27
91.00	09100 EMERGENCY	81,602	410,850	16,813	0	362,944	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	6,056	0	1,393	0	28,154	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	588	60,864	141	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	756,053	2,176,511	168,007	297,591	3,893,587	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,419	0	104	0	8,969	190.00
190.01	19001 RETAIL SPA	721	0	173	0	4,197	190.01
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	59,592	0	0	0	25,405	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 OTHER NON-REIMBURSABLE COST CENTERS	21,699	0	730	0	16,289	193.01
193.02	19302 RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303 UNUSED SPACE	65,599	0	335	0	0	193.03
193.04	19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305 LV BEAUTY	0	0	0	0	0	193.05
193.06	19306 LV DAYCARE	0	0	0	0	0	193.06
193.07	19307 MIDTOWN NRCCS	924	0	708	0	0	193.07
193.08	19308 RESTRICTED AND OTHER GRANT COST CTR	3,023	0	2,146	0	0	193.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
			7.00	8.00	9.00	10.00	11.00	
193.09	19309	DME	1,183	0	473	0	7,142	193.09
193.10	19310	PROFESSIONAL BILLING	2,065	0	0	0	60,086	193.10
193.11	19311	FQHC	16,562	0	2,356	0	176,856	193.11
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)	35,661,338	2,139,395	9,247,141	3,633,185	10,381,534	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	38.269808	0.982947	52.831145	12.208652	2.476197	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	7,981,118	44,847	743,988	661,357	1,474,259	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	8.564902	0.020605	4.250583	2.222369	0.351639	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: 15-0024

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

Worksheet B-1

Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		12.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00560						5.02
5.03	00570						5.03
5.04	00580						5.04
5.05	00591						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200	0					12.00
13.00	01300	0	1,769,292				13.00
14.00	01400	0	0	2,350			14.00
15.00	01500	0	0	0	100		15.00
16.00	01600	0	0	0	0	2,044,867,501	16.00
17.00	01700	0	0	0	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
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
23.01	02301	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	702,789	0	0	135,841,389	30.00
31.00	03100	0	298,720	0	0	95,811,326	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	62,468	0	0	32,591,683	33.00
34.00	03400	0	0	0	0	0	34.00
34.01	02060	0	85,312	0	0	24,337,144	34.01
40.00	04000	0	0	0	0	12,821,840	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	36,710	0	0	5,138,224	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	192,195	0	0	154,741,896	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	36,616,304	53.00
54.00	05400	0	0	0	0	142,342,209	54.00
54.01	03470	0	0	0	0	0	54.01
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	5,036,023	56.00
57.00	05700	0	0	0	0	93,982,668	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	178,569,304	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	33,028,126	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	0	0	0	89,515,477	65.00
65.01	03560	0	0	0	0	2,055,109	65.01
66.00	06600	0	0	0	0	22,476,578	66.00
67.00	06700	0	0	0	0	13,272,363	67.00
68.00	06800	0	0	0	0	3,781,546	68.00
69.00	06900	0	0	0	0	27,311,233	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	551	0	56,831,431	71.00
72.00	07200	0	0	1,799	0	37,441,112	72.00
73.00	07300	0	0	0	100	154,266,621	73.00
73.01	07301	0	0	0	0	46,861,734	73.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			12.00	13.00	14.00	15.00	16.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	0	0	0	0	9,025,457	90.01
90.02	09002	OB/GYN CLINIC	0	0	0	0	9,126,470	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	0	9,871,541	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	0	0	0	0	25,242,153	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0	0	0	0	37,035,986	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	0	0	0	1,510,643	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17	09017	CHC CLINIC	0	0	0	0	20,669,593	90.17
90.18	09018	PSYCHIATRIC CLINIC	0	0	0	0	18,360,632	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	0	0	0	0	617,328	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	0	0	0	0	720,399	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	0	0	0	0	110,072	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	0	0	0	4,808	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0	0	0	0	5,454,775	90.26
90.27	09027	TRANSGENER CLINIC	0	0	0	0	348,901	90.27
91.00	09100	EMERGENCY	0	362,944	0	0	242,909,366	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0	28,154	0	0	6,808,815	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	186,734,831	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,769,292	2,350	100	1,986,869,352	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	RETAIL SPA	0	0	0	0	0	190.01
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	1,630,933	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE COST CENTERS	0	0	0	0	0	193.01
193.02	19302	RENTAL SPACE	0	0	0	0	0	193.02
193.03	19303	UNUSED SPACE	0	0	0	0	0	193.03
193.04	19304	SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05	19305	LV BEAUTY	0	0	0	0	0	193.05
193.06	19306	LV DAYCARE	0	0	0	0	0	193.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			12.00	13.00	14.00	15.00	16.00	
193.07	19307	MIDTOWN NRCCS	0	0	0	0	12,300,609	193.07
193.08	19308	RESTRICTED AND OTHER GRANT COST CTR	0	0	0	0	0	193.08
193.09	19309	DME	0	0	0	0	508,472	193.09
193.10	19310	PROFESSIONAL BILLING	0	0	0	0	0	193.10
193.11	19311	FOHC	0	0	0	0	43,558,135	193.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	2,469,861	2,203,951	41,084,155	6,806,567	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	1.395960	937.851489	410,841.550000	0.003329	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	230,713	71,997	1,683,545	274,593	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.130398	30.637021	16,835.450000	0.000134	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: 15-0024

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

Worksheet B-1

Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
		17.00	18.00	19.00	20.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00560 PURCHASING RECEIVING AND STORES						5.02
5.03 00570 ADMITTING						5.03
5.04 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05 00591 OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	0					17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0				18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0			20,111	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00 02300 PARAMED ED PRGM-AMBULANCE	0	0				23.00
23.01 02301 PARAMED ED PRGM-PHARMACY	0	0				23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	5,372	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	720	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	107	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 02060 NEONATAL INTENSIVE CARE UNIT	0	0	0	0	241	34.01
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	37	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	333	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	2,698	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	724	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	867	54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	1	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	71	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	74	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	430	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

COST ALLOCATION - STATISTICAL BASIS

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To 12/31/2018

Worksheet B-1

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5/30/2019 12:40 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
		17.00	18.00	19.00	20.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01 07301 RETAIL PHARMACIES	0	0	0	0	2	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 MEDICINE CLINIC	0	0	0	0	572	90.01
90.02 09002 OB/GYN CLINIC	0	0	0	0	355	90.02
90.03 09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04 09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05 09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06 09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0	0	0	0	59	90.07
90.08 09008 ENT CLINIC	0	0	0	0	0	90.08
90.09 09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10 09010 SPECIALTY CLINIC	0	0	0	0	389	90.10
90.11 09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12 09012 ENDOSCOPY CLINIC	0	0	0	0	1	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	0	0	90.13
90.14 09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15 09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16 09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17 09017 CHC CLINIC	0	0	0	0	2,275	90.17
90.18 09018 PSYCHIATRIC CLINIC	0	0	0	0	496	90.18
90.19 09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20 09020 DIETARY CLINIC	0	0	0	0	0	90.20
90.21 09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22 09022 OP BURN CLINIC	0	0	0	0	1	90.22
90.23 09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24 09024 PLASTICS CLINIC	0	0	0	0	33	90.24
90.25 09025 WOUND/OSTOMY CLINIC	0	0	0	0	0	90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	0	0	0	0	47	90.26
90.27 09027 TRANSGENDER CLINIC	0	0	0	0	0	90.27
91.00 09100 EMERGENCY	0	0	0	0	2,116	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CD	0	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	18,021	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 RETAIL SPA	0	0	0	0	0	190.01
191.00 19100 RESEARCH	0	0	0	0	712	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301 OTHER NON-REIMBURSABLE COST CENTERS	0	0	0	0	0	193.01
193.02 19302 RENTAL SPACE	0	0	0	0	0	193.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPROV (ASSIGNED TIME)	
		17.00	18.00	19.00	20.00	
193.03 19303 UNUSED SPACE	0	0	0	0	0	193.03
193.04 19304 SENIOR CONNECTIONS-NRCC	0	0	0	0	0	193.04
193.05 19305 LV BEAUTY	0	0	0	0	0	193.05
193.06 19306 LV DAYCARE	0	0	0	0	0	193.06
193.07 19307 MIDTOWN NRCCS	0	0	0	0	0	3 193.07
193.08 19308 RESTRICTED AND OTHER GRANT COST CTR	0	0	0	0	0	193.08
193.09 19309 DME	0	0	0	0	0	193.09
193.10 19310 PROFESSIONAL BILLING	0	0	0	0	0	193.10
193.11 19311 FOHC	0	0	0	0	1,375	193.11
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	0	0	0	18,425,990	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	916.214509	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	249,420	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	12.402168	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-AMBULANCE (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	22.00	23.00	23.01	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00 00100 CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00540 NONPATIENT TELEPHONES				5.01
5.02 00560 PURCHASING RECEIVING AND STORES				5.02
5.03 00570 ADMITTING				5.03
5.04 00580 CASHIERING/ACCOUNTS RECEIVABLE				5.04
5.05 00591 OTHER ADMINISTRATIVE AND GENERAL				5.05
6.00 00600 MAINTENANCE & REPAIRS				6.00
7.00 00700 OPERATION OF PLANT				7.00
8.00 00800 LAUNDRY & LINEN SERVICE				8.00
9.00 00900 HOUSEKEEPING				9.00
10.00 01000 DIETARY				10.00
11.00 01100 CAFETERIA				11.00
12.00 01200 MAINTENANCE OF PERSONNEL				12.00
13.00 01300 NURSING ADMINISTRATION				13.00
14.00 01400 CENTRAL SERVICES & SUPPLY				14.00
15.00 01500 PHARMACY				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY				16.00
17.00 01700 SOCIAL SERVICE				17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)				18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000 NURSING SCHOOL				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	20,111			22.00
23.00 02300 PARAMED PRGM-AMBULANCE		100		23.00
23.01 02301 PARAMED PRGM-PHARMACY			100	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 03000 ADULTS & PEDIATRICS	5,372	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	720	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	107	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
34.01 02060 NEONATAL INTENSIVE CARE UNIT	241	0	0	34.01
40.00 04000 SUBPROVIDER - I PF	37	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	42.00
43.00 04300 NURSERY	333	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	2,698	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	724	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	867	0	0	54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	1	0	0	56.00
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MRI	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	71	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	74	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	430	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-AMBULANCE (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)		
	SERVICES-OTHER PRGM COSTS				
	APPRV (ASSIGNED TIME)				
	22.00	23.00	23.01		
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	100	73.00	
73.01 07301 RETAIL PHARMACIES	2	0	0	73.01	
74.00 07400 RENAL DIALYSIS	0	0	0	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00	
90.00 09000 CLINIC	0	0	0	90.00	
90.01 09001 MEDICINE CLINIC	572	0	0	90.01	
90.02 09002 OB/GYN CLINIC	355	0	0	90.02	
90.03 09003 ORTHO CLINIC	0	0	0	90.03	
90.04 09004 PEDIATRICS CLINIC	0	0	0	90.04	
90.05 09005 DENTISTRY CLINIC	0	0	0	90.05	
90.06 09006 DERMATOLOGY CLINIC	0	0	0	90.06	
90.07 09007 OPHTHALMOLOGY CLINIC	59	0	0	90.07	
90.08 09008 ENT CLINIC	0	0	0	90.08	
90.09 09009 GERIATRIC CLINIC	0	0	0	90.09	
90.10 09010 SPECIALTY CLINIC	389	0	0	90.10	
90.11 09011 NEUROLOGY CLINIC	0	0	0	90.11	
90.12 09012 ENDOSCOPY CLINIC	1	0	0	90.12	
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	90.13	
90.14 09014 URGENT VISITCLINIC	0	0	0	90.14	
90.15 09015 SENIOR CARE CLINIC	0	0	0	90.15	
90.16 09016 WOMENS VISIT CLINIC	0	0	0	90.16	
90.17 09017 CHC CLINIC	2,275	0	0	90.17	
90.18 09018 PSYCHIATRIC CLINIC	496	0	0	90.18	
90.19 09019 ORAL SURGERY CLINIC	0	0	0	90.19	
90.20 09020 DIETARY CLINIC	0	0	0	90.20	
90.21 09021 CENTER OF EXCELLENCE	0	0	0	90.21	
90.22 09022 OP BURN CLINIC	1	0	0	90.22	
90.23 09023 BARIATRIC CLINIC	0	0	0	90.23	
90.24 09024 PLASTICS CLINIC	33	0	0	90.24	
90.25 09025 WOUND/OSTOMY CLINIC	0	0	0	90.25	
90.26 09026 WCOE/SENIOR CARE CLINIC	47	0	0	90.26	
90.27 09027 TRANSGENDER CLINIC	0	0	0	90.27	
91.00 09100 EMERGENCY	2,116	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CD	0	0	0	92.01	
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	94.00	
95.00 09500 AMBULANCE SERVICES	0	100	0	95.00	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00	
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00	
99.00 09900 CMHC	0	0	0	99.00	
99.10 09910 CORF	0	0	0	99.10	
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00	
101.00 10100 HOME HEALTH AGENCY	0	0	0	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>					
105.00 10500 KIDNEY ACQUISITION	0	0	0	105.00	
106.00 10600 HEART ACQUISITION	0	0	0	106.00	
107.00 10700 LIVER ACQUISITION	0	0	0	107.00	
108.00 10800 LUNG ACQUISITION	0	0	0	108.00	
109.00 10900 PANCREAS ACQUISITION	0	0	0	109.00	
110.00 11000 INTESTINAL ACQUISITION	0	0	0	110.00	
111.00 11100 ISLET ACQUISITION	0	0	0	111.00	
113.00 11300 INTEREST EXPENSE				113.00	
114.00 11400 UTILIZATION REVIEW-SNF				114.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00	
116.00 11600 HOSPICE				116.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	18,021	100	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00	
190.01 19001 RETAIL SPA	0	0	0	190.01	
191.00 19100 RESEARCH	712	0	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	193.00	
193.01 19301 OTHER NON-REIMBURSABLE COST CENTERS	0	0	0	193.01	
193.02 19302 RENTAL SPACE	0	0	0	193.02	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0024

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

Worksheet B-1

Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-AMBULANCE (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	
	SERVICES-OTHER			
	PRGM COSTS APPRV (ASSIGNED TIME)			
	22.00	23.00	23.01	
193.03 19303 UNUSED SPACE	0	0	0	193.03
193.04 19304 SENIOR CONNECTIONS-NRCC	0	0	0	193.04
193.05 19305 LV BEAUTY	0	0	0	193.05
193.06 19306 LV DAYCARE	0	0	0	193.06
193.07 19307 MIDTOWN NRCCS	3	0	0	193.07
193.08 19308 RESTRICTED AND OTHER GRANT COST CTR	0	0	0	193.08
193.09 19309 DME	0	0	0	193.09
193.10 19310 PROFESSIONAL BILLING	0	0	0	193.10
193.11 19311 FOHC	1,375	0	0	193.11
200.00 Cross Foot Adjustments				200.00
201.00 Negative Cost Centers				201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	1,448,079	672,555	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	14,480.790000	6,725.550000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	32,896	15,465	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	328.960000	154.650000	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)		0	0	206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0024

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2019 12:40 pm

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS		72,126,502	0	72,126,502	30.00	
31.00	03100 INTENSIVE CARE UNIT		32,874,116	0	32,874,116	31.00	
32.00	03200 CORONARY CARE UNIT		0	0	0	32.00	
33.00	03300 BURN INTENSIVE CARE UNIT		8,873,892	0	8,873,892	33.00	
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00	
34.01	02060 NEONATAL INTENSIVE CARE UNIT		9,490,156	0	9,490,156	34.01	
40.00	04000 SUBPROVIDER - IPF		7,128,466	0	7,128,466	40.00	
41.00	04100 SUBPROVIDER - IRF		0	0	0	41.00	
42.00	04200 SUBPROVIDER		0	0	0	42.00	
43.00	04300 NURSERY		3,924,731	0	3,924,731	43.00	
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00	
45.00	04500 NURSING FACILITY		0	0	0	45.00	
46.00	04600 OTHER LONG TERM CARE		0	0	0	46.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM		34,486,782	0	34,486,782	50.00	
51.00	05100 RECOVERY ROOM		0	0	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY		3,764,455	0	3,764,455	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		22,413,919	0	22,413,919	54.00	
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC		0	0	0	54.01	
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00	
56.00	05600 RADIOISOTOPE		1,472,579	0	1,472,579	56.00	
57.00	05700 CT SCAN		4,245,363	0	4,245,363	57.00	
58.00	05800 MRI		0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00	
60.00	06000 LABORATORY		23,018,151	0	23,018,151	60.00	
60.01	06001 BLOOD LABORATORY		0	0	0	60.01	
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	62.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		3,555,450	0	3,555,450	63.00	
64.00	06400 INTRAVENOUS THERAPY		0	0	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0	8,966,521	0	8,966,521	65.00	
65.01	03560 PULMONARY FUNCTION TESTING	0	809,318	0	809,318	65.01	
66.00	06600 PHYSICAL THERAPY	0	6,179,159	0	6,179,159	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	4,036,264	0	4,036,264	67.00	
68.00	06800 SPEECH PATHOLOGY	0	1,410,373	0	1,410,373	68.00	
69.00	06900 ELECTROCARDIOLOGY		5,931,583	0	5,931,583	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		0	0	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		2,390,491	0	2,390,491	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		20,121,274	0	20,121,274	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		44,713,233	0	44,713,233	73.00	
73.01	07301 RETAIL PHARMACIES		44,762,745	0	44,762,745	73.01	
74.00	07400 RENAL DIALYSIS		2,915,374	0	2,915,374	74.00	
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0	75.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00	
90.00	09000 CLINIC		0	0	0	90.00	
90.01	09001 MEDICINE CLINIC		7,349,119	0	7,349,119	90.01	
90.02	09002 OB/GYN CLINIC		3,151,430	0	3,151,430	90.02	
90.03	09003 ORTHO CLINIC		0	0	0	90.03	
90.04	09004 PEDIATRICS CLINIC		0	0	0	90.04	
90.05	09005 DENTISTRY CLINIC		0	0	0	90.05	
90.06	09006 DERMATOLOGY CLINIC		0	0	0	90.06	
90.07	09007 OPHTHALMOLOGY CLINIC		2,518,374	0	2,518,374	90.07	
90.08	09008 ENT CLINIC		0	0	0	90.08	
90.09	09009 GERIATRIC CLINIC		0	0	0	90.09	
90.10	09010 SPECIALTY CLINIC		7,387,331	0	7,387,331	90.10	
90.11	09011 NEUROLOGY CLINIC		0	0	0	90.11	
90.12	09012 ENDOSCOPY CLINIC		7,546,323	0	7,546,323	90.12	
90.13	09013 OCCUPATIONAL THERAPY CLINIC		940,806	0	940,806	90.13	
90.14	09014 URGENT VISIT CLINIC		0	0	0	90.14	
90.15	09015 SENIOR CARE CLINIC		0	0	0	90.15	
90.16	09016 WOMENS VISIT CLINIC		0	0	0	90.16	
90.17	09017 CHC CLINIC		14,821,241	0	14,821,241	90.17	
90.18	09018 PSYCHIATRIC CLINIC		39,821,489	0	39,821,489	90.18	
90.19	09019 ORAL SURGERY CLINIC		0	0	0	90.19	
90.20	09020 DIETARY CLINIC		1,612,641	0	1,612,641	90.20	
90.21	09021 CENTER OF EXCELLENCE		0	0	0	90.21	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0024

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2019 12:40 pm

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	
90.22	09022	OP BURN CLINIC	1,308,460		1,308,460	0	1,308,460	90.22
90.23	09023	BARIATRIC CLINIC	0		0	0	0	90.23
90.24	09024	PLASTICS CLINIC	278,266		278,266	0	278,266	90.24
90.25	09025	WOUND/OSTOMY CLINIC	411,234		411,234	0	411,234	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	5,400,121		5,400,121	0	5,400,121	90.26
90.27	09027	TRANSGENDER CLINIC	244,956		244,956	0	244,956	90.27
91.00	09100	EMERGENCY	38,940,597		38,940,597	0	38,940,597	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	8,072,444		8,072,444		8,072,444	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CD	2,870,532		2,870,532	0	2,870,532	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	35,782,863		35,782,863	0	35,782,863	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	09900	CMHC	0		0		0	99.00
99.10	09910	CORF	0		0		0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0		0		0	105.00
106.00	10600	HEART ACQUISITION	0		0		0	106.00
107.00	10700	LIVER ACQUISITION	0		0		0	107.00
108.00	10800	LUNG ACQUISITION	0		0		0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	548,069,124	0	548,069,124	0	548,069,124	200.00
201.00		Less Observation Beds	8,072,444		8,072,444		8,072,444	201.00
202.00		Total (see instructions)	539,996,680	0	539,996,680	0	539,996,680	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0024

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2019 12:40 pm

			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	135,970,170		135,970,170				30.00
31.00	03100	INTENSIVE CARE UNIT	96,063,706		96,063,706				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	32,604,829		32,604,829				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	24,337,356		24,337,356				34.01
40.00	04000	SUBPROVIDER - I/PF	12,821,840		12,821,840				40.00
41.00	04100	SUBPROVIDER - I/RP	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	5,138,224		5,138,224				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
45.00	04500	NURSING FACILITY	0		0				45.00
46.00	04600	OTHER LONG TERM CARE	0		0				46.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	73,006,886	81,003,929	154,010,815	0.223924	0.000000		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	18,956,128	17,660,176	36,616,304	0.102808	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,275,031	92,225,838	142,500,869	0.157290	0.000000		54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0.000000	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	917,887	4,118,136	5,036,023	0.292409	0.000000		56.00
57.00	05700	CT SCAN	33,154,873	60,827,795	93,982,668	0.045172	0.000000		57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000		59.00
60.00	06000	LABORATORY	54,211,254	124,358,050	178,569,304	0.128903	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	25,153,764	7,874,362	33,028,126	0.107649	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	80,096,217	9,419,260	89,515,477	0.100167	0.000000		65.00
65.01	03560	PULMONARY FUNCTION TESTING	130,874	1,924,235	2,055,109	0.393808	0.000000		65.01
66.00	06600	PHYSICAL THERAPY	8,280,225	14,196,353	22,476,578	0.274915	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	7,525,634	5,746,729	13,272,363	0.304110	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	2,279,389	1,502,157	3,781,546	0.372962	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	10,402,747	16,908,486	27,311,233	0.217185	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	35,882,629	20,948,802	56,831,431	0.042063	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,886,756	12,554,356	37,441,112	0.537411	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	89,879,329	64,387,292	154,266,621	0.289844	0.000000		73.00
73.01	07301	RETAIL PHARMACIES	1,554	46,860,179	46,861,733	0.955209	0.000000		73.01
74.00	07400	RENAL DIALYSIS	7,308,829	335,747	7,644,576	0.381365	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	MEDICINE CLINIC	34,075	9,164,857	9,198,932	0.798910	0.000000		90.01
90.02	09002	OB/GYN CLINIC	79,803	8,827,861	8,907,664	0.353789	0.000000		90.02
90.03	09003	ORTHO CLINIC	0	0	0	0.000000	0.000000		90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0.000000	0.000000		90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0.000000	0.000000		90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0.000000	0.000000		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	133,921	9,737,620	9,871,541	0.255115	0.000000		90.07
90.08	09008	ENT CLINIC	0	0	0	0.000000	0.000000		90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0.000000	0.000000		90.09
90.10	09010	SPECIALTY CLINIC	1,903,707	23,366,139	25,269,846	0.292338	0.000000		90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0.000000	0.000000		90.11
90.12	09012	ENDOSCOPY CLINIC	4,136,869	33,623,065	37,759,934	0.199850	0.000000		90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	1,510,643	1,510,643	0.622785	0.000000		90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0.000000	0.000000		90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0.000000	0.000000		90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0.000000	0.000000		90.16
90.17	09017	CHC CLINIC	44,208	20,605,341	20,649,549	0.717751	0.000000		90.17
90.18	09018	PSYCHIATRIC CLINIC	15,992	18,344,640	18,360,632	2.168852	0.000000		90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0.000000	0.000000		90.19
90.20	09020	DIETARY CLINIC	987	616,341	617,328	2.612292	0.000000		90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0.000000	0.000000		90.21
90.22	09022	OP BURN CLINIC	6,633	700,620	707,253	1.850059	0.000000		90.22

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/30/2019 12:40 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
90.23 09023 BARIATRIC CLINIC	0	0	0	0.000000	0.000000	90.23
90.24 09024 PLASTICS CLINIC	0	110,072	110,072	2.528036	0.000000	90.24
90.25 09025 WOUND/OSTOMY CLINIC	4,004	804	4,808	85.531198	0.000000	90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	13,018	5,441,757	5,454,775	0.989981	0.000000	90.26
90.27 09027 TRANSGENDER CLINIC	0	348,901	348,901	0.702079	0.000000	90.27
91.00 09100 EMERGENCY	64,681,290	169,152,538	233,833,828	0.166531	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	592,368	0	592,368	13.627414	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CD	1,599,766	13,791,037	15,390,803	0.186510	0.000000	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00 09500 AMBULANCE SERVICES	0	186,734,831	186,734,831	0.191624	0.000000	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00 09900 CMHC	0	0	0			99.00
99.10 09910 CORF	0	0	0			99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0			105.00
106.00 10600 HEART ACQUISITION	0	0	0			106.00
107.00 10700 LIVER ACQUISITION	0	0	0			107.00
108.00 10800 LUNG ACQUISITION	0	0	0			108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0			109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0			110.00
111.00 11100 ISLET ACQUISITION	0	0	0			111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00 11600 HOSPICE	0	0	0			116.00
200.00 Subtotal (see instructions)	902,532,772	1,084,928,949	1,987,461,721			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	902,532,772	1,084,928,949	1,987,461,721			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/30/2019 12:40 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT			34.01
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.223924		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.102808		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.157290		54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.292409		56.00
57.00	05700	CT SCAN	0.045172		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.128903		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.107649		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.100167		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.393808		65.01
66.00	06600	PHYSICAL THERAPY	0.274915		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.304110		67.00
68.00	06800	SPEECH PATHOLOGY	0.372962		68.00
69.00	06900	ELECTROCARDIOLOGY	0.217185		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.042063		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.537411		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.289844		73.00
73.01	07301	RETAIL PHARMACIES	0.955209		73.01
74.00	07400	RENAL DIALYSIS	0.381365		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	MEDICINE CLINIC	0.798910		90.01
90.02	09002	OB/GYN CLINIC	0.353789		90.02
90.03	09003	ORTHO CLINIC	0.000000		90.03
90.04	09004	PEDIATRICS CLINIC	0.000000		90.04
90.05	09005	DENTISTRY CLINIC	0.000000		90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.255115		90.07
90.08	09008	ENT CLINIC	0.000000		90.08
90.09	09009	GERIATRIC CLINIC	0.000000		90.09
90.10	09010	SPECIALTY CLINIC	0.292338		90.10
90.11	09011	NEUROLOGY CLINIC	0.000000		90.11
90.12	09012	ENDOSCOPY CLINIC	0.199850		90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.622785		90.13
90.14	09014	URGENT VISIT CLINIC	0.000000		90.14
90.15	09015	SENIOR CARE CLINIC	0.000000		90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000		90.16
90.17	09017	CHC CLINIC	0.717751		90.17
90.18	09018	PSYCHIATRIC CLINIC	2.168852		90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000		90.19
90.20	09020	DIETARY CLINIC	2.612292		90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000		90.21
90.22	09022	OP BURN CLINIC	1.850059		90.22
90.23	09023	BARITRIC CLINIC	0.000000		90.23
90.24	09024	PLASTICS CLINIC	2.528036		90.24

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/30/2019 12:40 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
90.25	09025	WOUND/OSTOMY CLINIC	85.531198		90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0.989981		90.26
90.27	09027	TRANSGENDER CLINIC	0.702079		90.27
91.00	09100	EMERGENCY	0.166531		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	13.627414		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0.186510		92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.191624		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0024

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2019 12:40 pm

		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	72,126,502		72,126,502	0	72,126,502	30.00
31.00	03100 INTENSIVE CARE UNIT	32,874,116		32,874,116	0	32,874,116	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	8,873,892		8,873,892	0	8,873,892	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.01	02060 NEONATAL INTENSIVE CARE UNIT	9,490,156		9,490,156	0	9,490,156	34.01
40.00	04000 SUBPROVIDER - IPF	7,128,466		7,128,466	0	7,128,466	40.00
41.00	04100 SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	3,924,731		3,924,731	0	3,924,731	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0		0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	34,486,782		34,486,782	0	34,486,782	50.00
51.00	05100 RECOVERY ROOM	0		0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	3,764,455		3,764,455	0	3,764,455	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	22,413,919		22,413,919	0	22,413,919	54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0		0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600 RADIOISOTOPE	1,472,579		1,472,579	0	1,472,579	56.00
57.00	05700 CT SCAN	4,245,363		4,245,363	0	4,245,363	57.00
58.00	05800 MRI	0		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000 LABORATORY	23,018,151		23,018,151	0	23,018,151	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	3,555,450		3,555,450	0	3,555,450	63.00
64.00	06400 INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	8,966,521	0	8,966,521	0	8,966,521	65.00
65.01	03560 PULMONARY FUNCTION TESTING	809,318	0	809,318	0	809,318	65.01
66.00	06600 PHYSICAL THERAPY	6,179,159	0	6,179,159	0	6,179,159	66.00
67.00	06700 OCCUPATIONAL THERAPY	4,036,264	0	4,036,264	0	4,036,264	67.00
68.00	06800 SPEECH PATHOLOGY	1,410,373	0	1,410,373	0	1,410,373	68.00
69.00	06900 ELECTROCARDIOLOGY	5,931,583		5,931,583	0	5,931,583	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2,390,491		2,390,491	0	2,390,491	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	20,121,274		20,121,274	0	20,121,274	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	44,713,233		44,713,233	0	44,713,233	73.00
73.01	07301 RETAIL PHARMACIES	44,762,745		44,762,745	0	44,762,745	73.01
74.00	07400 RENAL DIALYSIS	2,915,374		2,915,374	0	2,915,374	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 MEDICINE CLINIC	7,349,119		7,349,119	0	7,349,119	90.01
90.02	09002 OB/GYN CLINIC	3,151,430		3,151,430	0	3,151,430	90.02
90.03	09003 ORTHO CLINIC	0		0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0		0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0		0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0		0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	2,518,374		2,518,374	0	2,518,374	90.07
90.08	09008 ENT CLINIC	0		0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0		0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	7,387,331		7,387,331	0	7,387,331	90.10
90.11	09011 NEUROLOGY CLINIC	0		0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	7,546,323		7,546,323	0	7,546,323	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	940,806		940,806	0	940,806	90.13
90.14	09014 URGENT VISIT CLINIC	0		0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0		0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0		0	0	0	90.16
90.17	09017 CHC CLINIC	14,821,241		14,821,241	0	14,821,241	90.17
90.18	09018 PSYCHIATRIC CLINIC	39,821,489		39,821,489	0	39,821,489	90.18
90.19	09019 ORAL SURGERY CLINIC	0		0	0	0	90.19
90.20	09020 DIETARY CLINIC	1,612,641		1,612,641	0	1,612,641	90.20
90.21	09021 CENTER OF EXCELLENCE	0		0	0	0	90.21

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0024

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2019 12:40 pm

			Title XIX		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	
90.22	09022	OP BURN CLINIC	1,308,460		1,308,460	0	1,308,460	90.22
90.23	09023	BARIATRIC CLINIC	0		0	0	0	90.23
90.24	09024	PLASTICS CLINIC	278,266		278,266	0	278,266	90.24
90.25	09025	WOUND/OSTOMY CLINIC	411,234		411,234	0	411,234	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	5,400,121		5,400,121	0	5,400,121	90.26
90.27	09027	TRANSGENDER CLINIC	244,956		244,956	0	244,956	90.27
91.00	09100	EMERGENCY	38,940,597		38,940,597	0	38,940,597	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	8,072,444		8,072,444		8,072,444	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CD	2,870,532		2,870,532	0	2,870,532	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	35,782,863		35,782,863	0	35,782,863	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	09900	CMHC	0		0		0	99.00
99.10	09910	CORF	0		0		0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0		0		0	105.00
106.00	10600	HEART ACQUISITION	0		0		0	106.00
107.00	10700	LIVER ACQUISITION	0		0		0	107.00
108.00	10800	LUNG ACQUISITION	0		0		0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	548,069,124	0	548,069,124	0	548,069,124	200.00
201.00		Less Observation Beds	8,072,444		8,072,444		8,072,444	201.00
202.00		Total (see instructions)	539,996,680	0	539,996,680	0	539,996,680	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0024

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2019 12:40 pm

		Title XIX			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	135,970,170		135,970,170		30.00
31.00	03100	INTENSIVE CARE UNIT	96,063,706		96,063,706		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	32,604,829		32,604,829		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	24,337,356		24,337,356		34.01
40.00	04000	SUBPROVIDER - I/PF	12,821,840		12,821,840		40.00
41.00	04100	SUBPROVIDER - I/RF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	5,138,224		5,138,224		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	73,006,886	81,003,929	154,010,815	0.223924	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	18,956,128	17,660,176	36,616,304	0.102808	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,275,031	92,225,838	142,500,869	0.157290	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	917,887	4,118,136	5,036,023	0.292409	56.00
57.00	05700	CT SCAN	33,154,873	60,827,795	93,982,668	0.045172	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	54,211,254	124,358,050	178,569,304	0.128903	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	25,153,764	7,874,362	33,028,126	0.107649	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	80,096,217	9,419,260	89,515,477	0.100167	65.00
65.01	03560	PULMONARY FUNCTION TESTING	130,874	1,924,235	2,055,109	0.393808	65.01
66.00	06600	PHYSICAL THERAPY	8,280,225	14,196,353	22,476,578	0.274915	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,525,634	5,746,729	13,272,363	0.304110	67.00
68.00	06800	SPEECH PATHOLOGY	2,279,389	1,502,157	3,781,546	0.372962	68.00
69.00	06900	ELECTROCARDIOLOGY	10,402,747	16,908,486	27,311,233	0.217185	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	35,882,629	20,948,802	56,831,431	0.042063	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,886,756	12,554,356	37,441,112	0.537411	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	89,879,329	64,387,292	154,266,621	0.289844	73.00
73.01	07301	RETAIL PHARMACIES	1,554	46,860,179	46,861,733	0.955209	73.01
74.00	07400	RENAL DIALYSIS	7,308,829	335,747	7,644,576	0.381365	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	MEDICINE CLINIC	34,075	9,164,857	9,198,932	0.798910	90.01
90.02	09002	OB/GYN CLINIC	79,803	8,827,861	8,907,664	0.353789	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0.000000	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0.000000	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0.000000	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0.000000	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	133,921	9,737,620	9,871,541	0.255115	90.07
90.08	09008	ENT CLINIC	0	0	0	0.000000	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0.000000	90.09
90.10	09010	SPECIALTY CLINIC	1,903,707	23,366,139	25,269,846	0.292338	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0.000000	90.11
90.12	09012	ENDOSCOPY CLINIC	4,136,869	33,623,065	37,759,934	0.199850	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	1,510,643	1,510,643	0.622785	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0.000000	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0.000000	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0.000000	90.16
90.17	09017	CHC CLINIC	44,208	20,605,341	20,649,549	0.717751	90.17
90.18	09018	PSYCHIATRIC CLINIC	15,992	18,344,640	18,360,632	2.168852	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0.000000	90.19
90.20	09020	DIETARY CLINIC	987	616,341	617,328	2.612292	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0.000000	90.21
90.22	09022	OP BURN CLINIC	6,633	700,620	707,253	1.850059	90.22

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0024

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2019 12:40 pm

			Title XIX			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
90.23	09023	BARIATRIC CLINIC	0	0	0	0.000000	0.000000	90.23	
90.24	09024	PLASTICS CLINIC	0	110,072	110,072	2.528036	0.000000	90.24	
90.25	09025	WOUND/OSTOMY CLINIC	4,004	804	4,808	85.531198	0.000000	90.25	
90.26	09026	WCOE/SENIOR CARE CLINIC	13,018	5,441,757	5,454,775	0.989981	0.000000	90.26	
90.27	09027	TRANSGENDER CLINIC	0	348,901	348,901	0.702079	0.000000	90.27	
91.00	09100	EMERGENCY	64,681,290	169,152,538	233,833,828	0.166531	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	592,368	0	592,368	13.627414	0.000000	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	1,599,766	13,791,037	15,390,803	0.186510	0.000000	92.01	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00	
95.00	09500	AMBULANCE SERVICES	0	186,734,831	186,734,831	0.191624	0.000000	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00	
99.00	09900	CMHC	0	0	0			99.00	
99.10	09910	CORF	0	0	0			99.10	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00	
106.00	10600	HEART ACQUISITION	0	0	0			106.00	
107.00	10700	LIVER ACQUISITION	0	0	0			107.00	
108.00	10800	LUNG ACQUISITION	0	0	0			108.00	
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00	
111.00	11100	ISLET ACQUISITION	0	0	0			111.00	
113.00	11300	INTEREST EXPENSE						113.00	
114.00	11400	UTILIZATION REVIEW-SNF						114.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00	
116.00	11600	HOSPICE	0	0	0			116.00	
200.00		Subtotal (see instructions)	902,532,772	1,084,928,949	1,987,461,721			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	902,532,772	1,084,928,949	1,987,461,721			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/30/2019 12:40 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital
					PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT			34.01
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.223924		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.102808		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.157290		54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.292409		56.00
57.00	05700	CT SCAN	0.045172		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.128903		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.107649		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.100167		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.393808		65.01
66.00	06600	PHYSICAL THERAPY	0.274915		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.304110		67.00
68.00	06800	SPEECH PATHOLOGY	0.372962		68.00
69.00	06900	ELECTROCARDIOLOGY	0.217185		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.042063		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.537411		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.289844		73.00
73.01	07301	RETAIL PHARMACIES	0.955209		73.01
74.00	07400	RENAL DIALYSIS	0.381365		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	MEDICINE CLINIC	0.798910		90.01
90.02	09002	OB/GYN CLINIC	0.353789		90.02
90.03	09003	ORTHO CLINIC	0.000000		90.03
90.04	09004	PEDIATRICS CLINIC	0.000000		90.04
90.05	09005	DENTISTRY CLINIC	0.000000		90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000		90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.255115		90.07
90.08	09008	ENT CLINIC	0.000000		90.08
90.09	09009	GERIATRIC CLINIC	0.000000		90.09
90.10	09010	SPECIALTY CLINIC	0.292338		90.10
90.11	09011	NEUROLOGY CLINIC	0.000000		90.11
90.12	09012	ENDOSCOPY CLINIC	0.199850		90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.622785		90.13
90.14	09014	URGENT VISIT CLINIC	0.000000		90.14
90.15	09015	SENIOR CARE CLINIC	0.000000		90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000		90.16
90.17	09017	CHC CLINIC	0.717751		90.17
90.18	09018	PSYCHIATRIC CLINIC	2.168852		90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000		90.19
90.20	09020	DIETARY CLINIC	2.612292		90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000		90.21
90.22	09022	OP BURN CLINIC	1.850059		90.22
90.23	09023	BARITRIC CLINIC	0.000000		90.23
90.24	09024	PLASTICS CLINIC	2.528036		90.24

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/30/2019 12:40 pm
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital
90.25	09025	WOUND/OSTOMY CLINIC	85.531198		90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0.989981		90.26
90.27	09027	TRANSGENDER CLINIC	0.702079		90.27
91.00	09100	EMERGENCY	0.166531		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	13.627414		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0.186510		92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.191624		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF PROVIDER CCN: 15-0024  
 REDUCTIONS FOR MEDICAID ONLY

Period: From 01/01/2018 To 12/31/2018  
 Worksheet C Part II Date/Time Prepared: 5/30/2019 12:40 pm

Cost Center Description		Title XIX			Hospital		PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000 OPERATING ROOM	34,486,782	3,943,735	30,543,047	0	0	50.00	
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	3,764,455	410,745	3,353,710	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	22,413,919	2,384,987	20,028,932	0	0	54.00	
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01	
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
56.00	05600 RADIOISOTOPE	1,472,579	287,158	1,185,421	0	0	56.00	
57.00	05700 CT SCAN	4,245,363	290,776	3,954,587	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	23,018,151	1,765,859	21,252,292	0	0	60.00	
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01	
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	3,555,450	162,351	3,393,099	0	0	63.00	
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	06500 RESPIRATORY THERAPY	8,966,521	376,720	8,589,801	0	0	65.00	
65.01	03560 PULMONARY FUNCTION TESTING	809,318	327,450	481,868	0	0	65.01	
66.00	06600 PHYSICAL THERAPY	6,179,159	150,518	6,028,641	0	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	4,036,264	91,845	3,944,419	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	1,410,373	28,585	1,381,788	0	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	5,931,583	885,647	5,045,936	0	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2,390,491	82,237	2,308,254	0	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	20,121,274	356,878	19,764,396	0	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	44,713,233	1,809,652	42,903,581	0	0	73.00	
73.01	07301 RETAIL PHARMACIES	44,762,745	1,898,835	42,863,910	0	0	73.01	
74.00	07400 RENAL DIALYSIS	2,915,374	224,446	2,690,928	0	0	74.00	
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00	09000 CLINIC	0	0	0	0	0	90.00	
90.01	09001 MEDICINE CLINIC	7,349,119	1,853,583	5,495,536	0	0	90.01	
90.02	09002 OB/GYN CLINIC	3,151,430	663,671	2,487,759	0	0	90.02	
90.03	09003 ORTHO CLINIC	0	0	0	0	0	90.03	
90.04	09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04	
90.05	09005 DENTISTRY CLINIC	0	0	0	0	0	90.05	
90.06	09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06	
90.07	09007 OPHTHALMOLOGY CLINIC	2,518,374	477,922	2,040,452	0	0	90.07	
90.08	09008 ENT CLINIC	0	0	0	0	0	90.08	
90.09	09009 GERIATRIC CLINIC	0	0	0	0	0	90.09	
90.10	09010 SPECIALTY CLINIC	7,387,331	1,345,712	6,041,619	0	0	90.10	
90.11	09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11	
90.12	09012 ENDOSCOPY CLINIC	7,546,323	942,712	6,603,611	0	0	90.12	
90.13	09013 OCCUPATIONAL THERAPY CLINIC	940,806	126,538	814,268	0	0	90.13	
90.14	09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14	
90.15	09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15	
90.16	09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16	
90.17	09017 CHC CLINIC	14,821,241	2,571,367	12,249,874	0	0	90.17	
90.18	09018 PSYCHIATRIC CLINIC	39,821,489	4,217,140	35,604,349	0	0	90.18	
90.19	09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19	
90.20	09020 DIETARY CLINIC	1,612,641	33,414	1,579,227	0	0	90.20	
90.21	09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21	
90.22	09022 OP BURN CLINIC	1,308,460	158,926	1,149,534	0	0	90.22	
90.23	09023 BARIATRIC CLINIC	0	0	0	0	0	90.23	
90.24	09024 PLASTICS CLINIC	278,266	6,197	272,069	0	0	90.24	
90.25	09025 WOUND/OSTOMY CLINIC	411,234	23,054	388,180	0	0	90.25	
90.26	09026 WCOE/SENIOR CARE CLINIC	5,400,121	464,708	4,935,413	0	0	90.26	
90.27	09027 TRANSGENDER CLINIC	244,956	5,825	239,131	0	0	90.27	
91.00	09100 EMERGENCY	38,940,597	4,286,631	34,653,966	0	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	8,072,444	1,068,178	7,004,266	0	0	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	2,870,532	327,649	2,542,883	0	0	92.01	
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00	09500 AMBULANCE SERVICES	35,782,863	1,635,904	34,146,959	0	0	95.00	
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00	
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	

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

Provider CCN: 15-0024

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

Worksheet C  
Part II  
Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description			Title XIX			Hospital	PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
1.00	2.00	3.00	4.00	5.00				
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	413,651,261	35,687,555	377,963,706	0	0	200.00
201.00		Less Observation Beds	8,072,444	1,068,178	7,004,266	0	0	201.00
202.00		Total (line 200 minus line 201)	405,578,817	34,619,377	370,959,440	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part II Date/Time Prepared: 5/30/2019 12:40 pm
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	34,486,782	154,010,815	0.223924		50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	3,764,455	36,616,304	0.102808		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	22,413,919	142,500,869	0.157290		54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0.000000		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000		55.00
56.00	05600 RADIOISOTOPE	1,472,579	5,036,023	0.292409		56.00
57.00	05700 CT SCAN	4,245,363	93,982,668	0.045172		57.00
58.00	05800 MRI	0	0	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000		59.00
60.00	06000 LABORATORY	23,018,151	178,569,304	0.128903		60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	3,555,450	33,028,126	0.107649		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	8,966,521	89,515,477	0.100167		65.00
65.01	03560 PULMONARY FUNCTION TESTING	809,318	2,055,109	0.393808		65.01
66.00	06600 PHYSICAL THERAPY	6,179,159	22,476,578	0.274915		66.00
67.00	06700 OCCUPATIONAL THERAPY	4,036,264	13,272,363	0.304110		67.00
68.00	06800 SPEECH PATHOLOGY	1,410,373	3,781,546	0.372962		68.00
69.00	06900 ELECTROCARDIOLOGY	5,931,583	27,311,233	0.217185		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2,390,491	56,831,431	0.042063		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	20,121,274	37,441,112	0.537411		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	44,713,233	154,266,621	0.289844		73.00
73.01	07301 RETAIL PHARMACIES	44,762,745	46,861,733	0.955209		73.01
74.00	07400 RENAL DIALYSIS	2,915,374	7,644,576	0.381365		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000		89.00
90.00	09000 CLINIC	0	0	0.000000		90.00
90.01	09001 MEDICINE CLINIC	7,349,119	9,198,932	0.798910		90.01
90.02	09002 OB/GYN CLINIC	3,151,430	8,907,664	0.353789		90.02
90.03	09003 ORTHO CLINIC	0	0	0.000000		90.03
90.04	09004 PEDIATRICS CLINIC	0	0	0.000000		90.04
90.05	09005 DENTISTRY CLINIC	0	0	0.000000		90.05
90.06	09006 DERMATOLOGY CLINIC	0	0	0.000000		90.06
90.07	09007 OPHTHALMOLOGY CLINIC	2,518,374	9,871,541	0.255115		90.07
90.08	09008 ENT CLINIC	0	0	0.000000		90.08
90.09	09009 GERIATRIC CLINIC	0	0	0.000000		90.09
90.10	09010 SPECIALTY CLINIC	7,387,331	25,269,846	0.292338		90.10
90.11	09011 NEUROLOGY CLINIC	0	0	0.000000		90.11
90.12	09012 ENDOSCOPY CLINIC	7,546,323	37,759,934	0.199850		90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	940,806	1,510,643	0.622785		90.13
90.14	09014 URGENT VISIT CLINIC	0	0	0.000000		90.14
90.15	09015 SENIOR CARE CLINIC	0	0	0.000000		90.15
90.16	09016 WOMENS VISIT CLINIC	0	0	0.000000		90.16
90.17	09017 CHC CLINIC	14,821,241	20,649,549	0.717751		90.17
90.18	09018 PSYCHIATRIC CLINIC	39,821,489	18,360,632	2.168852		90.18
90.19	09019 ORAL SURGERY CLINIC	0	0	0.000000		90.19
90.20	09020 DIETARY CLINIC	1,612,641	617,328	2.612292		90.20
90.21	09021 CENTER OF EXCELLENCE	0	0	0.000000		90.21
90.22	09022 OP BURN CLINIC	1,308,460	707,253	1.850059		90.22
90.23	09023 BARIATRIC CLINIC	0	0	0.000000		90.23
90.24	09024 PLASTICS CLINIC	278,266	110,072	2.528036		90.24
90.25	09025 WOUND/OSTOMY CLINIC	411,234	4,808	85.531198		90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	5,400,121	5,454,775	0.989981		90.26
90.27	09027 TRANSGENDER CLINIC	244,956	348,901	0.702079		90.27
91.00	09100 EMERGENCY	38,940,597	233,833,828	0.166531		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	8,072,444	592,368	13.627414		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	2,870,532	15,390,803	0.186510		92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	35,782,863	186,734,831	0.191624		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000		97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000		98.00

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

Provider CCN: 15-0024

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

Worksheet C  
Part II  
Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description			Title XIX			Hospital	PPS
			Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
			6.00	7.00	8.00		
99.00	09900	CMHC	0	0	0.000000		99.00
99.10	09910	CORF	0	0	0.000000		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0.000000		101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0.000000		105.00
106.00	10600	HEART ACQUISITION	0	0	0.000000		106.00
107.00	10700	LIVER ACQUISITION	0	0	0.000000		107.00
108.00	10800	LUNG ACQUISITION	0	0	0.000000		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0.000000		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0.000000		110.00
111.00	11100	ISLET ACQUISITION	0	0	0.000000		111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000		115.00
116.00	11600	HOSPICE	0	0	0.000000		116.00
200.00		Subtotal (sum of lines 50 thru 199)	413,651,261	1,680,525,596			200.00
201.00		Less Observation Beds	8,072,444	0			201.00
202.00		Total (line 200 minus line 201)	405,578,817	1,680,525,596			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part I Date/Time Prepared: 5/30/2019 12:40 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	9,544,071	0	9,544,071	51,626	184.87	30.00
31.00	INTENSIVE CARE UNIT	3,704,201		3,704,201	19,042	194.53	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	1,417,458		1,417,458	2,537	558.71	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	NEONATAL INTENSIVE CARE UNIT	1,171,768		1,171,768	5,949	196.97	34.01
40.00	SUBPROVIDER - IPF	977,165	0	977,165	6,904	141.54	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	484,120		484,120	4,836	100.11	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	17,298,783		17,298,783	90,894		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	11,228	2,075,720				30.00
31.00	INTENSIVE CARE UNIT	4,855	944,443				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
33.00	BURN INTENSIVE CARE UNIT	432	241,363				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
34.01	NEONATAL INTENSIVE CARE UNIT	0	0				34.01
40.00	SUBPROVIDER - IPF	2,092	296,102				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (lines 30 through 199)	18,607	3,557,628				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II Date/Time Prepared: 5/30/2019 12:40 pm		
Title XVIII				Hospital		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,943,735	154,010,815	0.025607	14,841,368	380,043	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	410,745	36,616,304	0.011218	4,368,978	49,011	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,384,987	142,500,869	0.016737	10,067,340	168,497	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0.000000	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	287,158	5,036,023	0.057021	276,797	15,783	56.00
57.00	05700	CT SCAN	290,776	93,982,668	0.003094	7,124,557	22,043	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,765,859	178,569,304	0.009889	13,359,880	132,116	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	162,351	33,028,126	0.004916	4,223,734	20,764	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	376,720	89,515,477	0.004208	23,949,837	100,781	65.00
65.01	03560	PULMONARY FUNCTION TESTING	327,450	2,055,109	0.159335	0	0	65.01
66.00	06600	PHYSICAL THERAPY	150,518	22,476,578	0.006697	2,174,941	14,566	66.00
67.00	06700	OCCUPATIONAL THERAPY	91,845	13,272,363	0.006920	1,699,252	11,759	67.00
68.00	06800	SPEECH PATHOLOGY	28,585	3,781,546	0.007559	655,461	4,955	68.00
69.00	06900	ELECTROCARDIOLOGY	885,647	27,311,233	0.032428	2,822,762	91,537	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	82,237	56,831,431	0.001447	8,130,481	11,765	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	356,878	37,441,112	0.009532	4,793,805	45,695	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,809,652	154,266,621	0.011731	22,065,313	258,848	73.00
73.01	07301	RETAIL PHARMACIES	1,898,835	46,861,733	0.040520	0	0	73.01
74.00	07400	RENAL DIALYSIS	224,446	7,644,576	0.029360	68,616	2,015	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	MEDICINE CLINIC	1,853,583	9,198,932	0.201500	15,196	3,062	90.01
90.02	09002	OB/GYN CLINIC	663,671	8,907,664	0.074506	1,510	113	90.02
90.03	09003	ORTHO CLINIC	0	0	0.000000	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0.000000	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0.000000	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0.000000	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	477,922	9,871,541	0.048414	21,250	1,029	90.07
90.08	09008	ENT CLINIC	0	0	0.000000	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0.000000	0	0	90.09
90.10	09010	SPECIALTY CLINIC	1,345,712	25,269,846	0.053254	570,237	30,367	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0.000000	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	942,712	37,759,934	0.024966	1,291,827	32,252	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	126,538	1,510,643	0.083764	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0.000000	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0.000000	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0.000000	0	0	90.16
90.17	09017	CHC CLINIC	2,571,367	20,649,549	0.124524	8,239	1,026	90.17
90.18	09018	PSYCHIATRIC CLINIC	4,217,140	18,360,632	0.229684	4,363	1,002	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0.000000	0	0	90.19
90.20	09020	DIETARY CLINIC	33,414	617,328	0.054127	460	25	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0.000000	0	0	90.21
90.22	09022	OP BURN CLINIC	158,926	707,253	0.224709	1,715	385	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0.000000	0	0	90.23
90.24	09024	PLASTICS CLINIC	6,197	110,072	0.056300	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	23,054	4,808	4.794925	1,736	8,324	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	464,708	5,454,775	0.085193	7,793	664	90.26
90.27	09027	TRANSGENDER CLINIC	5,825	348,901	0.016695	0	0	90.27
91.00	09100	EMERGENCY	4,286,631	233,833,828	0.018332	12,884,352	236,196	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,068,178	592,368	1.803234	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	327,649	15,390,803	0.021289	248,083	5,281	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0024		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 5/30/2019 12:40 pm	
Cost Center Description			Title XVIII		Hospital		PPS	
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	34,051,651	1,493,790,765		135,679,883	1,649,904	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part III Date/Time Prepared: 5/30/2019 12:40 pm
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Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost
	1A	1.00	2A	2.00	3.00

INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
200.00		Total (lines 30 through 199)	0	0	0	200.00

Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 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	51,626	0.00	11,228	30.00
31.00	03100	INTENSIVE CARE UNIT	0	19,042	0.00	4,855	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0.00	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	2,537	0.00	432	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	5,949	0.00	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	6,904	0.00	2,092	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0.00	0	41.00
42.00	04200	SUBPROVIDER	0	0	0.00	0	42.00
43.00	04300	NURSERY	0	4,836	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0.00	0	44.00
45.00	04500	NURSING FACILITY	0	0	0.00	0	45.00
200.00		Total (lines 30 through 199)	0	90,894	0.00	18,607	200.00

Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)
	9.00

INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0			31.00
32.00	03200	CORONARY CARE UNIT	0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0			34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0			34.01
40.00	04000	SUBPROVIDER - IPF	0			40.00
41.00	04100	SUBPROVIDER - IRF	0			41.00
42.00	04200	SUBPROVIDER	0			42.00
43.00	04300	NURSERY	0			43.00
44.00	04400	SKILLED NURSING FACILITY	0			44.00
45.00	04500	NURSING FACILITY	0			45.00
200.00		Total (lines 30 through 199)	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 12:40 pm
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Cost Center Description	Title XVIII					
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	PPS
	1.00	2A	2.00	3A	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES 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	672,555	73.00
73.01 07301 RETAIL PHARMACIES	0	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 MEDICINE CLINIC	0	0	0	0	0	90.01
90.02 09002 OB/GYN CLINIC	0	0	0	0	0	90.02
90.03 09003 ORTHO CLINIC	0	0	0	0	0	90.03
90.04 09004 PEDIATRICS CLINIC	0	0	0	0	0	90.04
90.05 09005 DENTISTRY CLINIC	0	0	0	0	0	90.05
90.06 09006 DERMATOLOGY CLINIC	0	0	0	0	0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0	0	0	0	0	90.07
90.08 09008 ENT CLINIC	0	0	0	0	0	90.08
90.09 09009 GERIATRIC CLINIC	0	0	0	0	0	90.09
90.10 09010 SPECIALTY CLINIC	0	0	0	0	0	90.10
90.11 09011 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12 09012 ENDOSCOPY CLINIC	0	0	0	0	0	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	0	0	90.13
90.14 09014 URGENT VISIT CLINIC	0	0	0	0	0	90.14
90.15 09015 SENIOR CARE CLINIC	0	0	0	0	0	90.15
90.16 09016 WOMENS VISIT CLINIC	0	0	0	0	0	90.16
90.17 09017 CHC CLINIC	0	0	0	0	0	90.17
90.18 09018 PSYCHIATRIC CLINIC	0	0	0	0	0	90.18
90.19 09019 ORAL SURGERY CLINIC	0	0	0	0	0	90.19
90.20 09020 DIETARY CLINIC	0	0	0	0	0	90.20
90.21 09021 CENTER OF EXCELLENCE	0	0	0	0	0	90.21
90.22 09022 OP BURN CLINIC	0	0	0	0	0	90.22
90.23 09023 BARIATRIC CLINIC	0	0	0	0	0	90.23
90.24 09024 PLASTICS CLINIC	0	0	0	0	0	90.24
90.25 09025 WOUND/OSTOMY CLINIC	0	0	0	0	0	90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	0	0	0	0	0	90.26
90.27 09027 TRANSGENDER CLINIC	0	0	0	0	0	90.27
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART) -CD	0	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00 Total (lines 50 through 199)	0	0	0	0	672,555	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/30/2019 12:40 pm		
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	154,010,815	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	36,616,304	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	142,500,869	0.000000	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	5,036,023	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	93,982,668	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	178,569,304	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	33,028,126	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	89,515,477	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	2,055,109	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	22,476,578	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	13,272,363	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,781,546	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	27,311,233	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	56,831,431	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	37,441,112	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	672,555	672,555	154,266,621	0.004360	73.00
73.01	07301	RETAIL PHARMACIES	0	0	0	46,861,733	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	7,644,576	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	MEDICINE CLINIC	0	0	0	9,198,932	0.000000	90.01
90.02	09002	OB/GYN CLINIC	0	0	0	8,907,664	0.000000	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0.000000	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0.000000	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0.000000	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0.000000	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	9,871,541	0.000000	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0.000000	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0.000000	90.09
90.10	09010	SPECIALTY CLINIC	0	0	0	25,269,846	0.000000	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0.000000	90.11
90.12	09012	ENDOSCOPY CLINIC	0	0	0	37,759,934	0.000000	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	0	0	1,510,643	0.000000	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0.000000	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0.000000	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0.000000	90.16
90.17	09017	CHC CLINIC	0	0	0	20,649,549	0.000000	90.17
90.18	09018	PSYCHIATRIC CLINIC	0	0	0	18,360,632	0.000000	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0.000000	90.19
90.20	09020	DIETARY CLINIC	0	0	0	617,328	0.000000	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0.000000	90.21
90.22	09022	OP BURN CLINIC	0	0	0	707,253	0.000000	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0.000000	90.23
90.24	09024	PLASTICS CLINIC	0	0	0	110,072	0.000000	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	0	0	4,808	0.000000	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0	0	0	5,454,775	0.000000	90.26
90.27	09027	TRANSGENDER CLINIC	0	0	0	348,901	0.000000	90.27
91.00	09100	EMERGENCY	0	0	0	233,833,828	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	592,368	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0	0	0	15,390,803	0.000000	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/30/2019 12:40 pm	
Cost Center Description			Title XVIII		Hospital		PPS	
			All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)	0	672,555	672,555	1,493,790,765		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/30/2019 12:40 pm		
Cost Center Description			Title XVIII			Hospital		PPS	
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			9.00	10.00	11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	0.000000	14,841,368	0	16,703,848	0	50.00	
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	4,368,978	0	1,600,237	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	10,067,340	0	12,700,035	0	54.00	
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	0	0	0	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0.000000	276,797	0	1,050,093	0	56.00	
57.00	05700	CT SCAN	0.000000	7,124,557	0	9,853,439	0	57.00	
58.00	05800	MRI	0.000000	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00	
60.00	06000	LABORATORY	0.000000	13,359,880	0	8,850,255	0	60.00	
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	4,223,734	0	542,501	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	23,949,837	0	2,279,680	0	65.00	
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	524,068	0	65.01	
66.00	06600	PHYSICAL THERAPY	0.000000	2,174,941	0	427,537	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,699,252	0	120,551	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	655,461	0	19,249	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	2,822,762	0	2,885,268	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	8,130,481	0	3,547,745	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	4,793,805	0	2,137,879	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.004360	22,065,313	96,205	11,256,026	49,076	73.00	
73.01	07301	RETAIL PHARMACIES	0.000000	0	0	0	0	73.01	
74.00	07400	RENAL DIALYSIS	0.000000	68,616	0	229,635	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00	
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00	
90.01	09001	MEDICINE CLINIC	0.000000	15,196	0	2,157,159	0	90.01	
90.02	09002	OB/GYN CLINIC	0.000000	1,510	0	173,974	0	90.02	
90.03	09003	ORTHO CLINIC	0.000000	0	0	0	0	90.03	
90.04	09004	PEDIATRICS CLINIC	0.000000	0	0	0	0	90.04	
90.05	09005	DENTISTRY CLINIC	0.000000	0	0	0	0	90.05	
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	0	0	0	90.06	
90.07	09007	OPHTHALMOLOGY CLINIC	0.000000	21,250	0	1,888,921	0	90.07	
90.08	09008	ENT CLINIC	0.000000	0	0	0	0	90.08	
90.09	09009	GERIATRIC CLINIC	0.000000	0	0	0	0	90.09	
90.10	09010	SPECIALTY CLINIC	0.000000	570,237	0	4,811,110	0	90.10	
90.11	09011	NEUROLOGY CLINIC	0.000000	0	0	0	0	90.11	
90.12	09012	ENDOSCOPY CLINIC	0.000000	1,291,827	0	7,216,089	0	90.12	
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.000000	0	0	0	0	90.13	
90.14	09014	URGENT VISIT CLINIC	0.000000	0	0	0	0	90.14	
90.15	09015	SENIOR CARE CLINIC	0.000000	0	0	0	0	90.15	
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	0	0	0	90.16	
90.17	09017	CHC CLINIC	0.000000	8,239	0	1,276,394	0	90.17	
90.18	09018	PSYCHIATRIC CLINIC	0.000000	4,363	0	3,036,715	0	90.18	
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	0	0	0	90.19	
90.20	09020	DIETARY CLINIC	0.000000	460	0	2,969	0	90.20	
90.21	09021	CENTER OF EXCELLENCE	0.000000	0	0	0	0	90.21	
90.22	09022	OP BURN CLINIC	0.000000	1,715	0	80,378	0	90.22	
90.23	09023	BARIATRIC CLINIC	0.000000	0	0	0	0	90.23	
90.24	09024	PLASTICS CLINIC	0.000000	0	0	7,492	0	90.24	
90.25	09025	WOUND/OSTOMY CLINIC	0.000000	1,736	0	292	0	90.25	
90.26	09026	WCOE/SENIOR CARE CLINIC	0.000000	7,793	0	1,655,487	0	90.26	
90.27	09027	TRANSGENDER CLINIC	0.000000	0	0	10,783	0	90.27	
91.00	09100	EMERGENCY	0.000000	12,884,352	0	19,640,373	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0.000000	248,083	0	3,972,312	0	92.01	
<b>OTHER REIMBURSABLE COST CENTERS</b>									
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/30/2019 12:40 pm	
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	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Total (lines 50 through 199)		135,679,883	96,205	120,658,494	49,076	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0024		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part V Date/Time Prepared: 5/30/2019 12:40 pm	
Title XVIII			Hospital		PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		PPS Services (see inst.)	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.223924	16,703,848	0	0	3,740,392	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.102808	1,600,237	0	0	164,517	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.157290	12,700,035	0	0	1,997,589	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.292409	1,050,093	0	0	307,057	56.00
57.00	05700	CT SCAN	0.045172	9,853,439	0	0	445,100	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.128903	8,850,255	0	0	1,140,824	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.107649	542,501	0	0	58,400	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.100167	2,279,680	0	0	228,349	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.393808	524,068	0	0	206,382	65.01
66.00	06600	PHYSICAL THERAPY	0.274915	427,537	0	0	117,536	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.304110	120,551	0	0	36,661	67.00
68.00	06800	SPEECH PATHOLOGY	0.372962	19,249	0	0	7,179	68.00
69.00	06900	ELECTROCARDIOLOGY	0.217185	2,885,268	0	0	626,637	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.042063	3,547,745	0	0	149,229	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.537411	2,137,879	0	0	1,148,920	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.289844	11,256,026	53,428	554,894	3,262,492	73.00
73.01	07301	RETAIL PHARMACIES	0.955209	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.381365	229,635	0	0	87,575	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	0.798910	2,157,159	0	0	1,723,376	90.01
90.02	09002	OB/GYN CLINIC	0.353789	173,974	0	0	61,550	90.02
90.03	09003	ORTHO CLINIC	0.000000	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.255115	1,888,921	0	0	481,892	90.07
90.08	09008	ENT CLINIC	0.000000	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	0.292338	4,811,110	0	0	1,406,470	90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0.199850	7,216,089	0	0	1,442,135	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.622785	0	0	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	0	0	0	90.16
90.17	09017	CHC CLINIC	0.717751	1,276,394	0	0	916,133	90.17
90.18	09018	PSYCHIATRIC CLINIC	2.168852	3,036,715	0	0	6,586,185	90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	2.612292	2,969	0	0	7,756	90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	1.850059	80,378	0	0	148,704	90.22
90.23	09023	BARITRIC CLINIC	0.000000	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	2.528036	7,492	0	0	18,940	90.24
90.25	09025	WOUND/OSTOMY CLINIC	85.531198	292	0	0	24,975	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0.989981	1,655,487	0	0	1,638,901	90.26
90.27	09027	TRANSFENDER CLINIC	0.702079	10,783	0	0	7,571	90.27
91.00	09100	EMERGENCY	0.166531	19,640,373	0	0	3,270,731	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	13.627414	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0.186510	3,972,312	0	0	740,876	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.191624	0	0	0	0	95.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0024

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

Worksheet D  
Part V  
Date/Time Prepared:  
5/30/2019 12:40 pm

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	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		120,658,494	53,428	554,894	32,201,034	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		120,658,494	53,428	554,894	32,201,034	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/30/2019 12:40 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0		65.01
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	15,486	160,833		73.00
73.01 07301 RETAIL PHARMACIES	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 MEDICINE CLINIC	0	0		90.01
90.02 09002 OB/GYN CLINIC	0	0		90.02
90.03 09003 ORTHO CLINIC	0	0		90.03
90.04 09004 PEDIATRICS CLINIC	0	0		90.04
90.05 09005 DENTISTRY CLINIC	0	0		90.05
90.06 09006 DERMATOLOGY CLINIC	0	0		90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0	0		90.07
90.08 09008 ENT CLINIC	0	0		90.08
90.09 09009 GERIATRIC CLINIC	0	0		90.09
90.10 09010 SPECIALTY CLINIC	0	0		90.10
90.11 09011 NEUROLOGY CLINIC	0	0		90.11
90.12 09012 ENDOSCOPY CLINIC	0	0		90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0		90.13
90.14 09014 URGENT VISIT CLINIC	0	0		90.14
90.15 09015 SENIOR CARE CLINIC	0	0		90.15
90.16 09016 WOMENS VISIT CLINIC	0	0		90.16
90.17 09017 CHC CLINIC	0	0		90.17
90.18 09018 PSYCHIATRIC CLINIC	0	0		90.18
90.19 09019 ORAL SURGERY CLINIC	0	0		90.19
90.20 09020 DIETARY CLINIC	0	0		90.20
90.21 09021 CENTER OF EXCELLENCE	0	0		90.21
90.22 09022 OP BURN CLINIC	0	0		90.22
90.23 09023 BARIATRIC CLINIC	0	0		90.23
90.24 09024 PLASTICS CLINIC	0	0		90.24
90.25 09025 WOUND/OSTOMY CLINIC	0	0		90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	0	0		90.26
90.27 09027 TRANSGENDER CLINIC	0	0		90.27
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CD	0	0		92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/30/2019 12:40 pm
Title XVIII			Hospital	PPS

Cost Center Description			Costs		
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	6.00	7.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	96.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	97.00
200.00		Subtotal (see instructions)	15,486	160,833	98.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		200.00
202.00		Net Charges (line 200 - line 201)	15,486	160,833	201.00
					202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 5/30/2019 12:40 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,943,735	154,010,815	0.025607	10,107	259	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	410,745	36,616,304	0.011218	3,603	40	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,384,987	142,500,869	0.016737	20,105	336	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0.000000	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	287,158	5,036,023	0.057021	0	0	56.00
57.00	05700	CT SCAN	290,776	93,982,668	0.003094	14,445	45	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,765,859	178,569,304	0.009889	201,010	1,988	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	162,351	33,028,126	0.004916	21,174	104	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	376,720	89,515,477	0.004208	36,920	155	65.00
65.01	03560	PULMONARY FUNCTION TESTING	327,450	2,055,109	0.159335	0	0	65.01
66.00	06600	PHYSICAL THERAPY	150,518	22,476,578	0.006697	20,759	139	66.00
67.00	06700	OCCUPATIONAL THERAPY	91,845	13,272,363	0.006920	2,500	17	67.00
68.00	06800	SPEECH PATHOLOGY	28,585	3,781,546	0.007559	1,705	13	68.00
69.00	06900	ELECTROCARDIOLOGY	885,647	27,311,233	0.032428	13,866	450	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	82,237	56,831,431	0.001447	10,541	15	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	356,878	37,441,112	0.009532	905	9	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,809,652	154,266,621	0.011731	1,021,257	11,980	73.00
73.01	07301	RETAIL PHARMACIES	1,898,835	46,861,733	0.040520	0	0	73.01
74.00	07400	RENAL DIALYSIS	224,446	7,644,576	0.029360	13	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	MEDICINE CLINIC	1,853,583	9,198,932	0.201500	693	140	90.01
90.02	09002	OB/GYN CLINIC	663,671	8,907,664	0.074506	55	4	90.02
90.03	09003	ORTHO CLINIC	0	0	0.000000	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0.000000	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0.000000	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0.000000	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	477,922	9,871,541	0.048414	759	37	90.07
90.08	09008	ENT CLINIC	0	0	0.000000	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0.000000	0	0	90.09
90.10	09010	SPECIALTY CLINIC	1,345,712	25,269,846	0.053254	1,561	83	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0.000000	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	942,712	37,759,934	0.024966	174	4	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	126,538	1,510,643	0.083764	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0.000000	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0.000000	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0.000000	0	0	90.16
90.17	09017	CHC CLINIC	2,571,367	20,649,549	0.124524	728	91	90.17
90.18	09018	PSYCHIATRIC CLINIC	4,217,140	18,360,632	0.229684	1,656	380	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0.000000	0	0	90.19
90.20	09020	DIETARY CLINIC	33,414	617,328	0.054127	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0.000000	0	0	90.21
90.22	09022	OP BURN CLINIC	158,926	707,253	0.224709	144	32	90.22
90.23	09023	BARITRIC CLINIC	0	0	0.000000	0	0	90.23
90.24	09024	PLASTICS CLINIC	6,197	110,072	0.056300	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	23,054	4,808	4.794925	1	5	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	464,708	5,454,775	0.085193	359	31	90.26
90.27	09027	TRANSGENDER CLINIC	5,825	348,901	0.016695	0	0	90.27
91.00	09100	EMERGENCY	4,286,631	233,833,828	0.018332	299,988	5,499	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	592,368	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CD	327,649	15,390,803	0.021289	155,350	3,307	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 5/30/2019 12:40 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	32,983,473	1,493,790,765		1,840,378	25,163	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 12:40 pm	
Title XVIII			Subprovider - IPF	PPS	
Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health
	1.00	2A	2.00	3A	3.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0	0	0	0	0
51.00 05100 RECOVERY ROOM	0	0	0	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600 RADIOISOTOPE	0	0	0	0	0
57.00 05700 CT SCAN	0	0	0	0	0
58.00 05800 MRI	0	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000 LABORATORY	0	0	0	0	0
60.01 06001 BLOOD LABORATORY	0	0	0	0	0
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	672,555
73.01 07301 RETAIL PHARMACIES	0	0	0	0	0
74.00 07400 RENAL DIALYSIS	0	0	0	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000 CLINIC	0	0	0	0	0
90.01 09001 MEDICINE CLINIC	0	0	0	0	0
90.02 09002 OB/GYN CLINIC	0	0	0	0	0
90.03 09003 ORTHO CLINIC	0	0	0	0	0
90.04 09004 PEDIATRICS CLINIC	0	0	0	0	0
90.05 09005 DENTISTRY CLINIC	0	0	0	0	0
90.06 09006 DERMATOLOGY CLINIC	0	0	0	0	0
90.07 09007 OPHTHALMOLOGY CLINIC	0	0	0	0	0
90.08 09008 ENT CLINIC	0	0	0	0	0
90.09 09009 GERIATRIC CLINIC	0	0	0	0	0
90.10 09010 SPECIALTY CLINIC	0	0	0	0	0
90.11 09011 NEUROLOGY CLINIC	0	0	0	0	0
90.12 09012 ENDOSCOPY CLINIC	0	0	0	0	0
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	0	0
90.14 09014 URGENT VISIT CLINIC	0	0	0	0	0
90.15 09015 SENIOR CARE CLINIC	0	0	0	0	0
90.16 09016 WOMENS VISIT CLINIC	0	0	0	0	0
90.17 09017 CHC CLINIC	0	0	0	0	0
90.18 09018 PSYCHIATRIC CLINIC	0	0	0	0	0
90.19 09019 ORAL SURGERY CLINIC	0	0	0	0	0
90.20 09020 DIETARY CLINIC	0	0	0	0	0
90.21 09021 CENTER OF EXCELLENCE	0	0	0	0	0
90.22 09022 OP BURN CLINIC	0	0	0	0	0
90.23 09023 BARIATRIC CLINIC	0	0	0	0	0
90.24 09024 PLASTICS CLINIC	0	0	0	0	0
90.25 09025 WOUND/OSTOMY CLINIC	0	0	0	0	0
90.26 09026 WCOE/SENIOR CARE CLINIC	0	0	0	0	0
90.27 09027 TRANSGENDER CLINIC	0	0	0	0	0
91.00 09100 EMERGENCY	0	0	0	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CD	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/30/2019 12:40 pm	
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	
200.00	Total (lines 50 through 199)	1.00	2A	2.00	3A	3.00	672,555
		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/30/2019 12:40 pm		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col.s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col.s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)		
		4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	154,010,815	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	36,616,304	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	142,500,869	0.000000	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	5,036,023	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	93,982,668	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	178,569,304	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	33,028,126	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	89,515,477	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	2,055,109	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	22,476,578	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	13,272,363	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,781,546	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	27,311,233	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	56,831,431	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	37,441,112	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	672,555	672,555	154,266,621	0.004360	73.00
73.01	07301	RETAIL PHARMACIES	0	0	0	46,861,733	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	7,644,576	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	MEDICINE CLINIC	0	0	0	9,198,932	0.000000	90.01
90.02	09002	OB/GYN CLINIC	0	0	0	8,907,664	0.000000	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0.000000	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0.000000	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0.000000	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0.000000	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	9,871,541	0.000000	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0.000000	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0.000000	90.09
90.10	09010	SPECIALTY CLINIC	0	0	0	25,269,846	0.000000	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0.000000	90.11
90.12	09012	ENDOSCOPY CLINIC	0	0	0	37,759,934	0.000000	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	0	0	1,510,643	0.000000	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0.000000	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0.000000	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0.000000	90.16
90.17	09017	CHC CLINIC	0	0	0	20,649,549	0.000000	90.17
90.18	09018	PSYCHIATRIC CLINIC	0	0	0	18,360,632	0.000000	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0.000000	90.19
90.20	09020	DIETARY CLINIC	0	0	0	617,328	0.000000	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0.000000	90.21
90.22	09022	OP BURN CLINIC	0	0	0	707,253	0.000000	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0.000000	90.23
90.24	09024	PLASTICS CLINIC	0	0	0	110,072	0.000000	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	0	0	4,808	0.000000	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0	0	0	5,454,775	0.000000	90.26
90.27	09027	TRANSGENDER CLINIC	0	0	0	348,901	0.000000	90.27
91.00	09100	EMERGENCY	0	0	0	233,833,828	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	592,368	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CD	0	0	0	15,390,803	0.000000	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/30/2019 12:40 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of col.s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col.s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
			4.00	5.00	6.00	7.00	8.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	
200.00		Total (lines 50 through 199)	0	672,555	672,555	1,493,790,765	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 12:40 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
	9.00	10.00	11.00	12.00	13.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.000000	10,107	0	0	0 50.00
51.00 05100 RECOVERY ROOM	0.000000	0	0	0	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0 52.00
53.00 05300 ANESTHESIOLOGY	0.000000	3,603	0	0	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000000	20,105	0	0	0 54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	0	0	0 54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0 55.00
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0 56.00
57.00 05700 CT SCAN	0.000000	14,445	0	0	0 57.00
58.00 05800 MRI	0.000000	0	0	0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0 59.00
60.00 06000 LABORATORY	0.000000	201,010	0	0	0 60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0 60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0 62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	21,174	0	0	0 63.00
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0 64.00
65.00 06500 RESPIRATORY THERAPY	0.000000	36,920	0	0	0 65.00
65.01 03560 PULMONARY FUNCTION TESTING	0.000000	0	0	0	0 65.01
66.00 06600 PHYSICAL THERAPY	0.000000	20,759	0	0	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	2,500	0	0	0 67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	1,705	0	0	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	13,866	0	0	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	10,541	0	0	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	905	0	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.004360	1,021,257	4,453	0	0 73.00
73.01 07301 RETAIL PHARMACIES	0.000000	0	0	0	0 73.01
74.00 07400 RENAL DIALYSIS	0.000000	13	0	0	0 74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0 75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0 88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0 89.00
90.00 09000 CLINIC	0.000000	0	0	0	0 90.00
90.01 09001 MEDICINE CLINIC	0.000000	693	0	0	0 90.01
90.02 09002 OB/GYN CLINIC	0.000000	55	0	0	0 90.02
90.03 09003 ORTHO CLINIC	0.000000	0	0	0	0 90.03
90.04 09004 PEDIATRICS CLINIC	0.000000	0	0	0	0 90.04
90.05 09005 DENTISTRY CLINIC	0.000000	0	0	0	0 90.05
90.06 09006 DERMATOLOGY CLINIC	0.000000	0	0	0	0 90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0.000000	759	0	0	0 90.07
90.08 09008 ENT CLINIC	0.000000	0	0	0	0 90.08
90.09 09009 GERIATRIC CLINIC	0.000000	0	0	0	0 90.09
90.10 09010 SPECIALTY CLINIC	0.000000	1,561	0	0	0 90.10
90.11 09011 NEUROLOGY CLINIC	0.000000	0	0	0	0 90.11
90.12 09012 ENDOSCOPY CLINIC	0.000000	174	0	0	0 90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0.000000	0	0	0	0 90.13
90.14 09014 URGENT VISIT CLINIC	0.000000	0	0	0	0 90.14
90.15 09015 SENIOR CARE CLINIC	0.000000	0	0	0	0 90.15
90.16 09016 WOMENS VISIT CLINIC	0.000000	0	0	0	0 90.16
90.17 09017 CHC CLINIC	0.000000	728	0	0	0 90.17
90.18 09018 PSYCHIATRIC CLINIC	0.000000	1,656	0	0	0 90.18
90.19 09019 ORAL SURGERY CLINIC	0.000000	0	0	0	0 90.19
90.20 09020 DIETARY CLINIC	0.000000	0	0	0	0 90.20
90.21 09021 CENTER OF EXCELLENCE	0.000000	0	0	0	0 90.21
90.22 09022 OP BURN CLINIC	0.000000	144	0	0	0 90.22
90.23 09023 BARIATRIC CLINIC	0.000000	0	0	0	0 90.23
90.24 09024 PLASTICS CLINIC	0.000000	0	0	0	0 90.24
90.25 09025 WOUND/OSTOMY CLINIC	0.000000	1	0	0	0 90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	0.000000	359	0	0	0 90.26
90.27 09027 TRANSGENDER CLINIC	0.000000	0	0	0	0 90.27
91.00 09100 EMERGENCY	0.000000	299,988	0	0	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0 92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART) -CD	0.000000	155,350	0	0	0 92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00 09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0 94.00
95.00 09500 AMBULANCE SERVICES					95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0 96.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/30/2019 12:40 pm	
			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	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Total (lines 50 through 199)		1,840,378	4,453	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part I Date/Time Prepared: 5/30/2019 12:40 pm
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Cost Center Description		Title XIX			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	9,544,071	0	9,544,071	51,626	184.87	30.00
31.00	INTENSIVE CARE UNIT	3,704,201		3,704,201	19,042	194.53	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	1,417,458		1,417,458	2,537	558.71	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	NEONATAL INTENSIVE CARE UNIT	1,171,768		1,171,768	5,949	196.97	34.01
40.00	SUBPROVIDER - IPF	977,165	0	977,165	6,904	141.54	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	484,120		484,120	4,836	100.11	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	17,298,783		17,298,783	90,894		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	8,995	1,662,906				
31.00	INTENSIVE CARE UNIT	615	119,636				
32.00	CORONARY CARE UNIT	0	0				
33.00	BURN INTENSIVE CARE UNIT	282	157,556				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
34.01	NEONATAL INTENSIVE CARE UNIT	538	105,970				
40.00	SUBPROVIDER - IPF	781	110,543				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	4,327	433,176				
44.00	SKILLED NURSING FACILITY	0	0				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	15,538	2,589,787				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II Date/Time Prepared: 5/30/2019 12:40 pm		
Title XIX				Hospital		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,943,735	154,010,815	0.025607	34,188,440	875,463	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	410,745	36,616,304	0.011218	9,695,411	108,763	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,384,987	142,500,869	0.016737	20,515,662	343,371	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0.000000	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	287,158	5,036,023	0.057021	361,910	20,636	56.00
57.00	05700	CT SCAN	290,776	93,982,668	0.003094	14,657,922	45,352	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,765,859	178,569,304	0.009889	25,759,437	254,735	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	162,351	33,028,126	0.004916	13,196,589	64,874	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	376,720	89,515,477	0.004208	33,258,868	139,953	65.00
65.01	03560	PULMONARY FUNCTION TESTING	327,450	2,055,109	0.159335	45,010	7,172	65.01
66.00	06600	PHYSICAL THERAPY	150,518	22,476,578	0.006697	3,633,784	24,335	66.00
67.00	06700	OCCUPATIONAL THERAPY	91,845	13,272,363	0.006920	3,791,607	26,238	67.00
68.00	06800	SPEECH PATHOLOGY	28,585	3,781,546	0.007559	1,032,071	7,801	68.00
69.00	06900	ELECTROCARDIOLOGY	885,647	27,311,233	0.032428	4,426,995	143,559	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	82,237	56,831,431	0.001447	16,557,925	23,959	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	356,878	37,441,112	0.009532	11,558,147	110,172	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,809,652	154,266,621	0.011731	44,060,807	516,877	73.00
73.01	07301	RETAIL PHARMACIES	1,898,835	46,861,733	0.040520	0	0	73.01
74.00	07400	RENAL DIALYSIS	224,446	7,644,576	0.029360	3,977,179	116,770	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	MEDICINE CLINIC	1,853,583	9,198,932	0.201500	9,909	1,997	90.01
90.02	09002	OB/GYN CLINIC	663,671	8,907,664	0.074506	68,286	5,088	90.02
90.03	09003	ORTHO CLINIC	0	0	0.000000	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0.000000	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0.000000	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0.000000	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	477,922	9,871,541	0.048414	78,554	3,803	90.07
90.08	09008	ENT CLINIC	0	0	0.000000	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0.000000	0	0	90.09
90.10	09010	SPECIALTY CLINIC	1,345,712	25,269,846	0.053254	768,346	40,917	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0.000000	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	942,712	37,759,934	0.024966	1,619,072	40,422	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	126,538	1,510,643	0.083764	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0.000000	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0.000000	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0.000000	0	0	90.16
90.17	09017	CHC CLINIC	2,571,367	20,649,549	0.124524	25,443	3,168	90.17
90.18	09018	PSYCHIATRIC CLINIC	4,217,140	18,360,632	0.229684	980	225	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0.000000	0	0	90.19
90.20	09020	DIETARY CLINIC	33,414	617,328	0.054127	416	23	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0.000000	0	0	90.21
90.22	09022	OP BURN CLINIC	158,926	707,253	0.224709	2,241	504	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0.000000	0	0	90.23
90.24	09024	PLASTICS CLINIC	6,197	110,072	0.056300	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	23,054	4,808	4.794925	588	2,819	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	464,708	5,454,775	0.085193	178	15	90.26
90.27	09027	TRANSGENDER CLINIC	5,825	348,901	0.016695	0	0	90.27
91.00	09100	EMERGENCY	4,286,631	233,833,828	0.018332	30,026,471	550,445	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,068,178	592,368	1.803234	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	327,649	15,390,803	0.021289	724,220	15,418	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0024		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 5/30/2019 12:40 pm	
Cost Center Description			Title XIX		Hospital		PPS	
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	34,051,651	1,493,790,765		274,042,468	3,494,874	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part III Date/Time Prepared: 5/30/2019 12:40 pm
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Cost Center Description	Title XIX		Hospital		PPS	
	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
	1A	1.00	2A	2.00	3.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
200.00		Total (lines 30 through 199)	0	0	0	0	200.00

Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days	
	4.00	5.00	6.00	7.00	8.00	

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	51,626	0.00	8,995	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	19,042	0.00	615	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	2,537	0.00	282	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	5,949	0.00	538	34.01
40.00	04000	SUBPROVIDER - IPF	0	0	6,904	0.00	781	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00
43.00	04300	NURSERY	0	0	4,836	0.00	4,327	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0.00	0	45.00
200.00		Total (lines 30 through 199)	0	0	90,894	0.00	15,538	200.00

Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
	9.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0				31.00
32.00	03200	CORONARY CARE UNIT	0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0				34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT	0				34.01
40.00	04000	SUBPROVIDER - IPF	0				40.00
41.00	04100	SUBPROVIDER - IRF	0				41.00
42.00	04200	SUBPROVIDER	0				42.00
43.00	04300	NURSERY	0				43.00
44.00	04400	SKILLED NURSING FACILITY	0				44.00
45.00	04500	NURSING FACILITY	0				45.00
200.00		Total (lines 30 through 199)	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 12:40 pm
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Cost Center Description	Title XIX			Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	672,555	73.00
73.01 07301 RETAIL PHARMACIES	0	0	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 MEDICINE CLINIC	0	0	0	0	0	0	90.01
90.02 09002 OB/GYN CLINIC	0	0	0	0	0	0	90.02
90.03 09003 ORTHO CLINIC	0	0	0	0	0	0	90.03
90.04 09004 PEDIATRICS CLINIC	0	0	0	0	0	0	90.04
90.05 09005 DENTISTRY CLINIC	0	0	0	0	0	0	90.05
90.06 09006 DERMATOLOGY CLINIC	0	0	0	0	0	0	90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0	0	0	0	0	0	90.07
90.08 09008 ENT CLINIC	0	0	0	0	0	0	90.08
90.09 09009 GERIATRIC CLINIC	0	0	0	0	0	0	90.09
90.10 09010 SPECIALTY CLINIC	0	0	0	0	0	0	90.10
90.11 09011 NEUROLOGY CLINIC	0	0	0	0	0	0	90.11
90.12 09012 ENDOSCOPY CLINIC	0	0	0	0	0	0	90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	0	0	0	90.13
90.14 09014 URGENT VISIT CLINIC	0	0	0	0	0	0	90.14
90.15 09015 SENIOR CARE CLINIC	0	0	0	0	0	0	90.15
90.16 09016 WOMENS VISIT CLINIC	0	0	0	0	0	0	90.16
90.17 09017 CHC CLINIC	0	0	0	0	0	0	90.17
90.18 09018 PSYCHIATRIC CLINIC	0	0	0	0	0	0	90.18
90.19 09019 ORAL SURGERY CLINIC	0	0	0	0	0	0	90.19
90.20 09020 DIETARY CLINIC	0	0	0	0	0	0	90.20
90.21 09021 CENTER OF EXCELLENCE	0	0	0	0	0	0	90.21
90.22 09022 OP BURN CLINIC	0	0	0	0	0	0	90.22
90.23 09023 BARIATRIC CLINIC	0	0	0	0	0	0	90.23
90.24 09024 PLASTICS CLINIC	0	0	0	0	0	0	90.24
90.25 09025 WOUND/OSTOMY CLINIC	0	0	0	0	0	0	90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	0	0	0	0	0	0	90.26
90.27 09027 TRANSGENDER CLINIC	0	0	0	0	0	0	90.27
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART) -CD	0	0	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	672,555	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/30/2019 12:40 pm		
Cost Center Description		Title XIX		Hospital		PPS		
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	154,010,815	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	36,616,304	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	142,500,869	0.000000	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	5,036,023	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	93,982,668	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	178,569,304	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	33,028,126	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	89,515,477	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	2,055,109	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	22,476,578	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	13,272,363	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,781,546	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	27,311,233	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	56,831,431	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	37,441,112	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	672,555	672,555	154,266,621	0.004360	73.00
73.01	07301	RETAIL PHARMACIES	0	0	0	46,861,733	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	7,644,576	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	MEDICINE CLINIC	0	0	0	9,198,932	0.000000	90.01
90.02	09002	OB/GYN CLINIC	0	0	0	8,907,664	0.000000	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0.000000	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0.000000	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0.000000	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0.000000	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	9,871,541	0.000000	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0.000000	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0.000000	90.09
90.10	09010	SPECIALTY CLINIC	0	0	0	25,269,846	0.000000	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0.000000	90.11
90.12	09012	ENDOSCOPY CLINIC	0	0	0	37,759,934	0.000000	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	0	0	1,510,643	0.000000	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0.000000	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0.000000	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0.000000	90.16
90.17	09017	CHC CLINIC	0	0	0	20,649,549	0.000000	90.17
90.18	09018	PSYCHIATRIC CLINIC	0	0	0	18,360,632	0.000000	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0.000000	90.19
90.20	09020	DIETARY CLINIC	0	0	0	617,328	0.000000	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0.000000	90.21
90.22	09022	OP BURN CLINIC	0	0	0	707,253	0.000000	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0.000000	90.23
90.24	09024	PLASTICS CLINIC	0	0	0	110,072	0.000000	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	0	0	4,808	0.000000	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0	0	0	5,454,775	0.000000	90.26
90.27	09027	TRANSGENDER CLINIC	0	0	0	348,901	0.000000	90.27
91.00	09100	EMERGENCY	0	0	0	233,833,828	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	592,368	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0	0	0	15,390,803	0.000000	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/30/2019 12:40 pm	
Cost Center Description			Title XIX		Hospital		PPS	
			All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	98.00
200.00		Total (lines 50 through 199)	0	672,555	672,555	1,493,790,765		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 12:40 pm
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Cost Center Description		Title XIX					Hospital	
		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)	PPS	
		9.00	10.00	11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000 OPERATING ROOM	0.000000	34,188,440	0	34,202,132	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	9,695,411	0	7,599,964	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	20,515,662	0	35,957,559	0	54.00	
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	0	0	0	54.01	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00	
56.00	05600 RADIOISOTOPE	0.000000	361,910	0	1,593,111	0	56.00	
57.00	05700 CT SCAN	0.000000	14,657,922	0	22,930,480	0	57.00	
58.00	05800 MRI	0.000000	0	0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00	
60.00	06000 LABORATORY	0.000000	25,759,437	0	56,509,878	0	60.00	
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	13,196,589	0	3,638,716	0	63.00	
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	33,258,868	0	3,753,504	0	65.00	
65.01	03560 PULMONARY FUNCTION TESTING	0.000000	45,010	0	799,057	0	65.01	
66.00	06600 PHYSICAL THERAPY	0.000000	3,633,784	0	5,799,741	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	3,791,607	0	2,773,837	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	1,032,071	0	1,130,358	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	4,426,995	0	6,773,448	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	16,557,925	0	7,567,121	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	11,558,147	0	6,096,377	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.004360	44,060,807	192,105	25,735,708	112,208	73.00	
73.01	07301 RETAIL PHARMACIES	0.000000	0	0	0	0	73.01	
74.00	07400 RENAL DIALYSIS	0.000000	3,977,179	0	96,275	0	74.00	
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00	
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00	
90.01	09001 MEDICINE CLINIC	0.000000	9,909	0	3,892,479	0	90.01	
90.02	09002 OB/GYN CLINIC	0.000000	68,286	0	4,436,252	0	90.02	
90.03	09003 ORTHO CLINIC	0.000000	0	0	0	0	90.03	
90.04	09004 PEDIATRICS CLINIC	0.000000	0	0	0	0	90.04	
90.05	09005 DENTISTRY CLINIC	0.000000	0	0	0	0	90.05	
90.06	09006 DERMATOLOGY CLINIC	0.000000	0	0	0	0	90.06	
90.07	09007 OPHTHALMOLOGY CLINIC	0.000000	78,554	0	2,567,183	0	90.07	
90.08	09008 ENT CLINIC	0.000000	0	0	0	0	90.08	
90.09	09009 GERIATRIC CLINIC	0.000000	0	0	0	0	90.09	
90.10	09010 SPECIALTY CLINIC	0.000000	768,346	0	8,946,995	0	90.10	
90.11	09011 NEUROLOGY CLINIC	0.000000	0	0	0	0	90.11	
90.12	09012 ENDOSCOPY CLINIC	0.000000	1,619,072	0	12,776,104	0	90.12	
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0.000000	0	0	0	0	90.13	
90.14	09014 URGENT VISIT CLINIC	0.000000	0	0	0	0	90.14	
90.15	09015 SENIOR CARE CLINIC	0.000000	0	0	0	0	90.15	
90.16	09016 WOMENS VISIT CLINIC	0.000000	0	0	0	0	90.16	
90.17	09017 CHC CLINIC	0.000000	25,443	0	10,115,988	0	90.17	
90.18	09018 PSYCHIATRIC CLINIC	0.000000	980	0	10,959,249	0	90.18	
90.19	09019 ORAL SURGERY CLINIC	0.000000	0	0	0	0	90.19	
90.20	09020 DIETARY CLINIC	0.000000	416	0	326,437	0	90.20	
90.21	09021 CENTER OF EXCELLENCE	0.000000	0	0	0	0	90.21	
90.22	09022 OP BURN CLINIC	0.000000	2,241	0	229,735	0	90.22	
90.23	09023 BARIATRIC CLINIC	0.000000	0	0	0	0	90.23	
90.24	09024 PLASTICS CLINIC	0.000000	0	0	15,168	0	90.24	
90.25	09025 WOUND/OSTOMY CLINIC	0.000000	588	0	207	0	90.25	
90.26	09026 WCOE/SENIOR CARE CLINIC	0.000000	178	0	1,153,660	0	90.26	
90.27	09027 TRANSGENDER CLINIC	0.000000	0	0	104,086	0	90.27	
91.00	09100 EMERGENCY	0.000000	30,026,471	0	69,875,618	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	0.000000	724,220	0	7,821,055	0	92.01	
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00	
95.00	09500 AMBULANCE SERVICES						95.00	
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/30/2019 12:40 pm	
			Title XIX		Hospital		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	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Total (lines 50 through 199)		274,042,468	192,105	356,177,482	112,208	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0024		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part V Date/Time Prepared: 5/30/2019 12:40 pm	
			Title XIX		Hospital		PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.223924	34,202,132	0	0	7,658,678	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.102808	7,599,964	0	0	781,337	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.157290	35,957,559	0	0	5,655,764	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.292409	1,593,111	0	0	465,840	56.00
57.00	05700	CT SCAN	0.045172	22,930,480	0	0	1,035,816	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.128903	56,509,878	0	0	7,284,293	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.107649	3,638,716	0	0	391,704	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.100167	3,753,504	0	0	375,977	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.393808	799,057	0	0	314,675	65.01
66.00	06600	PHYSICAL THERAPY	0.274915	5,799,741	0	0	1,594,436	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.304110	2,773,837	0	0	843,552	67.00
68.00	06800	SPEECH PATHOLOGY	0.372962	1,130,358	0	0	421,581	68.00
69.00	06900	ELECTROCARDIOLOGY	0.217185	6,773,448	0	0	1,471,091	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.042063	7,567,121	0	0	318,296	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.537411	6,096,377	0	0	3,276,260	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.289844	25,735,708	0	0	7,459,341	73.00
73.01	07301	RETAIL PHARMACIES	0.955209	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.381365	96,275	0	0	36,716	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	MEDICINE CLINIC	0.798910	3,892,479	0	0	3,109,740	90.01
90.02	09002	OB/GYN CLINIC	0.353789	4,436,252	0	0	1,569,497	90.02
90.03	09003	ORTHO CLINIC	0.000000	0	0	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	0	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	0	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	0	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.255115	2,567,183	0	0	654,927	90.07
90.08	09008	ENT CLINIC	0.000000	0	0	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	0	0	0	90.09
90.10	09010	SPECIALTY CLINIC	0.292338	8,946,995	0	0	2,615,547	90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	0	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0.199850	12,776,104	0	0	2,553,304	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.622785	0	0	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	0	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	0	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	0	0	0	90.16
90.17	09017	CHC CLINIC	0.717751	10,115,988	0	0	7,260,761	90.17
90.18	09018	PSYCHIATRIC CLINIC	2.168852	10,959,249	0	0	23,768,989	90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	0	0	0	90.19
90.20	09020	DIETARY CLINIC	2.612292	326,437	0	0	852,749	90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000	0	0	0	0	90.21
90.22	09022	OP BURN CLINIC	1.850059	229,735	0	0	425,023	90.22
90.23	09023	BARIATRIC CLINIC	0.000000	0	0	0	0	90.23
90.24	09024	PLASTICS CLINIC	2.528036	15,168	0	0	38,345	90.24
90.25	09025	WOUND/OSTOMY CLINIC	85.531198	207	0	0	17,705	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0.989981	1,153,660	0	0	1,142,101	90.26
90.27	09027	TRANSGENDER CLINIC	0.702079	104,086	0	0	73,077	90.27
91.00	09100	EMERGENCY	0.166531	69,875,618	0	0	11,636,457	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	13.627414	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0.186510	7,821,055	0	0	1,458,705	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.191624	0	0	0	0	95.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0024

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

Worksheet D  
Part V  
Date/Time Prepared:  
5/30/2019 12:40 pm

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		
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	0	98.00
200.00		Subtotal (see instructions)		356,177,482	0	0	96,562,284	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0		201.00
202.00		Net Charges (line 200 - line 201)		356,177,482	0	0	96,562,284	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/30/2019 12:40 pm
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Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0		65.01
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO 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
73.01 07301 RETAIL PHARMACIES	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 MEDICINE CLINIC	0	0		90.01
90.02 09002 OB/GYN CLINIC	0	0		90.02
90.03 09003 ORTHO CLINIC	0	0		90.03
90.04 09004 PEDIATRICS CLINIC	0	0		90.04
90.05 09005 DENTISTRY CLINIC	0	0		90.05
90.06 09006 DERMATOLOGY CLINIC	0	0		90.06
90.07 09007 OPHTHALMOLOGY CLINIC	0	0		90.07
90.08 09008 ENT CLINIC	0	0		90.08
90.09 09009 GERIATRIC CLINIC	0	0		90.09
90.10 09010 SPECIALTY CLINIC	0	0		90.10
90.11 09011 NEUROLOGY CLINIC	0	0		90.11
90.12 09012 ENDOSCOPY CLINIC	0	0		90.12
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0		90.13
90.14 09014 URGENT VISIT CLINIC	0	0		90.14
90.15 09015 SENIOR CARE CLINIC	0	0		90.15
90.16 09016 WOMENS VISIT CLINIC	0	0		90.16
90.17 09017 CHC CLINIC	0	0		90.17
90.18 09018 PSYCHIATRIC CLINIC	0	0		90.18
90.19 09019 ORAL SURGERY CLINIC	0	0		90.19
90.20 09020 DIETARY CLINIC	0	0		90.20
90.21 09021 CENTER OF EXCELLENCE	0	0		90.21
90.22 09022 OP BURN CLINIC	0	0		90.22
90.23 09023 BARIATRIC CLINIC	0	0		90.23
90.24 09024 PLASTICS CLINIC	0	0		90.24
90.25 09025 WOUND/OSTOMY CLINIC	0	0		90.25
90.26 09026 WCOE/SENIOR CARE CLINIC	0	0		90.26
90.27 09027 TRANSGENDER CLINIC	0	0		90.27
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CD	0	0		92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/30/2019 12:40 pm
		Title XIX	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.)		
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	6.00	7.00		
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		96.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0		97.00
200.00		Subtotal (see instructions)	0	0		98.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			200.00
202.00		Net Charges (Line 200 - Line 201)	0	0		201.00
						202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 5/30/2019 12:40 pm	
			Title XIX		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,943,735	154,010,815	0.025607	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	410,745	36,616,304	0.011218	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,384,987	142,500,869	0.016737	0	0	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0.000000	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	287,158	5,036,023	0.057021	0	0	56.00
57.00	05700	CT SCAN	290,776	93,982,668	0.003094	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,765,859	178,569,304	0.009889	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	162,351	33,028,126	0.004916	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	376,720	89,515,477	0.004208	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	327,450	2,055,109	0.159335	0	0	65.01
66.00	06600	PHYSICAL THERAPY	150,518	22,476,578	0.006697	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	91,845	13,272,363	0.006920	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	28,585	3,781,546	0.007559	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	885,647	27,311,233	0.032428	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	82,237	56,831,431	0.001447	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	356,878	37,441,112	0.009532	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,809,652	154,266,621	0.011731	0	0	73.00
73.01	07301	RETAIL PHARMACIES	1,898,835	46,861,733	0.040520	0	0	73.01
74.00	07400	RENAL DIALYSIS	224,446	7,644,576	0.029360	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	MEDICINE CLINIC	1,853,583	9,198,932	0.201500	0	0	90.01
90.02	09002	OB/GYN CLINIC	663,671	8,907,664	0.074506	0	0	90.02
90.03	09003	ORTHO CLINIC	0	0	0.000000	0	0	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0.000000	0	0	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0.000000	0	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0.000000	0	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	477,922	9,871,541	0.048414	0	0	90.07
90.08	09008	ENT CLINIC	0	0	0.000000	0	0	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0.000000	0	0	90.09
90.10	09010	SPECIALTY CLINIC	1,345,712	25,269,846	0.053254	0	0	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0.000000	0	0	90.11
90.12	09012	ENDOSCOPY CLINIC	942,712	37,759,934	0.024966	0	0	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	126,538	1,510,643	0.083764	0	0	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0.000000	0	0	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0.000000	0	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0.000000	0	0	90.16
90.17	09017	CHC CLINIC	2,571,367	20,649,549	0.124524	0	0	90.17
90.18	09018	PSYCHIATRIC CLINIC	4,217,140	18,360,632	0.229684	0	0	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0.000000	0	0	90.19
90.20	09020	DIETARY CLINIC	33,414	617,328	0.054127	0	0	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0.000000	0	0	90.21
90.22	09022	OP BURN CLINIC	158,926	707,253	0.224709	0	0	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0.000000	0	0	90.23
90.24	09024	PLASTICS CLINIC	6,197	110,072	0.056300	0	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	23,054	4,808	4.794925	0	0	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	464,708	5,454,775	0.085193	0	0	90.26
90.27	09027	TRANSGENDER CLINIC	5,825	348,901	0.016695	0	0	90.27
91.00	09100	EMERGENCY	4,286,631	233,833,828	0.018332	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	592,368	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CD	327,649	15,390,803	0.021289	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part II Date/Time Prepared: 5/30/2019 12:40 pm	
			Title XIX		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	32,983,473	1,493,790,765		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/30/2019 12:40 pm	
Title XIX			Subprovider - IPF	PPS	
Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health
	1.00	2A	2.00	3A	3.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0	0	0	0	0
51.00 05100 RECOVERY ROOM	0	0	0	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
54.01 03470 NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600 RADIOISOTOPE	0	0	0	0	0
57.00 05700 CT SCAN	0	0	0	0	0
58.00 05800 MRI	0	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000 LABORATORY	0	0	0	0	0
60.01 06001 BLOOD LABORATORY	0	0	0	0	0
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	672,555
73.01 07301 RETAIL PHARMACIES	0	0	0	0	0
74.00 07400 RENAL DIALYSIS	0	0	0	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000 CLINIC	0	0	0	0	0
90.01 09001 MEDICINE CLINIC	0	0	0	0	0
90.02 09002 OB/GYN CLINIC	0	0	0	0	0
90.03 09003 ORTHO CLINIC	0	0	0	0	0
90.04 09004 PEDIATRICS CLINIC	0	0	0	0	0
90.05 09005 DENTISTRY CLINIC	0	0	0	0	0
90.06 09006 DERMATOLOGY CLINIC	0	0	0	0	0
90.07 09007 OPHTHALMOLOGY CLINIC	0	0	0	0	0
90.08 09008 ENT CLINIC	0	0	0	0	0
90.09 09009 GERIATRIC CLINIC	0	0	0	0	0
90.10 09010 SPECIALTY CLINIC	0	0	0	0	0
90.11 09011 NEUROLOGY CLINIC	0	0	0	0	0
90.12 09012 ENDOSCOPY CLINIC	0	0	0	0	0
90.13 09013 OCCUPATIONAL THERAPY CLINIC	0	0	0	0	0
90.14 09014 URGENT VISIT CLINIC	0	0	0	0	0
90.15 09015 SENIOR CARE CLINIC	0	0	0	0	0
90.16 09016 WOMENS VISIT CLINIC	0	0	0	0	0
90.17 09017 CHC CLINIC	0	0	0	0	0
90.18 09018 PSYCHIATRIC CLINIC	0	0	0	0	0
90.19 09019 ORAL SURGERY CLINIC	0	0	0	0	0
90.20 09020 DIETARY CLINIC	0	0	0	0	0
90.21 09021 CENTER OF EXCELLENCE	0	0	0	0	0
90.22 09022 OP BURN CLINIC	0	0	0	0	0
90.23 09023 BARIATRIC CLINIC	0	0	0	0	0
90.24 09024 PLASTICS CLINIC	0	0	0	0	0
90.25 09025 WOUND/OSTOMY CLINIC	0	0	0	0	0
90.26 09026 WCOE/SENIOR CARE CLINIC	0	0	0	0	0
90.27 09027 TRANSGENDER CLINIC	0	0	0	0	0
91.00 09100 EMERGENCY	0	0	0	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01 09201 OBSERVATION BEDS (DISTINCT PART)-CD	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/30/2019 12:40 pm	
				Title XIX		Subprovider - IPF	
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	
200.00	Total (lines 50 through 199)	0	0	0	0	672,555	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/30/2019 12:40 pm		
				Title XIX		Subprovider - IPF	PPS	
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col.s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col.s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)		
		4.00	5.00	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	154,010,815	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	36,616,304	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	142,500,869	0.000000	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0	0	0	0	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	5,036,023	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	93,982,668	0.000000	57.00
58.00	05800	MRI	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	178,569,304	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	33,028,126	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	89,515,477	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	2,055,109	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	22,476,578	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	13,272,363	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,781,546	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	27,311,233	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	56,831,431	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	37,441,112	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	672,555	672,555	154,266,621	0.004360	73.00
73.01	07301	RETAIL PHARMACIES	0	0	0	46,861,733	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	7,644,576	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	MEDICINE CLINIC	0	0	0	9,198,932	0.000000	90.01
90.02	09002	OB/GYN CLINIC	0	0	0	8,907,664	0.000000	90.02
90.03	09003	ORTHO CLINIC	0	0	0	0	0.000000	90.03
90.04	09004	PEDIATRICS CLINIC	0	0	0	0	0.000000	90.04
90.05	09005	DENTISTRY CLINIC	0	0	0	0	0.000000	90.05
90.06	09006	DERMATOLOGY CLINIC	0	0	0	0	0.000000	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0	0	0	9,871,541	0.000000	90.07
90.08	09008	ENT CLINIC	0	0	0	0	0.000000	90.08
90.09	09009	GERIATRIC CLINIC	0	0	0	0	0.000000	90.09
90.10	09010	SPECIALTY CLINIC	0	0	0	25,269,846	0.000000	90.10
90.11	09011	NEUROLOGY CLINIC	0	0	0	0	0.000000	90.11
90.12	09012	ENDOSCOPY CLINIC	0	0	0	37,759,934	0.000000	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0	0	0	1,510,643	0.000000	90.13
90.14	09014	URGENT VISIT CLINIC	0	0	0	0	0.000000	90.14
90.15	09015	SENIOR CARE CLINIC	0	0	0	0	0.000000	90.15
90.16	09016	WOMENS VISIT CLINIC	0	0	0	0	0.000000	90.16
90.17	09017	CHC CLINIC	0	0	0	20,649,549	0.000000	90.17
90.18	09018	PSYCHIATRIC CLINIC	0	0	0	18,360,632	0.000000	90.18
90.19	09019	ORAL SURGERY CLINIC	0	0	0	0	0.000000	90.19
90.20	09020	DIETARY CLINIC	0	0	0	617,328	0.000000	90.20
90.21	09021	CENTER OF EXCELLENCE	0	0	0	0	0.000000	90.21
90.22	09022	OP BURN CLINIC	0	0	0	707,253	0.000000	90.22
90.23	09023	BARIATRIC CLINIC	0	0	0	0	0.000000	90.23
90.24	09024	PLASTICS CLINIC	0	0	0	110,072	0.000000	90.24
90.25	09025	WOUND/OSTOMY CLINIC	0	0	0	4,808	0.000000	90.25
90.26	09026	WCOE/SENIOR CARE CLINIC	0	0	0	5,454,775	0.000000	90.26
90.27	09027	TRANSGENDER CLINIC	0	0	0	348,901	0.000000	90.27
91.00	09100	EMERGENCY	0	0	0	233,833,828	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	592,368	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART) -CD	0	0	0	15,390,803	0.000000	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/30/2019 12:40 pm	
			Title XIX		Subprovider - IPF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
			4.00	5.00	6.00	7.00	8.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	
200.00		Total (lines 50 through 199)	0	672,555	672,555	1,493,790,765	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/30/2019 12:40 pm	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.004360	0	0	0	0	73.00
73.01	07301 RETAIL PHARMACIES	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 MEDICINE CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 OB/GYN CLINIC	0.000000	0	0	0	0	90.02
90.03	09003 ORTHO CLINIC	0.000000	0	0	0	0	90.03
90.04	09004 PEDIATRICS CLINIC	0.000000	0	0	0	0	90.04
90.05	09005 DENTISTRY CLINIC	0.000000	0	0	0	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0.000000	0	0	0	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0.000000	0	0	0	0	90.07
90.08	09008 ENT CLINIC	0.000000	0	0	0	0	90.08
90.09	09009 GERIATRIC CLINIC	0.000000	0	0	0	0	90.09
90.10	09010 SPECIALTY CLINIC	0.000000	0	0	0	0	90.10
90.11	09011 NEUROLOGY CLINIC	0.000000	0	0	0	0	90.11
90.12	09012 ENDOSCOPY CLINIC	0.000000	0	0	0	0	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0.000000	0	0	0	0	90.13
90.14	09014 URGENT VISIT CLINIC	0.000000	0	0	0	0	90.14
90.15	09015 SENIOR CARE CLINIC	0.000000	0	0	0	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0.000000	0	0	0	0	90.16
90.17	09017 CHC CLINIC	0.000000	0	0	0	0	90.17
90.18	09018 PSYCHIATRIC CLINIC	0.000000	0	0	0	0	90.18
90.19	09019 ORAL SURGERY CLINIC	0.000000	0	0	0	0	90.19
90.20	09020 DIETARY CLINIC	0.000000	0	0	0	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0.000000	0	0	0	0	90.21
90.22	09022 OP BURN CLINIC	0.000000	0	0	0	0	90.22
90.23	09023 BARIATRIC CLINIC	0.000000	0	0	0	0	90.23
90.24	09024 PLASTICS CLINIC	0.000000	0	0	0	0	90.24
90.25	09025 WOUND/OSTOMY CLINIC	0.000000	0	0	0	0	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	0.000000	0	0	0	0	90.26
90.27	09027 TRANSGENDER CLINIC	0.000000	0	0	0	0	90.27
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART) -CD	0.000000	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2018 To 12/31/2018		Worksheet D Part IV Date/Time Prepared: 5/30/2019 12:40 pm	
			Title XIX		Subprovider - IPF		PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2019 12:40 pm
Cost Center Description		PPS		
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		51,626	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		51,626	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)		45,848	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		11,228	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		72,126,502	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)		72,126,502	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		72,126,502	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,397.10	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		15,686,639	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)		15,686,639	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	32,874,116	19,042	1,726.40	4,855	8,381,672	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	8,873,892	2,537	3,497.79	432	1,511,045	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01	NEONATAL INTENSIVE CARE UNIT	9,490,156	5,949	1,595.25	0	0	46.01
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)					24,457,500	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					50,036,856	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					3,261,526	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,746,109	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,007,635	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					45,029,221	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)					5,778	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,397.10	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,072,444	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/30/2019 12:40 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	9,544,071	72,126,502	0.132324	8,072,444	1,068,178	90.00
91.00	Nursing School cost	0	72,126,502	0.000000	8,072,444	0	91.00
92.00	Allied health cost	0	72,126,502	0.000000	8,072,444	0	92.00
93.00	All other Medical Education	0	72,126,502	0.000000	8,072,444	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 12:40 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,904	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,904	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)		6,904	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,092	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		7,128,466	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)		7,128,466	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		7,128,466	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,032.51	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,160,011	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)		2,160,011	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1	
				Component CCN: 15-S024	Date/Time Prepared: 5/30/2019 12:40 pm		
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.01
47.00	OTHER SPECIAL CARE (SPECIFY)	0	0	0.00	0	0	47.00
<b>Cost Center Description</b>						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					430,400	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,590,411	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					296,102	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					29,616	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					325,718	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,264,693	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/30/2019 12:40 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	977,165	7,128,466	0.137079	0	0	90.00
91.00	Nursing School cost	0	7,128,466	0.000000	0	0	91.00
92.00	Allied health cost	0	7,128,466	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,128,466	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/30/2019 12:40 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		51,626	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		51,626	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)		45,848	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)		8,995	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)		4,836	15.00
16.00	Nursery days (title V or XIX only)		4,327	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		72,126,502	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)		72,126,502	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		72,126,502	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,397.10	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		12,566,915	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		12,566,915	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 12:40 pm	
Title XIX			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00 NURSERY (title V & XIX only)	3,924,731	4,836	811.57	4,327	3,511,663	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	32,874,116	19,042	1,726.40	615	1,061,736	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	8,873,892	2,537	3,497.79	282	986,377	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01 NEONATAL INTENSIVE CARE UNIT	9,490,156	5,949	1,595.25	538	858,245	46.01
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)					51,243,196	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					70,228,132	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)					2,479,244	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,686,979	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					6,166,223	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					64,061,909	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)					5,778	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,397.10	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					8,072,444	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/30/2019 12:40 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	9,544,071	72,126,502	0.132324	8,072,444	1,068,178	90.00
91.00	Nursing School cost	0	72,126,502	0.000000	8,072,444	0	91.00
92.00	Allied health cost	0	72,126,502	0.000000	8,072,444	0	92.00
93.00	All other Medical Education	0	72,126,502	0.000000	8,072,444	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/30/2019 12:40 pm
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,904	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,904	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)		6,904	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)		781	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)		4,836	15.00
16.00	Nursery days (title V or XIX only)		4,327	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		7,128,466	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)		7,128,466	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		7,128,466	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,032.51	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		806,390	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)		806,390	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1		
				Component CCN: 15-S024		Date/Time Prepared: 5/30/2019 12:40 pm		
				Title XIX	Subprovider - IPF	PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00	
<b>Intensive Care Type Inpatient Hospital Units</b>								
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00	
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00	
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00	
46.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.01	
47.00 OTHER SPECIAL CARE (SPECIFY)	0	0	0.00	0	0		47.00	
<b>Cost Center Description</b>								
					1.00			
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						806,390		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>								
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						110,543		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						110,543		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						695,847		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>								
54.00 Program discharges						0		54.00
55.00 Target amount per discharge						0.00		55.00
56.00 Target amount (line 54 x line 55)						0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0		57.00
58.00 Bonus payment (see instructions)						0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0		61.00
62.00 Relief payment (see instructions)						0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0		63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>								
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0		69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>								
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						0		71.00
72.00 Program routine service cost (line 9 x line 71)						0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						0		76.00
77.00 Program capital-related costs (line 9 x line 76)						0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						0		80.00
81.00 Inpatient routine service cost per diem limitation						0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)						0		83.00
84.00 Program inpatient ancillary services (see instructions)						0		84.00
85.00 Utilization review - physician compensation (see instructions)						0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						0		86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>								
87.00 Total observation bed days (see instructions)						0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0024 Component CCN: 15-S024		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/30/2019 12:40 pm	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	977,165	7,128,466	0.137079	0	0	90.00
91.00	Nursing School cost	0	7,128,466	0.000000	0	0	91.00
92.00	Allied health cost	0	7,128,466	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,128,466	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/30/2019 12:40 pm
Cost Center Description			Title XVIII	Hospital	PPS
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		24,250,215	30.00
31.00	03100	INTENSIVE CARE UNIT		25,362,816	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		6,503,386	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT		0	34.01
40.00	04000	SUBPROVIDER - I PF		110,499	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.223924	14,841,368	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.102808	4,368,978	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.157290	10,067,340	54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.292409	276,797	56.00
57.00	05700	CT SCAN	0.045172	7,124,557	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.128903	13,359,880	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.107649	4,223,734	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.100167	23,949,837	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.393808	0	65.01
66.00	06600	PHYSICAL THERAPY	0.274915	2,174,941	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.304110	1,699,252	67.00
68.00	06800	SPEECH PATHOLOGY	0.372962	655,461	68.00
69.00	06900	ELECTROCARDIOLOGY	0.217185	2,822,762	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.042063	8,130,481	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.537411	4,793,805	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.289844	22,065,313	73.00
73.01	07301	RETAIL PHARMACIES	0.955209	0	73.01
74.00	07400	RENAL DIALYSIS	0.381365	68,616	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	MEDICINE CLINIC	0.798910	15,196	90.01
90.02	09002	OB/GYN CLINIC	0.353789	1,510	90.02
90.03	09003	ORTHO CLINIC	0.000000	0	90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.255115	21,250	90.07
90.08	09008	ENT CLINIC	0.000000	0	90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	90.09
90.10	09010	SPECIALTY CLINIC	0.292338	570,237	90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	90.11
90.12	09012	ENDOSCOPY CLINIC	0.199850	1,291,827	90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.622785	0	90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	90.16
90.17	09017	CHC CLINIC	0.717751	8,239	90.17
90.18	09018	PSYCHIATRIC CLINIC	2.168852	4,363	90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	90.19
90.20	09020	DIETARY CLINIC	2.612292	460	90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000	0	90.21
90.22	09022	OP BURN CLINIC	1.850059	1,715	90.22
90.23	09023	BIARIATRIC CLINIC	0.000000	0	90.23
90.24	09024	PLASTICS CLINIC	2.528036	0	90.24
90.25	09025	WOUND/OSTOMY CLINIC	85.531198	1,736	90.25

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/30/2019 12:40 pm	
Cost Center Description			Title XVIII	Hospital	PPS	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.26	09026	WCOE/SENIOR CARE CLINIC	0.989981	7,793	7,715	90.26
90.27	09027	TRANSGENDER CLINIC	0.702079	0	0	90.27
91.00	09100	EMERGENCY	0.166531	12,884,352	2,145,644	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	13.627414	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0.186510	248,083	46,270	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		135,679,883	24,457,500	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)		135,679,883		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/30/2019 12:40 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
32.00	03200 CORONARY CARE UNIT		0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	02060 NEONATAL INTENSIVE CARE UNIT		0	34.01
40.00	04000 SUBPROVIDER - IPF		3,903,389	40.00
41.00	04100 SUBPROVIDER - IPF		0	41.00
42.00	04200 SUBPROVIDER		0	42.00
43.00	04300 NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.223924	10,107	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0.102808	3,603	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.157290	20,105	54.00
54.01	03470 NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0.292409	0	56.00
57.00	05700 CT SCAN	0.045172	14,445	57.00
58.00	05800 MRI	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000 LABORATORY	0.128903	201,010	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.107649	21,174	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.100167	36,920	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.393808	0	65.01
66.00	06600 PHYSICAL THERAPY	0.274915	20,759	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.304110	2,500	67.00
68.00	06800 SPEECH PATHOLOGY	0.372962	1,705	68.00
69.00	06900 ELECTROCARDIOLOGY	0.217185	13,866	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.042063	10,541	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.537411	905	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.289844	1,021,257	73.00
73.01	07301 RETAIL PHARMACIES	0.955209	0	73.01
74.00	07400 RENAL DIALYSIS	0.381365	13	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000 CLINIC	0.000000	0	90.00
90.01	09001 MEDICINE CLINIC	0.798910	693	90.01
90.02	09002 OB/GYN CLINIC	0.353789	55	90.02
90.03	09003 ORTHO CLINIC	0.000000	0	90.03
90.04	09004 PEDIATRICS CLINIC	0.000000	0	90.04
90.05	09005 DENTISTRY CLINIC	0.000000	0	90.05
90.06	09006 DERMATOLOGY CLINIC	0.000000	0	90.06
90.07	09007 OPHTHALMOLOGY CLINIC	0.255115	759	90.07
90.08	09008 ENT CLINIC	0.000000	0	90.08
90.09	09009 GERIATRIC CLINIC	0.000000	0	90.09
90.10	09010 SPECIALTY CLINIC	0.292338	1,561	90.10
90.11	09011 NEUROLOGY CLINIC	0.000000	0	90.11
90.12	09012 ENDOSCOPY CLINIC	0.199850	174	90.12
90.13	09013 OCCUPATIONAL THERAPY CLINIC	0.622785	0	90.13
90.14	09014 URGENT VISIT CLINIC	0.000000	0	90.14
90.15	09015 SENIOR CARE CLINIC	0.000000	0	90.15
90.16	09016 WOMENS VISIT CLINIC	0.000000	0	90.16
90.17	09017 CHC CLINIC	0.717751	728	90.17
90.18	09018 PSYCHIATRIC CLINIC	2.168852	1,656	90.18
90.19	09019 ORAL SURGERY CLINIC	0.000000	0	90.19
90.20	09020 DIETARY CLINIC	2.612292	0	90.20
90.21	09021 CENTER OF EXCELLENCE	0.000000	0	90.21
90.22	09022 OP BURN CLINIC	1.850059	144	90.22
90.23	09023 BARIATRIC CLINIC	0.000000	0	90.23
90.24	09024 PLASTICS CLINIC	2.528036	0	90.24

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/30/2019 12:40 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
90.25	09025 WOUND/OSTOMY CLINIC	85.531198	1	86	90.25
90.26	09026 WCOE/SENIOR CARE CLINIC	0.989981	359	355	90.26
90.27	09027 TRANSGENDER CLINIC	0.702079	0	0	90.27
91.00	09100 EMERGENCY	0.166531	299,988	49,957	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	13.627414	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)-CD	0.186510	155,350	28,974	92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,840,378	430,400	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		1,840,378		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/30/2019 12:40 pm	
Cost Center Description		Title XIX	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		85,686,006	30.00
31.00	03100	INTENSIVE CARE UNIT		40,802,364	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		14,155,637	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	02060	NEONATAL INTENSIVE CARE UNIT		22,667,181	34.01
40.00	04000	SUBPROVIDER - I PF		5,314,876	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.223924	34,188,440	7,655,612 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.102808	9,695,411	996,766 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.157290	20,515,662	3,226,908 54.00
54.01	03470	NUCLEAR MEDICINE - THERAPEUTIC	0.000000	0	0 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.292409	361,910	105,826 56.00
57.00	05700	CT SCAN	0.045172	14,657,922	662,128 57.00
58.00	05800	MRI	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.128903	25,759,437	3,320,469 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0 62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.107649	13,196,589	1,420,600 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.100167	33,258,868	3,331,441 65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.393808	45,010	17,725 65.01
66.00	06600	PHYSICAL THERAPY	0.274915	3,633,784	998,982 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.304110	3,791,607	1,153,066 67.00
68.00	06800	SPEECH PATHOLOGY	0.372962	1,032,071	384,923 68.00
69.00	06900	ELECTROCARDIOLOGY	0.217185	4,426,995	961,477 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.042063	16,557,925	696,476 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.537411	11,558,147	6,211,475 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.289844	44,060,807	12,770,761 73.00
73.01	07301	RETAIL PHARMACIES	0.955209	0	0 73.01
74.00	07400	RENAL DIALYSIS	0.381365	3,977,179	1,516,757 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	MEDICINE CLINIC	0.798910	9,909	7,916 90.01
90.02	09002	OB/GYN CLINIC	0.353789	68,286	24,159 90.02
90.03	09003	ORTHO CLINIC	0.000000	0	0 90.03
90.04	09004	PEDIATRICS CLINIC	0.000000	0	0 90.04
90.05	09005	DENTISTRY CLINIC	0.000000	0	0 90.05
90.06	09006	DERMATOLOGY CLINIC	0.000000	0	0 90.06
90.07	09007	OPHTHALMOLOGY CLINIC	0.255115	78,554	20,040 90.07
90.08	09008	ENT CLINIC	0.000000	0	0 90.08
90.09	09009	GERIATRIC CLINIC	0.000000	0	0 90.09
90.10	09010	SPECIALTY CLINIC	0.292338	768,346	224,617 90.10
90.11	09011	NEUROLOGY CLINIC	0.000000	0	0 90.11
90.12	09012	ENDOSCOPY CLINIC	0.199850	1,619,072	323,572 90.12
90.13	09013	OCCUPATIONAL THERAPY CLINIC	0.622785	0	0 90.13
90.14	09014	URGENT VISIT CLINIC	0.000000	0	0 90.14
90.15	09015	SENIOR CARE CLINIC	0.000000	0	0 90.15
90.16	09016	WOMENS VISIT CLINIC	0.000000	0	0 90.16
90.17	09017	CHC CLINIC	0.717751	25,443	18,262 90.17
90.18	09018	PSYCHIATRIC CLINIC	2.168852	980	2,125 90.18
90.19	09019	ORAL SURGERY CLINIC	0.000000	0	0 90.19
90.20	09020	DIETARY CLINIC	2.612292	416	1,087 90.20
90.21	09021	CENTER OF EXCELLENCE	0.000000	0	0 90.21
90.22	09022	OP BURN CLINIC	1.850059	2,241	4,146 90.22
90.23	09023	BIARIATRIC CLINIC	0.000000	0	0 90.23
90.24	09024	PLASTICS CLINIC	2.528036	0	0 90.24
90.25	09025	WOUND/OSTOMY CLINIC	85.531198	588	50,292 90.25

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/30/2019 12:40 pm	
Cost Center Description			Title XIX	Hospital	PPS	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
90.26	09026	WCOE/SENIOR CARE CLINIC	0.989981	178	176	90.26
90.27	09027	TRANSGENDER CLINIC	0.702079	0	0	90.27
91.00	09100	EMERGENCY	0.166531	30,026,471	5,000,338	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	13.627414	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)-CD	0.186510	724,220	135,074	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		274,042,468	51,243,196	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)		274,042,468		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/30/2019 12:40 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		22,476,518	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		6,705,559	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)		3,396,390	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		8,458,328	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		300.17	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		149.07	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		149.07	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		204.21	10.00
11.00	FTE count for residents in dental and podiatric programs.		1.49	11.00
12.00	Current year allowable FTE (see instructions)		150.56	12.00
13.00	Total allowable FTE count for the prior year.		150.56	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.		150.56	14.00
15.00	Sum of lines 12 through 14 divided by 3.		150.56	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		150.56	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.501582	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.493590	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.493590	21.00
22.00	IME payment adjustment (see instructions)		6,950,354	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		2,014,537	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		55.14	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		6,950,354	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		2,014,537	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		15.92	30.00
31.00	Percentage of Medicaid patient days (see instructions)		56.94	31.00
32.00	Sum of lines 30 and 31		72.86	32.00
33.00	Allowable disproportionate share percentage (see instructions)		49.32	33.00
34.00	Disproportionate share adjustment (see instructions)		3,598,151	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/30/2019 12:40 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)	6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)	0.002745143	0.003507708	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	18,575,545	29,018,821	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	13,893,486	7,314,339	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	21,207,825		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	64,334,797		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				<b>Amount</b>
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		66,349,334	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,991,738	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).		2,550,310	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		96,205	58.00
59.00	Total (sum of amounts on lines 49 through 58)		72,987,587	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		72,987,587	61.00
62.00	Deductibles billed to program beneficiaries		2,534,344	62.00
63.00	Coinurance billed to program beneficiaries		165,100	63.00
64.00	Allowable bad debts (see instructions)		965,451	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		627,543	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		806,626	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		70,915,686	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		102,071	70.93
70.94	HRR adjustment amount (see instructions)		-22,476	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/30/2019 12:40 pm
		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	1.00	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		704,207	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		70,291,074	71.00
71.01	Sequestration adjustment (see instructions)		1,405,821	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		67,223,796	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)		1,661,457	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		863,777	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>HSP Bonus Payment Amount</b>				
100.00	HSP bonus amount (see instructions)		0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00
<b>Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment</b>				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
<b>Cost Reimbursement</b>				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
<b>Comparison of PPS versus Cost Reimbursement</b>				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0024

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/30/2019 12:40 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	22,476,518	0	22,476,518		22,476,518	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	6,705,559	0		6,705,559	6,705,559	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	3,396,390	0	2,540,313	856,077	3,396,390	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	8,458,328	0	6,519,803	1,938,525	8,458,328	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.493590	0.493590	0.493590	0.493590		5.00
6.00	IME payment adjustment (see instructions)	22.00	6,950,354	0	5,353,278	1,597,076	6,950,354	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	2,014,537	0	2,014,537	0	2,014,537	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	6,950,354	0	5,353,278	1,597,076	6,950,354	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	2,014,537	0	2,014,537	0	2,014,537	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.4932	0.4932	0.4932	0.4932		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,598,151	0	2,771,355	826,796	3,598,151	11.00
11.01	Uncompensated care payments	36.00	21,207,825	0	13,893,486	7,314,339	21,207,825	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	64,334,797	0	47,034,950	17,299,847	64,334,797	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	66,349,334	0	49,049,487	17,299,847	66,349,334	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,991,738	0	3,166,436	825,302	3,991,738	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0024

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/30/2019 12:40 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	52,215,923	18,125,149	70,341,072	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,376,520	0	1,830,933	545,587	2,376,520	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	688,375	0	621,439	66,936	688,375	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.2311	0.2311	0.2311	0.2311		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	549,214	0	423,129	126,085	549,214	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1589	0.1589	0.1589	0.1589		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	377,629	0	290,935	86,694	377,629	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,991,738	0	3,166,436	825,302	3,991,738	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5			Provider CCN: 15-0024		Period: From 01/01/2018 To 12/31/2018		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/30/2019 12:40 pm	
			Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)			
	0	1.00	2.00	3.00	4.00			
1.00	DRG amounts other than outlier payments	1.00						1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	22,476,518	22,476,518		22,476,518		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	6,705,559		6,705,559	6,705,559		1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0		1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0		1.04
2.00	Outlier payments for discharges (see instructions)	2.00	3,396,390	3,121,637	274,753	3,396,390		2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0		2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0		3.00
4.00	Managed care simulated payments	3.00	8,458,328	6,519,803	1,938,525	8,458,328		4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.493590	0.493590	0.493590			5.00
6.00	IME payment adjustment (see instructions)	22.00	6,950,354	5,353,278	1,597,076	6,950,354		6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	2,014,537	1,552,835	461,702	2,014,537		6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000			7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0		8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0		8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	6,950,354	5,353,278	1,597,076	6,950,354		9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	2,014,537	1,552,835	461,702	2,014,537		9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.4932	0.4932	0.4932			10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,598,151	2,771,355	826,796	3,598,151		11.00
11.01	Uncompensated care payments	36.00	21,207,825	13,893,486	7,314,339	21,207,825		11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0		12.00
13.00	Subtotal (see instructions)	47.00	64,334,797	47,616,274	16,718,523	64,334,797		13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0		14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	66,349,334	49,169,109	17,180,225	66,349,334		15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,991,738	3,166,436	825,302	3,991,738		16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0		17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0		17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0		18.00
19.00	SUBTOTAL			52,335,545	18,005,527	70,341,072		19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0024

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

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
5/30/2019 12:40 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,376,520	1,830,933	545,587	2,376,520	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	688,375	621,439	66,936	688,375	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.2311	0.2311	0.2311		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	549,214	423,129	126,085	549,214	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1589	0.1589	0.1589		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	377,629	290,935	86,694	377,629	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,991,738	3,166,436	825,302	3,991,738	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	102,071	89,006	13,065	102,071	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-22,476	-22,476	0	-22,476	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		524,021	180,186	704,207	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/30/2019 12:40 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		176,319	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		32,151,958	2.00
3.00	OPPS payments		20,354,545	3.00
4.00	Outlier payment (see instructions)		928,061	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		49,076	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		176,319	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		608,322	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)		608,322	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		608,322	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		432,003	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)		176,319	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)		21,331,682	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		4,398,391	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)		17,109,610	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,568,893	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)		18,678,503	30.00
31.00	Primary payer payments		2,251	31.00
32.00	Subtotal (line 30 minus line 31)		18,676,252	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,223,677	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		795,390	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		903,105	36.00
37.00	Subtotal (see instructions)		19,471,642	37.00
38.00	MSP-LCC reconciliation amount from PS&R		763	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		19,470,879	40.00
40.01	Sequestration adjustment (see instructions)		389,418	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		19,173,882	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-92,421	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0024

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/30/2019 12:40 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		66,968,596		18,390,582	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	08/21/2018	255,200	08/21/2018	783,300	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)		255,200		783,300	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)		67,223,796		19,173,882	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		1,661,457		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		92,421	6.02	
7.00	Total Medicare program liability (see instructions)		68,885,253		19,081,461	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: 15-0024  
Component CCN: 15-S024

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/30/2019 12:40 pm

Title XVIII

Subprovider -  
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,556,524		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)		1,556,524		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		11,049		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,567,573		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		Provider CCN: 15-0024 Component CCN: 15-S024	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part II Date/Time Prepared: 5/30/2019 12:40 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,826,732 1.00
2.00	Net IPF PPS Outlier Payments			27,464 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)			200.22 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)			18.915068 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)			1,854,196 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)			1,854,196 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,854,196 18.00
19.00	Deductibles			198,224 19.00
20.00	Subtotal (line 18 minus line 19)			1,655,972 20.00
21.00	Coinsurance			67,670 21.00
22.00	Subtotal (line 20 minus line 21)			1,588,302 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			10,476 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			6,809 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			5,657 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,595,111 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)			4,453 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,599,564 31.00
31.01	Sequestration adjustment (see instructions)			31,991 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,556,524 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)			11,049 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			27,464 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: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/30/2019 12:40 pm	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			149.29	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			149.29	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			199.59	6.00
7.00	Enter the lesser of line 5 or line 6			149.29	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.	79.97	112.62	192.59	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.	59.82	84.24	144.06	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		1.49		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	59.82	85.73		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	62.02	87.98		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	63.18	81.24		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	61.67	84.98		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	61.67	84.98		17.00
18.00	Per resident amount	102,136.30	96,714.09		18.00
19.00	Approved amount for resident costs	6,298,746	8,218,763	14,517,509	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)			50.30	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)			14,517,509	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	18,607	5,257		26.00
27.00	Total Inpatient Days (see instructions)	81,487	81,487		27.00
28.00	Ratio of inpatient days to total inpatient days	0.228343	0.064513		28.00
29.00	Program direct GME amount	3,314,972	936,568		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		132,337		30.00
31.00	Net Program direct GME amount			4,119,203	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/30/2019 12:40 pm
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		7,644,576	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		52,627,267	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)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		52,627,267	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		32,377,353	42.00
43.00	Primary payer payments (see instructions)		2,251	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		32,375,102	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		85,002,369	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.619127	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.380873	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		4,119,203	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		2,550,310	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,568,893	50.00

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

Provider CCN: 15-0024

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

Worksheet G

Date/Time Prepared:  
5/30/2019 12:40 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	78,775,395	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	80,404,878	0	0	0	4.00
5.00	Other receivable	13,542,834	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	5,324,784	0	0	0	7.00
8.00	Prepaid expenses	42,706,061	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)	220,753,952	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	11,622,914	0	0	0	12.00
13.00	Land improvements	77,419,860	0	0	0	13.00
14.00	Accumulated depreciation	-27,025,327	0	0	0	14.00
15.00	Buildings	437,345,747	0	0	0	15.00
16.00	Accumulated depreciation	-93,004,972	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	241,033,424	0	0	0	19.00
20.00	Accumulated depreciation	-91,712,676	0	0	0	20.00
21.00	Automobiles and trucks	11,812,080	0	0	0	21.00
22.00	Accumulated depreciation	-10,105,345	0	0	0	22.00
23.00	Major movable equipment	115,450,338	0	0	0	23.00
24.00	Accumulated depreciation	-72,691,992	0	0	0	24.00
25.00	Minor equipment depreciable	164,040,685	0	0	0	25.00
26.00	Accumulated depreciation	-84,092,776	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)	680,091,960	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	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	93,485,933	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	93,485,933	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	994,331,845	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	-57,276,330	0	0	0	37.00
38.00	Salaries, wages, and fees payable	-156,654,575	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	-36,906,151	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	-250,837,056	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	3,247,401	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	3,247,401	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	-247,589,655	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	-746,742,189				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)	-746,742,189	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	-994,331,844	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0024

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

Worksheet G-1

Date/Time Prepared:  
5/30/2019 12:40 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		769,542,248		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-733,721,015			2.00
3.00	Total (sum of line 1 and line 2)		35,821,233		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		35,821,233		0	11.00
12.00	RECONCILE BEG BAL	767,530		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)		767,530		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		35,053,703		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	RECONCILE BEG BAL		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: 15-0024

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/30/2019 12:40 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	135,970,170		135,970,170	1.00
2.00	SUBPROVIDER - IPF	12,821,840		12,821,840	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	148,792,010		148,792,010	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	96,063,706		96,063,706	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	32,604,829		32,604,829	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
14.01	NEONATAL INTENSIVE CARE UNIT	24,337,356		24,337,356	14.01
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	153,005,891		153,005,891	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	301,797,901		301,797,901	17.00
18.00	Ancillary services	522,350,006	582,851,882	1,105,201,888	18.00
19.00	Outpatient services	73,246,641	315,342,234	388,588,875	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	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	186,734,831	186,734,831	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	897,394,548	1,084,928,947	1,982,323,495	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		711,688,488		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	OPERATING EXPENSES	711,688,391			31.00
32.00	UNMAPPED EXPENSES	11,508,314			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)		723,196,705		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,434,885,193		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0024

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

Worksheet G-3

Date/Time Prepared:  
5/30/2019 12:40 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,982,323,495	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,609,919,779	2.00
3.00	Net patient revenues (line 1 minus line 2)	372,403,716	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,434,885,193	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-1,062,481,477	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	0	24.00
24.01	OTHER REVENUE	82,639,829	24.01
24.02	MENTAL HEALTH TAX	5,138,223	24.02
24.03	H&H SUPPORT	142,284,000	24.03
24.04	PRO FEES	51,989,731	24.04
24.05	NEGATIVE REV ADJ	791,043	24.05
24.06	CONTRIBUTED CAP & CIP	-22,492,719	24.06
24.07	NRCC / UNMAPPED	57,998,476	24.07
25.00	Total other income (sum of lines 6-24)	318,348,583	25.00
26.00	Total (line 5 plus line 25)	-744,132,894	26.00
27.00	EMG	-10,411,879	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	-10,411,879	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-733,721,015	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0024	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/30/2019 12:40 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		2,376,520	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		688,375	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)		204.34	3.00
4.00	Number of interns & residents (see instructions)		150.56	4.00
5.00	Indirect medical education percentage (see instructions)		23.11	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)		549,214	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		15.92	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		56.94	8.00
9.00	Sum of lines 7 and 8		72.86	9.00
10.00	Allowable disproportionate share percentage (see instructions)		15.89	10.00
11.00	Disproportionate share adjustment (see instructions)		377,629	11.00
12.00	Total prospective capital payments (see instructions)		3,991,738	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00